

# Manitoba Society of Occupational Therapists (MSOT)

## Private Practice Group Meeting: Thursday, April 30, 2020 Via Zoom Meeting

**Attendees:** Gail McMillan-Law, (Chair), Heidi G., Nicole B., Elaine H., Lorraine M., Julie B., Corinna K., Maxine H., Carrie H., Charlene M., Russel D., Marnie C., Kym K., Sarah Michelle S., Linda H., Tracey Q., Bernadette D.,

**Presenters:** Janet Kumka, MPI, and Sharon Eadie, COTM,

**1.3** Minutes from November 2019 **considered however confirmed that these are not approved as the MSOT PPG is not a committee as such.**

**2.1** Janet Kumka - OT from MPI joined the meeting to discuss OT questions. Replies to questions submitted are as follows:

**a) Is it up to the OT to decide if the assessment is virtual:**

Janet - Most are remote right now and for next week, MPI will continue to work at home and if there are extenuating circumstance, talk to the case manager.

Sharon:

Received email from the legal council: It speaks to the idea that it is a partnership between the regulators, shared health and members in how the reopening unfolds.

You need to ensure you achieve safety for you and your client.

**b) Are case manager's phones being redirected to case manager's cell phones?**

Janet - Case manager's numbers are automatically rerouted to their cell phones. There are no landlines. They also get pop-ups on their computer if they get a call. The message will show up on their computer monitor and on their cell phone.

- If you are having difficulty call Gord Whalen, he wants to facilitate this and won't consider it a negative. [gwhalen@mpi.mb.ca](mailto:gwhalen@mpi.mb.ca)
- **Can cell numbers be put on referrals?** Unless it's assigned to BAU, there should be a contact number on the referral.

**c) Can we be provided with an updated contact list for case manager phone numbers?**

Janet - There isn't any kind of list anymore. They have an electronic record so they suggest that everyone go through email or contact the case manager by their extension line. If you have trouble, contact Janet and /or Gord Whalen.

**d) Is work still on a rotation and have companies updated what type of assessment they will do and how many staff they have working right now?**

Janet - Nothing has changed at MPI. There is a rotation basis now. There has been a 48% drop in claims therefore; there is a drop in referrals. Some companies have notified MPI that they aren't taking referrals; otherwise, there has been no change. Several companies have taken the initiative to let them know which platform they are using so if there are concerns down the line, in case the claimant appeals, this will give more merit to allowing MPI to look into it in the future.

---

**e) Is MPI prescreening PCA referrals and are some being done in the hospital?**

Janet – Yes, MPI is prescreening referrals to limit exposure. It may be a confidentiality issue where they don't want people to hear certain things or they live alone and they are worried about people learning information that they consider private. The case manager is reviewing each PCA file individually and deciding if the PCA is warranted at this time. In more acute stages they are following up to see if equipment is still working and maybe they need more follow up: are they moving, are they too sedentary, etc. The case manager is deciding if the PCA is warranted or if it can wait.

They have been letting the PCA be completed by hospital staff and then have an OT follow up with checking the equipment virtually. There hasn't been a lot. There have not been too much discharge planning referrals but hospital staff is taxed so case manager is determining what the needs of the client are moving forward. It's not like hospital OTs are getting a lot of the referrals and taking it away from the Private Practice Group.

**f) What are the services MPI deems essential? Which are on hold?**

Janet - All assessments other than discharge planning are considered non-essential at this point. Discharge planning required to facilitate people getting back into the community is required. If someone is returning to work at this time, then that can be facilitated. Permanent Impairments are very low priority. MPI is looking at people getting paid. It is the case manager's responsibility to initiate letting the therapist know what is required for their claimants. Some people may be returning to work if their employment is in their home or if they will be returning to work at this time. It will be on a case-by-case basis.

**g) Will we see an influx of work?**

Janet - PCA's have been moving status quo. There may be people who have declined submitting a claim so there may be some new PCA claims that were deferred because people were uncertain. The return to work side and treatment will likely be busier. There may be more facilitation efforts to set up return to work, treatment, etc. but it will be on a case-by-case basis.

**h) Are hospital OTs completing full PCA's?**

Janet - MPI did try to have hospital OTs complete the PCA because the quality wasn't the same as private OTs. At times, the client would go home on a day pass so MPI wanted to facilitate the process if supports are required. The hospital at the time completed condensed reports but it is minimal. The private OT who completes the home assessment typically facilitates this. MPI is trying to get the information to facilitate discharge from hospital. Janet encourages you to contact the case manager to make the connections you need to make a discharge. For safety issues, MPI is relying more on hospital supports but there haven't been a lot in the last four or five weeks.

