

RETURN TO WORK SERVICES

SCHEDULE 4C

BRAIN INJURY PROGRAMS AND SERVICES

1.00 LOCATIONS

- 1.01 The Contractor's approved Premises for this Schedule are as follows:
- a)
 - b)
 - c)

2.00 APPLICATION

- 2.01 Schedules 1, 6 and 7 apply to this Schedule.
- 2.02 This Schedule applies to BI Programs and BI Services only.

3.00 SERVICE OBJECTIVES

- 3.01 The BI Program objectives are to:
- a) Optimize the Worker's safe, sustainable RTW;
 - b) Educate the Worker on the nature of concussion and the natural progression of concussion recovery;
 - c) Educate the Worker on self-management of ongoing symptoms related to concussion or more severe BI;
 - d) Develop behaviours which will improve the Worker's ability to RTW, function independently, and benefit from other rehabilitation;
 - e) Reduce isolation through socialization and establish a structured day;
 - f) Increase tolerance for taking psychological risks such as an increase in ability to tolerate uncertain environments and learn to gauge appropriate threats;
 - g) Reduce long-term health care utilization;
 - h) Provide the Worker with the skills to implement appropriate strategies to help cope with ongoing anxiety, depression, and pain;
 - i) Minimize disability;
 - j) Optimize functional restoration, independence, and ability to work;
 - k) Promote modified RTW as a transition toward full RTW; and
 - l) Determine what ongoing support will be required for the Worker with a more severe BI.

4.00 SERVICE PRINCIPLES

- 4.01 The BI Program will:
- a) Utilize a cognitive behavioral approach to Service interventions;
 - b) Offer the necessary rehabilitation Services the Worker requires for maximum recovery to facilitate sustainable RTW;

- c) Focus on reducing the Worker's reliance on passive methods of managing the impact of the injury, including headaches, dizziness, fatigue, ongoing anxiety and depression;
 - d) Utilize evidence-based and standardized tests and protocols to ensure objective, consistent, valid, and high-quality Assessment results;
 - e) Educate the Worker regarding the BI Services process; and
 - f) Develop strategies to compensate for lost cognitive function.
- 4.02 If remaining physical disability exists, the Contractor will advise the CO so that the Worker may be referred for any additional required Services which are outside of this Agreement.

5.00 SERVICE OVERVIEW

- 5.01 The BI Program addresses the medical, functional, musculoskeletal, psychosocial, cognitive, and vocational needs of the Worker to facilitate safe, sustainable RTW.
- 5.02 The primary goal is to return the Worker to Suitable, appropriate, and Sustainable Employment through the provision of an Interdisciplinary BI Program. In appropriate cases, the goal will be avocational with an aim of enhancing quality of life.

6.00 PROGRAM DESCRIPTION

- 6.01 The BI Program addresses the needs of the Worker who has suffered a head injury, which has resulted in symptoms consistent with an impact on brain function. There are two (2) levels of BI Program intervention — Group 1 and Group 2.
- 6.02 The Worker can receive BI Program Services only after the Worker has been deemed appropriate through Assessment, for treatment in the respective BI Program.
- 6.03 Group 1 is the primary treatment intervention for the Worker who has a minor or mild brain injury. Most Workers will RTW following this type of treatment. The Worker in Group 1 does not have any intracranial findings.
- 6.04 Group 2 is for the Worker who has a mild-complicated, moderate or severe BI, and for the Worker who has sustained more significant head injuries with intracranial findings.

7.00 TRIAGE PATHWAY

- 7.01 The BI Program must be implemented according to the BI triaging model outlined in the BI Services Process Map (see Appendix D). The Worker must meet the admission criteria of designated Group prior to entry, and for continuation of Service interventions.

8.00 SERVICE LOCATION

- 8.01 Services will be provided at the Contractor's Premises, the Worker's worksite, in the Worker's home (virtual delivery), or a combination of both, based on the Worker's needs.

8.02 The Contractor will focus on transitioning the Worker to modified RTW and the provision of Services at the worksite, where feasible, as soon as possible in the Service intervention continuum to facilitate attainment of a RTW status for the Worker.

9.00 ADMISSION CRITERIA

9.01 The Contractor will ensure that all of the following additional criteria are met prior to commencing the Program:

- a) The outcome of the BI, ME and TBI Intake indicate that a BI Program approach to rehabilitation is necessary; and
- b) The Worker's group assignment has been confirmed through the BI Assessment phase.

