



Service Provider Guidelines for Nurse Practitioners

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Intent

The intent of this document is to set out the accreditation standards and the service provider guidelines for Nurse Practitioners (NP)s providing services to injured workers.

Introduction

1. All NPs providing services to injured workers will comply with:
 - a. Accreditation standards and Service Provider Guidelines for NPs.
 - b. NP Service Rates for Reporting.
 - c. The Saskatchewan Ministry of Health Payment Schedule for Insured Services Provided by a Physician.
 - d. The practice standards, entry level competencies and ethical requirements of the College of Registered Nurses of Saskatchewan (CRNS).
 - e. *The Workers' Compensation Act, 2013*.
2. By providing care to injured workers, NPs indicate to the WCB their understanding of, and willingness to comply with, this agreement.

Professional Affiliation and WCB Accreditation Requirements

3. To be a WCB accredited NP, NPs must hold current licensure with the CRNS as an NP.
4. As part of a collaborative team, NPs will make decisions regarding continued treatment, return-to-work, and the need for assessment team review, based on objective and documented medical findings. NPs must function as objective care providers, independent of the insurance benefits issues, and therefore must refuse to advocate on behalf of employers or workers regarding causation or ongoing benefits. When requested, NPs will remind employers or workers of the WCB appeals processes and the Fair Practices Office, both of whom have access to medical expertise to address any concerns raised.

Practice Guidelines

Intake and Assessment Guidelines

5. To ensure early reporting of work injuries, the NP will send a report detailing the examination of a worker who may have sustained work-related injury to the WCB within three business days of the initial assessment, utilizing the Physician' Initial Report (PPI).

6. Where further consultations are required, a Physician's Progress/Discharge Report (PPP) will be submitted every three weeks or as the worker's condition changes, whichever occurs first.
7. Where the claim of an injured worker for WCB benefits is denied by the WCB, the injured worker and NP will be notified. The WCB will pay for already submitted report fees. However, the WCB will not pay office visit and treatment fees. No further reports need to be submitted, unless WCB requests further reports.
8. The WCB, NPs, employers, and workers will ensure services are provided, distributed, and funded without any conflict of interest. If the WCB, NP, employer or worker recognizes or perceives a conflict of interest, all parties are to be provided written notice of the conflict. The following are considered to be conflicts of interest:
 - a. NPs referring workers to providers or clinics where the referrer has some aspect of control (e.g., the referrer is an owner, director, officer or stakeholder of the clinic);
 - b. NPs providing health care treatment services to workers for work-related injuries without advising the WCB;
 - c. Any officer, director, employee or agent of the NPs approaching WCB personnel, other than senior management of WCB, to promote the business of the NP;
 - d. NPs that enter into agreements with employers for the treatment of workers for work-related injuries;
 - e. The conflict of interest situation will be reviewed by the Manager WCB Health Care Services, who may, as necessary, consult CRNS..

Management Guidelines

9. Injured workers will receive care commensurate with the type and severity of the injury and the stages of tissue healing including recommendations for return to suitable employment while recovery occurs.
10. Where the NP recommends that the services of an exercise or massage therapist or any other care provider are required, the NP will provide a written referral to the exercise or massage therapist or ask WCB to arrange for this care using the Physician's Initial Report (PPI) or Physician's Progress/Discharge Report (PPP).
11. Where the NP believes that diagnostics or the services of a specialist are required, the NP may ask the WCB to expedite the referral in the Physician's Initial Report (PPI) or Physician's Progress/Discharge Report (PPP).

Discharge Guideline

12. The NP will discharge the injured worker from injury related care when the NP considers the worker has recovered from the effects of the work injury or the WCB notifies that injury related benefits have ended. The NP faced with a worker who does not agree with the WCB decision will encourage the worker to use the WCB appeal process.

Identifying the Need for Re-Assessment

13. Where more comprehensive care is needed because:

- a. the worker is not progressing and is not recovering from the work injury,
- b. psychological and/or pain management services are required,

the NP will notify the WCB that an assessment team review is required to determine if secondary or tertiary level care is more appropriate. The Physician's Initial Report (PPI) or Physician's Progress/Discharge Report (PPP) may be used to request the assessment service if WCB has not already arranged a review.

14. Where a worker, as a result of an assessment team review or functional capacity evaluation requires secondary or tertiary level care, the WCB Health Care Services Coordinator will contact the NP to obtain agreement with these and other recommendations made by the team, then assist by making the necessary referrals.

Facility

15. The NPs examining room will have adequate space, facilities and equipment to fulfill services required by injured workers.

Continuing Education

16. All NPs shall comply with Continuing Competence Programs (CCP) required by the CRNS.

Storage of Health Information and Charting

17. There will be a written report for each injured worker within the NPs treatment facility, which includes the findings of initial assessment, treatment provided or arranged, findings of periodic reviews, details of the worker's job duties, efforts made toward the establishment of transitional and full return-to-work, and a discharge summary.