**i) Is this the situation or is this standard of practice? Why are we getting so many referrals so many weeks after discharge and seen a slow down in referrals over the last few months?**

There has been a decrease in claims so referrals are down. We will likely see an influx once people start driving again and people get complacent. There isn't a change in accident numbers in the summer vs. winter due to road conditions. There is an influx in the summer because people are out on bikes, motorcycles, road trips, etc. Surgeries are being reinstated, so there may be increases as clients may relapse when going back for additional surgery.

Reassessment PCA's will be reinstated for those put on hold due to COVID-19 but each will be dealt with on a case-by-case basis. There will be phases for where we can go and how these will be completed (virtual or in person) for the next several months based on COVID 19 recommendations and concern re: direct contact.

---

**j) RE: Clients in Assisted Living or client's who don't have the technology to allow virtual assessments, etc. Is MPI looking at postponing these assessments? Claimants are concerned what will happen to their benefits...**

Janet- it shouldn't affect their benefits. Anyone it comes to benefits, MPI never wants to put the client in a deficit for a situation that is out of their control. The manager is dealing with this now to determine what the messaging will be. Given the current situation, no one is going to be penalized.

Each claim is considered on a case-by-case basis. Reach out to Janet or Gord to determine that the messaging is clear and if there is a question about benefits, refer back to the case manager.

**k) Case Managers are asking companies if they are going out into the community next week. How do we respond?**

Janet will be touching base with Gord re: this situation. The government message that came out yesterday will need to have discussion to determine next steps. A phase 1 of the reintegration for resuming assessments will have to be determined and then we'll have to educate the case managers re: this. We have to respect that the claimant needs to decide if they will allow people to come into their home. Gord and Janet will come up with a game plan and they will send out an email to the OT companies to determine how we will go forward. They do have to set some expectations as a corporation so this is what Janet will do with Gord. Janet hopes that this will be available to private OT's in the next few weeks.

Sharon encouraged MSOT to send out something collective and follow up from Gord Whalen so we have something formal and everyone has received the same message.

Government Rules re: May 4/2020:

- Sharon encouraged each company to use our clinical reasoning skills re: direct patient contact using PPE and ensuring the safety of both the OT and the client.
- Some therapists are starting with a virtual interview and then go in to assess areas of safety.

Platforms being used:

- Zoom Healthcare
- Doxy.me
- Microsoft Teams

**2.4 COTM-**

Sharon Eadie (Presentation shared on the Telehealth Screen) – Recorded for those who would like to view. Contact Heidi @ MSOT to view it.

Telehealth:

COVID-19: We will get direction from:

- Government of MB (Orders+++)
- Shared Health (Information+++)
- COTM (e.g. Telehealth guideline)
- CAOT (webinars, resources)
- MSOT (weekly event)

As regulators, they acknowledge there is not always a correct answer as to what to do in specific situations. COTM looks at at the practice process you used. She encouraged a matrix or decision making tree format.

---

Discussion about procedures when everything changes on a daily basis. Sharon suggested giving people a structure as to how to make decisions. (Is it urgent? If yes, then can it be done virtually? If No, then can I safely do an in-persons visit?)

PPE document: this is a good example of a decision-making matrix. Your staff has something they can refer to which will assist with decision-making.

What is the definition of Urgent?

Sharon encouraged considering the information from shared health including questions such as:

- Would not seeing somebody cause him or her to be hospitalized?
- Would it cause them to have significant issues with their health? (i.e. skin breakdown)
- You would then have to take the client's opinion (or client's comfort level with us going into their home) into account as well.

*PPE:*

If accessing PPE equipment is an issue for you then you should let MSOT know. Shared Health documents indicate Logistics is the department that is managing this. Sharon will provide contacts, as Shared Health is system wide, they are not just for hospitals.

- MSOT sent a letter on behalf of OT's reporting the concern re: private OT's not having access to PPE.
- Julie encouraged reach out to vendors, dental access supply companies, Walmart, etc. for supplies but the availability of it is the issue. Are these products complying with any regulatory standards? What is Shared Health designating as a procedural mask?

**Provided by Sharon following the meeting:** Please share the following information via MSOT to the Private Practice Group list: From guidance document from Dr. Roussin and Lanette Siragusa:

“Assistance through the Supply Chain portal [SCMCOMMANDINTAKE@SHAREDHEALTHMB.CA](mailto:SCMCOMMANDINTAKE@SHAREDHEALTHMB.CA) may be available to those providers who are unable to source PPE from elsewhere but it should be noted that PPE distribution is being managed according to risk and priority levels set out in the Provincial PPE Planning and Guidance Framework available at <https://sharedhealthmb.ca/files/covid-19-provincial-ppe-framework-guidance.pdf>.”