10.00 THE INTAKE PROCESS

10.01 The intake must occur over one (1) to two (2) Program days and must include activities with the following disciplines:

- a) Rehabilitation coordinator;
- b) Exercise therapist or kinesiologist;
- c) Occupational therapist;
- d) Physiotherapist; and
- e) Psychologist.

10.02 For all BI intakes, the:

- a) Exercise therapist must do an initial interview, complete the fatigue scale, and do a cardiovascular screen;
- b) Occupational therapist must do an initial interview and complete the Canadian Occupational Performance Measure test;
- c) Physiotherapist must do an initial interview, a musculoskeletal evaluation and a postural assessment, if required, which is to include a comprehensive vestibular assessment when indicated; and
- d) Psychologist must do an initial interview.

10.03 For Group 2 intakes only, in addition to the above criteria the occupational therapist must also administer at least one (1) of the following; Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), Brixton, Test of Everyday Attention (TEA), and Attention Process Training (APT). Other appropriate measures will be administered as applicable. If a NPA has not already been completed, the Contractor must provide a NPA to the Worker during the BI Program.

11.00 PROGRAM DURATION

11.01 The BI Program will be made available for a minimum of two (2) hours and up to a maximum of eight (8) hours per day, three (3) to five (5) days per week.

11.02 Within the Program parameters, the frequency and intensity of the Services will be individualized to meet the needs of the Worker.

- 11.03 Acceptable reasons for not attending daily include transitional RTW or limited physical functioning.
- 11.04 If a Worker is unable to attend Program for an average of three (3) Program days per week during the Program due to acuteness of the BI, or the RTW plan, invoices should be submitted for BI daily billing, and not a full program.
- 11.05 Length of Stay will be determined during the Assessment phase.
- 11.06 In all cases, the Length of Stay must be reviewed every four (4) weeks.
- 11.07 All extension requests must be submitted on the Program extension request form to the CO a minimum of two (2) weeks prior to the scheduled discharge date.
- 11.08 For Group 1 Programs, the Length of Stay will not exceed eight (8) weeks without an extension approval. In the event that an extension is required, CO approval must be obtained.
- 11.09 For Group 2 Programs, Length of Stay must not exceed twelve (12) calendar weeks without an extension approval. In the event that an extension request is required, all extensions must be submitted to, and approved by, the CO.

12.00 GROUP 1 AND 2 SERVICE DESCRIPTIONS

- 12.01 The neuropsychologist:
 - a) Must be the team consultant and assists with the direction of treatment throughout the Worker's Program;
 - b) Must meet with Worker periodically throughout the Program to address any Worker or team concerns; and
 - c) May provide education to the referral source as required.
- 12.02 NPAs are applicable under specific circumstances, as outlined in this Agreement.
- 12.03 The team physician will:
 - a) Assist with identification and removal of medical barriers throughout the Program;
 - b) Review any pertinent medical information throughout the course of treatment;
 - c) Provide education to reinforce expectations for recovery;
 - d) Address any issues or concerns related to the Worker's medical issues and recovery; and
 - e) Discuss clinical findings and obtain medical consensus with treating physician, as required.
- 12.04 The clinician will be the primary contact:
 - a) For the Employer with regards to updates;
 - b) For the Worker and Employer with regards to the RTW plan; and
 - c) For the CO with regards to progression of the RTW plan.

- 12.05 The Contractor will use Psychological Services, which includes:
- a) Providing individual counselling Services, group and family therapy as needed, to promote positive coping styles, and enhance employability or improve quality of life;
 - b) Addressing reactive depression, anxiety, grief, and loss issues as needed; and
 - c) Assisting the Worker in developing realistic vocational and social goals given the Worker's existing cognitive, emotional, and behavioural profile.
- 12.06 The Contractor will use physical reconditioning and occupational rehabilitation Services, which will include the development of a plan for the Worker who requires assistance in the following:
- a) Increasing strength and endurance in order to facilitate a RTW; and
 - b) Preventing further declines in physical functioning, through work simulation, aerobic conditioning, and general strengthening.