18. Charting and storage of health information will meet all requirements of the employer, CRNS, *The Health Information Protection Act* (HIPA), *The Workers' Compensation Act*, and any other applicable legislation. If the worker requests a copy of their chart, the information, excluding information received from the WCB, will be provided in the manner directed by the HIPA. The worker is advised that WCB documents in the NP's files should be requested from WCB personnel.

Duty to Report Work Injury

Section 55 of *The Workers Compensation Act, 2013* states:

Any health care professional who attends to or is consulted with respect to an injury to a worker shall:

- (a) furnish the board with any reports respect to the examination or treatment of the worker that are relevant to the injury for which compensation is claimed;
- (b) give all reasonable and necessary information, advice and assistance to the injured worker or the worker's dependants in making an application for compensation; and furnish any certificates and proofs that the board may require.

19. To ensure all injured workers receive the benefits to which they are entitled, and to ensure accurate information when employer rates are set, any NP providing treatment to a worker injured in the course of employment shall report the injury to the WCB via the Physician's Initial Report (PPI).

20. The worker should also be advised to report the injury to the WCB via telefile 1-800-787-9288 or by completing a Worker's Report of Injury form, which may be attached to the NPs reports.

21. NPs providing treatment to injured workers are considered to have reported the work-related injury when they submit the Physician's Initial Report (PPI) to the WCB.

WCB Reporting Forms

22. WCB reporting forms and frequency of reporting are subject to periodic revision.

23. Physician's Initial Reports (PPI) will be sent to the WCB within three business days of the initial assessment.

24. Physician's Progress/Discharge Reports (PPP) will be submitted to the WCB every three weeks or when the worker's condition changes, whichever occurs first, and within three days of discharge.

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25. Where the NP is monitoring a return-to-work arrangement, the return-to-work schedule will be provided to the return-to-work partners and WCB prior to its commencement, using the Practitioner's Return to Work Report (PRTW). If revisions are necessary, the NP will provide notification to the WCB.
26. WCB report forms are available on-line at www.wcbask.com and may be submitted electronically to the WCB and printed off for use with other of the return-to-work partners.

Confidentiality Requirements

27. All health related and personal information received during the course of treatment of an injured worker will be treated in a confidential manner, and no information will be revealed to any person or party other than those persons to whom reports are to be made or to such other persons as may, from time to time, be designated by the WCB. Information pertaining to functional ability and or restrictions may be provided to the employer for the purposes of establishing a return-to-work arrangement.
28. All public relations work, interviews, public appearances and press releases related to services being provided to injured workers will require WCB approval.
29. The NP will not, without prior written approval of the WCB, publish or allow to be published any work that relies upon or uses information obtained by the NP, the CRNS or its members in carrying out the terms of this agreement, except for retroactive research where the workers treated are not identifiable.

Quality Assurance and Performance Evaluation Measures

30. NPs will provide evidence-based care.

Fees for Service

Section 103(1) of *The Workers' Compensation Act, 2013* states:

Every worker who is entitled to compensation or who is disabled only on the day of the injury is entitled without charge to:

- (a) any medical aid that may be necessary as a result of the injury;
- (b) any other treatment by a health care professional.

31. The NP, to meet the requirements of the WCB Act, or the employer of the NP, direct bills the WCB for services unless the WCB has provided written notification that health care benefits are not being extended for the injury. The Saskatchewan Ministry of Health

Payment Schedule for Insured Services Provided by a Physician is used for clinical services while Schedule B is used to bill for WCB specific services such as completion of report forms, billing the fees designated for NPs.

32. In order to prevent financial hardship to the worker, extra billing of the worker and/or billing for other services shall not occur.

Return to Work

33. Within the first week of treatment, the NP will contact the employer to determine the availability of transitional return-to-work. Where transitional return-to-work is available, the NP will coordinate a return-to-work, with the cooperation of the, worker, employer, and the WCB.
34. The return-to-work plan will be forwarded to the WCB using the Practitioner Return-to-Work form and will be resubmitted should revisions to the original plan occur. The duration of the return-to-work plan will be based on clinical judgment regarding type and severity of injury, the stages of tissue healing, the physical requirements of the pre-injury job, and the availability of transitional return-to-work.
35. Where any return-to-work partner is not cooperative with return-to-work planning, the NP will advise the WCB via the Physician's Progress/Discharge Report (PPP) that a barrier to recovery has occurred.

Term of this Document

36. These service provider guidelines and service fees are in effect until September 30, 2025.

Ongoing Relationship

37. The WCB will maintain a relationship with the CRNS for the purpose of sharing information regarding the relationship between NPs and WCB.