*Managing My Practice:*

- There was a complaint for a therapist being too busy and not offering the effective services. We are accountable for our practice and are responsible to provide a good quality of work. COTM is creating a document to guide therapists in this situation. Sharon would like some feedback to a draft, which will be shared in the near future through a consultation survey.

*Social Media:*

- Encouraged to keep a personal and professional separation of social media. The intent was not to discourage therapists from using Social Media in your practice. The message was to be careful with what you post on your personal social media site re: health as it can be assumed you are sharing this as a professional.
- There will be a Social Media guideline, however, this will take time. The telehealth guideline will be revised to be more specific to OT. (e.g. addressing that there can be a person in the

- 
- room for safety measures vs. not having a person in the room to meet confidentiality requirements)
- Digital Equity – addresses concerns that many marginalized individuals are unable to access virtual services.

*Truth and Reconciliation:*

- This should be on your radar.
- ACOTRO, ACOTUP and CAOT are creating new essential competencies This will address obligations of our profession to ensure we can provide culturally safe practice.
- Sharon would like feedback as to our access to training re: this. You can enter into a purchase agreement to take the program “The MB Indigenous Cultural Safety Training (MICST)”. The cost is \$225.00 and it is an 8-week training session all done online. Some work is done collectively and you work with a facilitator. A lot of it is a personal reflection. The regulators will determine if they need to require this to ensure they are creating an expectation for registrants but they don’t provide this education. This is available through the WRHA.
- Sarah asked if Heidi could look into getting a group discounts if several of us are interested in taking it.
- Jeanette Edwards was instrumental in amending the BC e San’Yas program and modified it and made it into a MB program.
- Heidi will get the links from Sharon and share them with us.

*Accessibility for Manitobans Act:*

- Make sure this is on your radar, as it doesn’t matter the size of your business, we are responsible to attend to this.

Sharon Eadie - The best way to reach her is through email at [sharon.eadie@cotm.ca](mailto:sharon.eadie@cotm.ca) . COTM is likely not in the office before June 2020.

**2.5 MSOT Update:**

- Monday meet ups that MSOT is hosting. If unable to attend, the recourses are posted. The sessions haven’t been recorded to respect confidentiality but all the information is in the power points. They would be interested in what type of information would be of value for future meet ups.
- MSOT has sent a letter re: accessing PPE especially for private OT’s and they will follow up with this.
- Annual renewal is due today.
- Encourage other OT’s in your network to advocate that OT’s are essential!
- Private Practice Renewal Directory is due mid May versus today. They extended the deadline acknowledging the financial difficulty experienced by individuals, especially private OT’s so if there are financial concerns, reach out to MSOT.
- Winnipeg Free Press reached out to MSOT to see if interested in advertising in the Healthy Lifestyles Section in October 2020 for OT Month. Would OT’s be interested in contributing to an article and/or advertising?
  - People are curious what type of readership they have?
  - If a lot of people were interested, MSOT could look into it. It is however, very expensive and may not reach the audience we would want.

---

## **2.6 Privacy Policy:**

- Julie and Heidi worked together recently to make the sections current and user friendly, remove repetition (as all the sections people worked on several years ago all looked different).
- Julie and Heidi found the work overwhelming, therefore, sent a letter to MSOT requesting funds to hire a lawyer to assist with updating and making the Privacy Policy usable.
- Julie made up a list of questions for MSOT to ask the lawyers to ensure that it would be the correct person chosen and done in a timely manner.
- They need a lawyer to ensure the information is up to date and meets PHIA, not create it.
- MSOT will do the legwork and then recommend three lawyers.
- Some private therapists can review and modify, especially with the procedure.
- There are huge sections missing currently.
- There would then be a nominal cost to get the updated version.

## **3.0 New Business:**

I would really appreciate if people email ideas for PPG topics and presenters for future PPG meetings to Gail at [personalbesttherapy@shaw.ca](mailto:personalbesttherapy@shaw.ca) . I will start planning the fall meeting in early September, so if you could have any suggestions to me by September 1/2020, I would really appreciate it!

## **NOTE:**

**To view Sharon's COTM powerpoint presentation slides, please log in to the member area of the MSOT website and it will be under Resources for OTs in Private Practice and/or Independent Practice.**