13.00 GROUP 1 REHABILITATION SERVICE DESCRIPTIONS

- 13.01 The Contractor will use cognitive restructuring and development of compensatory strategies. This will include:
- a) Investigating and addressing the Worker's beliefs with regards to mild BIs;
 - b) Providing education on factors that may be contributing to symptoms and additional factors that could be impacting recovery;
 - c) Providing strategy-based learning techniques such as relaxation, body awareness, mindfulness, and thought records;
 - d) Developing compensatory strategies to address subjective Worker complaints;
 - e) Cognitive rehabilitation which is functional in nature; and
 - f) Educational topics.
- 13.02 Investigating and addressing the Worker's beliefs with regards to mild BI will include expectation for recovery, and assumptions, and potential misattributions about mild BI.
- 13.03 Educational topics may include, but are not limited to, the following:
- a) Guidelines for recovery;
 - b) Coping versus succumbing;
 - c) Awareness of affect, behaviour, and cognition connections;
 - d) The value of a positive and realistic attitude;
 - e) Goal setting;
 - f) Effective communication;
 - g) Healthy choices in relation to habit formation for issues such as smoking, eating, and sleeping;
 - h) Time management and organizational skills;
 - i) Attribution theory; and
 - j) Fight/flight and flow.
- 13.04 Psychological Services will also include:
- a) A cognitive behavioural and solution focused counseling approach; and
 - b) Counseling that builds on and supports education as outlined above in cognitive restructuring.

14.00 GROUP 2 REHABILITATION SERVICE DESCRIPTIONS

- 14.01 The Contractor will use cognitive retraining and development of compensatory strategies. This must include:
- a) Using will and metacognitive approaches to improve the Worker's awareness of cognitive deficits and strengths;
 - b) Developing effective methods to compensate for areas of deficit and amplify existing strengths;
 - c) Using group activities and community work experiences to provide opportunities for the generalization of skills;
 - d) Using, where necessary, paper and pencil, auditory, and computer assisted tasks; and
 - e) Providing evidence-based treatment strategies to address cognitive deficits as outlined in the ACRM's Cognitive Rehabilitation Manual.
- 14.02 Psychological Services must also include using a cognitive behavioural and solution focused counselling approach.
- 14.03 Optional Professional Services such as speech-language pathology and dietary assistance may be required based on Assessment findings and are subject to CO approval.

15.00 SERVICE COMPONENTS

- 15.01 Immediately following the Worker's admission to the Program:
- a) The team, with the active participation of the Worker, will review any claim information received and establish specific BI Program and RTW goals; and
 - b) An initial report will be completed to formalize and refine further Program goals.
- 15.02 The goals will be individual, Worker specific, and be used throughout the Program to track the Worker's progress towards RTW.
- 15.03 For Interdisciplinary case conferences, the BI Program team will meet with the Worker in a team conference, no less frequently than once every ten (10) Days. Additional meetings with the Worker will occur as required. Additional case conferences with the CO may be indicated as issues arise.
- 15.04 The purpose of the team conference is to review the Worker's progress relative to each rehabilitation goal. The Worker's prognosis, anticipated Length of Stay, rehabilitation problems, functional limitations, and Worker goals are discussed, updated, and amended with input from the Worker. Family members will be included in the team conferences, as appropriate.
- 15.05 Worker Re-assessment at minimum every four (4) weeks is required throughout the Program. The psychologist, occupational therapist, or designated team member will conduct Re-assessments as needed to track the Worker's progression toward RTW goals.

- 15.06 If through Re-assessment it is confirmed that the BI has resolved, and the remaining disability is physical, and not related to the BI, the Worker will be discharged from BI Services.
- 15.07 The Contractor must advise the CO of the resolution of the BI and provide the CO with the Worker's current status in order to develop a plan for any remaining disability whether that be physical or other. Options for the CO to consider may include a home exercise program with follow-up sessions, community physiotherapy, or a non-BI Program.
- 15.08 The Contractor will promote an educational approach, which will include:
- a) Discussion of all BI Assessment findings with the Worker;
 - b) Involvement of the Worker in the goal setting process; and
 - c) Providing the Worker with specific information directed towards increasing the Workers understanding specific topics.
- 15.09 Specific education topics will include:
- a) BI;
 - b) Non-BI management as applicable;
 - c) Pain management as applicable;
 - d) Service intervention management;
 - e) Sleep management; and
 - f) Medication adherence to prescribing doctor's protocol.
- 15.10 For the BI topic, the Contractor will educate the Worker on:
- a) What a BI is;
 - b) Prognosis for full recovery following BI;
 - c) Effective ways of treatment or management;
 - d) Ways to manage symptoms; and
 - e) RTW following BI.
- 15.11 For the non-BI management topic, the Contractor will educate the Worker on:
- a) The nature of the Worker's injury;
 - b) The concept of hurt versus harm; and
 - c) The importance of activity and exercise in their recovery.
- 15.12 For the pain management topic, the Contractor will educate the Worker on:
- a) The neurophysiology of pain; and
 - b) Pain self-management techniques.
- 15.13 For the Service intervention management topic, the Contractor will educate the Worker on:
- a) The relationship between BI Services and achievement of Worker specific and RTW goals; and
 - b) Expected outcomes.
- 15.14 For the medication adherence to prescribing physician's protocol topic, the Contractor will, if applicable, provide education on:
- a) The importance of adhering to the prescribed medication schedule;
 - b) The effects of not using medication appropriately;
 - c) The side effects of medication, as applicable; and

