

Information Bulletin

June 10, 2022

Attention: Home Care Services Providers

Subject: Nursing Services; Chronic Wound Care Services; Disposable Medical Supplies; Intention to Extend Agreement; and, PM Update

Nursing Services and Clinical Oversight

Some WorkSafeBC Board Officers have recently brought forth concerns regarding the lack of clinical oversight in the provision of services for some of our Injured Workers. As such, we would like to remind the network of some of the nursing-related staffing requirements of the Contract:

- Minimum nursing staff requirements:
 - One Registered Nurse (RN) and one Licensed Practical Nurse (LPN);
 - each shall be available to provide services 7 days per week, 24 hours per day, as required, but the number of hours worked by the combination of the RN and the LPN must only equal a minimum of 36 hours per week (i.e. the RN and LPN must together make up 1 FTE).
 - One back-up RN; and
 - One back-up LPN
- An RN or LPN must be available to provide direction and support on an as needed basis, 24 hours per day, 7 days per week, via a call service line to address emergency situations and clinical issues arising in connection with the services. Examples include providing direction and support to staff, assisting with staff/schedule changes and general Injured Worker support.
 - The telephone number for the call service line shall be provided to every Injured Worker no later than the first Date of Service.
- All care services are to be provided under the supervision of an RN, in accordance with the scope of practice for a Registered Nurse;
 - An LPN may undertake the daily supervision of an HCA as appropriate within the scope of practice for an LPN.
- Services provided by RNs and LPNs shall be provided in accordance with the BC College of Nurses and Midwives' Professional Standards and Practice Standards, including any standards with respect to clinical notes and documentation;

- The Contractor is only entitled to invoice for the services of scheduled staff according to the level of care required per the Injured Worker's Care Plan, irrespective of the qualifications of the staff. For example:
 - If an Injured Worker requires dressing changes that are delegable to an LPN, but an RN is sent for staffing/scheduling purposes (i.e. versus clinical necessity), the service shall be billed under the LPN fee code and rate, as that is the level of care the task requires.
 - The exception is in rural areas, where either an LPN or RN can be sent as it makes sense financially (e.g. if an RN lives closer to the Injured Worker and it would cost more in travel to send an LPN, the Contractor may send and invoice for an RN).
 - The same goes for a circumstance where an LPN acts as alternate for an HCA.
- The Contractor shall have sufficient Personnel to fulfill the Contractor's administrative duties hereunder including referral management, communication with Board Officers, etc.
 - RNs/LPNs are expected to regularly communicate with Board Officers as well as other health care providers as applicable.

In complex cases, the expectation is that the nurse will be *even more* involved in the supervision of services.

- Reminder: you may invoice for a nurse's communication with a health care provider, Board Officer, or medical supplies vendor; where the communication is for the purpose of discussing treatment, planning Care Services, discharge planning, and/or other related clinical service matters (that are not otherwise included in a Fee Code for Services). This can be billed under "Indirect time – RN or LPN" (fee codes 1212416 and 1212672, respectively), as per Schedule B.

Lastly, please be reminded that a **one hour minimum** service visit is billable for RN and LPN Services, as per Schedule B. (The two hour minimum service visit only applies to HCA Services at this time.)

Chronic Wound Care Services

Occasionally, you may encounter our contracted Chronic Wound Care Team, Access Community Therapists, which is a multi-disciplinary team of practitioners including an OT, PT, and an RN with Wound Care Specialization and/or certification as a Nurse Continence Advisor (NCA). There may be ongoing involvement by other community-based providers also, as required.

The purpose of the Chronic Wound Care program is to provide assessment, early intervention and treatment for Injured Workers who have, or are at risk for, chronic wound care issues.

We would like to clarify the role of the RN under WorkSafeBC's Chronic Wound Care Contract (versus the role of the RN under the Home Care Services Contract) to help you to understand the provisions within their contract and the limitations of their service/scope.