- d) The implications on RTW.
- 15:15 The Contractor will provide education on safe work practices, including the following:
- a) Explanations and demonstrations to ensure the Worker understands and engages in safe work practices and proper body mechanics; and
 - b) Safe usage of all equipment and personal protective gear used in conditioning and work simulation areas and at the worksite.
- 15.16 For communication, whenever possible and appropriate, the psychologist, occupational therapist, or designated team member, will facilitate communication and involvement of all key stakeholders including the Worker, CO, Employer, Worker's Representative (if applicable), treating physician or surgeon, and the Worker's support network, in the rehabilitation process.
- 15.17 The need for post discharge Services to support the RTW process must also be discussed in the discharge case conference, and necessary arrangements made in consultation with the CO. Follow-up Service interventions must be pre-approved by the CO.

16.00 QUALITY OF LIFE BRAIN INJURY PROGRAM

- 16.01 The goal of a quality-of-life Program is not to RTW, but rather to improve overall quality of life, such as activities of daily living, mobility, pain management, assistance with cognitive functioning, managing boredom, and volunteer opportunities.
- 16.02 All requests for a quality-of-life Program must be made and approved by the CO prior to Program admission.
- 16.03 The determination of whether a Program should be for quality of life should be related to the BI component of the injury such as cognitive issues, seizure activity, and determination of ability to work through the NPA.
- 16.04 Avocational rehabilitation should be provided. Volunteer positions may be considered as part of the rehabilitation Program.
- 16.05 The Contractor will comment on what the Worker demonstrated functionally and cognitively while on Program.
- 16.06 If dramatic improvement occurs and a RTW option is determined to be viable, the Worker will be admitted to a Group 2 Program instead with approval from the CO.
- 16.07 Billing for a quality-of-life BI Program will be based on Program Group 2 attendance and Program criteria.

17.00 DISCHARGE CRITERIA

- 17.01 The Contractor will ensure that one (1) or more of the following additional criteria are met prior to discharge from Program:

- a) The Worker is deemed to be functioning at a level capable of sustained, competitive employment, and community integration;
- b) The Worker has reached maximum psychological and physical functioning based on diagnosis; and
- c) The Worker has clinically plateaued or is making insignificant progress.

18.00 STAFFING

- 18.01 Depending on the needs of the Worker, the team must be made up of the following members;
- a) Physician;
 - b) Neuropsychologist;
 - c) Psychologist;
 - d) Occupational therapist;
 - e) Re-employment specialist;
 - f) Physiotherapist; and
 - g) Exercise therapist or kinesiologist.
- 18.02 Master's level provisional psychologists are not eligible to provide BI Services unless previously approved by the HCC.
- 18.03 PhD level provisional psychologists may be considered for eligibility to provide BI Program Services. HCC will review any requested PhD level provisional psychologists and advise the Contractor of whether or not the requested psychologist is eligible to provide BI Program Services.
- 18.04 A MSW who is registered with the Alberta College of Social Workers and approved to perform psychosocial interventions cannot be the primary therapist on a BI program; however, they can lead psychotherapeutic/psychoeducational groups and in-vivo exposure if they have the relevant experience.
- 18.05 The following disciplines are recommended, but not mandatory members of the BI team:
- a) Speech-language pathologist;
 - b) Social worker;
 - c) Psychology assistant;
 - d) Dietician; and
 - e) Recreation therapist.
- 18.06 The neuropsychologist must be an active BI team member in both Assessment and rehabilitation Services and be accessible to the CO for consultation.
- 18.07 The psychologist must have:
- a) Experience/expertise in treating BI;
 - b) Education in the area of pain management;
 - c) The ability to do cognitive behavioural treatment;
 - d) The ability to provide assistance in facilitating an injured Worker's earliest and appropriate return to date of accident or modified work;
 - e) Registered with the College of Alberta Psychologists (not provisional status); and
 - f) A university degree in psychology issued by a recognized institution.

- 18.08 The re-employment specialist should have previous experience with the BI population.
- 18.09 With prior approval from the CO, the BI team may call on a number of consultants and professionals deemed necessary to assist in achieving rehabilitation goals.