The intent of Chronic Wound Care services is to:

- provide a comprehensive interdisciplinary assessment for identified Injured Workers with wound care issues, or who have the potential for wound care issues;
- monitor the efficacy of treatment;
- identify and initiate treatment earlier and reduce incidence of stage 3 and 4 wound ulcers, and prevent stage 1 and 2 ulcers;

- monitor the viability of a community-based treatment approach to wound care;
- provide education to the Injured Worker pertaining to wound care (including risk management);
- engage in community outreach (involvement of attending physician, or others as required);
- improve return to work outcomes (if applicable); and
- make recommendations regarding equipment, care and additional professional services related to wound care and/or wound prevention.
 - Injured Workers may be referred to other WorkSafeBC health care programs (e.g. OT Services, Home Care Services, or others).

The Chronic Wound Care team may visit an Injured Worker with a new wound, which may result in the need for a referral to Home Care Services to follow-up with the care. The Chronic Wound Care team will inform the Board Officer if this is needed and you would subsequently receive the referral through the regular channels. Alternatively, they may visit an injured worker who is already receiving Home Care Services, in which case, the team may be contacting you to consult regarding the services that are already in place. In both of these cases, their involvement may include training of the Home Care RN on wound care specific protocol/tasks.

For the sake of clarity, the role of the Chronic Wound Care RN in this program is not to:

- Fill in to provide the general Home Care services being provided by the Home Care agency when the Contractor is experiencing staffing/scheduling difficulties or when the Home Care RN/LPN is not sure how to do the task (e.g. catheter).
- Provide training/supervision for Home Care agency staff on tasks that are not specific to wound care and/or prevention (i.e. wherein a specialization in wound care or continence care is not required)
- Provide training/supervision for Home Care agency staff on tasks that the Home Care RN has already been trained on by the Chronic Wound Care team
 - It is the Contractor's responsibility as the employer to ensure that staff are trained and capable of providing the services required.

We hope that you will continue to collaborate with the Chronic Wound Care Team and work together to provide the best quality of care for our Injured Workers. If you are currently providing services for any Injured Workers whom you think may benefit from this specialized assessment, please advise their Board Officer.

Disposable Medical Supplies

Where an Injured Worker requires short term (six weeks or less) disposable medical supplies, the process for supplying these (in priority order), *after obtaining Board Officer approval*, is as follows:

- The preference is to use a local supplier (e.g. pharmacy, medical supply company) who will bill WorkSafeBC directly;
- The Contractor may purchase the supplies directly and submit an invoice along with a copy of the original receipt(s) attached, using the fee code provided in Schedule B; or
- The Injured Worker may purchase the supplies and submit the receipts to WorkSafeBC for reimbursement.

If ordering disposable medical supplies require shipment, please be sure to plan ahead to avoid unnecessary further shipping charges (e.g. for missed items). Local suppliers should be used wherever possible to minimize shipping costs. Please also try to refrain from weekend ordering, due to additional delivery/shipping costs incurred.

Where an Injured Worker requires long term (greater than six weeks) disposable medical supplies, the Contractor must contact the Board Officer who will make alternate arrangements for the provision of the supplies, such as using the Product Distribution Centre (PDC).

A gentle reminder that disposable medical supplies must be clinically related to the compensable injury. WorkSafeBC does not pay for PPE (Personal Protective Equipment), such as disposable gloves or masks, for Contractor personnel or for Injured Workers.

- PPE for Contractor personnel is an employer responsibility to ensure the safety of your personnel.
- WorkSafeBC *does* provide necessary disposable medical supplies to Injured Workers in order to support their care needs (e.g. PPE if they are self-catheterizing, etc.)

Intention to Extend Agreement

We also would like to provide all Contractors with advance notice of WorkSafeBC's intention to renew the Home Care Services Agreement for one year, per section 3.2 of the Agreement.

Program Manager (PM) Introduction

We would like to take this opportunity to introduce Adam Gesicki, Program Manager, who is providing coverage for Britney Foster whilst she is on maternity leave.

Kimberly Evans will continue to support the network in the QA Supervisor role.

For more information about other health care programs at WorkSafeBC, visit us online at <https://www.worksafebc.com/en/health-care-providers>