Outpatient and Community Physiotherapy Services

Process Manual for Contracted Providers

Last Revised May 2023

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Preface

The Process Manual, referenced in Schedule “B” of the Agreement for Provision of Contracted Community Physiotherapy Services, guides the delivery of the AHS Outpatient and Community Physiotherapy Services and is part of the Clinical Service Agreement for contracted physiotherapy providers. Please replace original sections with updates that are distributed from time to time. Replaced documents must be kept in this manual under “Expired Sections” as a record of the guidelines that were in place at any point in time.

The Outpatient and Community Physiotherapy Services program is an important service in the continuum of rehabilitation services provided by Alberta Health Services (AHS). Knowledge of related AHS and community services will help you direct Albertans appropriately where required. Information related to these other services can be found on the AHS website: http://www.albertahealthservices.ca.

Contact Information

AHS Outpatient and Community Physiotherapy Services Team

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Phone: 403-943-8204 **Fax:** 403-943-0578 Email: communityPT-calg@ahs.ca

Strata HealthFirst Support Team

Information System Contact Information (Strata Health):

System Support Line:	1-866-556-5005
System Support e-mail contact:	support@stratahealth.com

> **Note:** Specific client-identifying information (e.g., name, Personal Health Number (PHN), date of birth) should never be sent over email. Providers in violation of this policy will be required to participate in security breach reporting and investigation with AHS' Information & Privacy department.

Definitions

Agreement	Refers to the "Clinical Services Agreement" and all Schedules annexed to this Agreement and otherwise incorporated in the Clinical Services Agreement.
AHS	Refers to "Alberta Health Services" and has the meaning ascribed to it in the preamble of the Agreement.
Assessment	Means the initial attendance by an Individual for each new Episode of Care at which the Provider provides a physiotherapy assessment on an Individual by a licensed physiotherapist in good standing with the College.
Attendance	Any in-person or virtual service encounter at the Location in which the Provider provides an assessment, education, or treatment to an Individual or Client presenting with a problem or condition reasonably requiring physiotherapy care.
Client	Means any Individual who has received an Assessment and is eligible for further Attendance(s) in accordance with the treatment eligibility criteria outlined in the Process and Clinician Manuals, as amended from time to time.
Client Year	The one-year period following a client's initial assessment for a new injury, during which time they are eligible to return for follow-up treatment using the authorized number of funded visits for the new injury.
College	Refers to the Physiotherapy Alberta College, or its successor organization.
Concurrent Episode of Care	Any additional episode of care for a distinct diagnosis or condition that falls within the same client year of a previous episode of care.
Deliverables	All content, documentation, material, or data, in any form or notation to be provided by the Provider to AHS in connection with the Agreement.
Episode of Care	Means a minimum of one Assessment and the number of treatment Attendances associated with each distinct physiotherapy problem or condition per body site as defined in the Manuals.
Equipment	All equipment, instruments and/or supplies used by the Provider to provide services.
Individual	Means any Individual who is eligible for an Assessment in accordance with the eligibility criteria set out in the Process and Clinician Manuals, as amended from time to time.
Information System	The system described on page 29, Information System Processes, of this manual.
Mature Minor	Mature minor means a person aged less than 18 years who has been assessed and determined as having the intelligence and maturity to appreciate the nature, risks, benefits, consequences, and alternatives of the proposed treatment/procedure(s), including the ethical, emotional, and physical aspects.
New Injury	A distinct problem or condition for which a client requires a physiotherapy assessment, based on the recent occurrence of a specific event (e.g., second surgery or fall).

Outpatient & Community Physiotherapy Services (OCPS)	Means the Outpatient & Community Physiotherapy Services at AHS under which the Services are provided.
Physiotherapist	An Individual who holds a valid certificate of registration and a current Physiotherapy Alberta College practice permit as required under the Physical Therapy Profession Act or successor legislation.
Process Manual	This means the document that guides the operational processes and delivery of Services may be amended and updated from time to time by AHS.
Professional Governing Body	This means any governing body having legislative authority to admit, control or regulate any of the persons engaged in the performance of services and includes without limitation and where applicable, the College.
Rehabilitation Advice Line (RAL)	Health Link affiliated telecare assessment and risk stratification process for individuals who are requesting outpatient physiotherapy services for general conditions.
Service Expectations and Business Standards	The requirements to be met and satisfied by the Provider in the performance of services as outlined in the Process and Clinician Manuals.
Services	The services to be performed by the Provider as more particularly set out in Schedule “A” and the manuals. Services also include any deliverables.
Service Model	Physiotherapy services as described in Section 5 of the Process Manual, as well as in the service standards and practice guidelines found in the Clinical Manual.
Provider	Refers to the facility that holds a current clinical services agreement with Alberta Health Services to provide Outpatient and Community Physiotherapy Services.
Staff	Means all Individuals employed or otherwise retained by the Provider for any purpose related to the provision of services including the Provider’s employees, officers, directors, volunteers, agents, and all other third-party Providers retained by the Provider hereunder.
Visit Ceiling	The total number of client visits allotted for a particular zone and care type and period is determined by AHS at its sole discretion.
Zone	A geographical service area defined by AHS to administer health services.
Close Call	This means a situation where an individual or client was nearly harmed, but for one or more reasons, the individual or client was ‘saved’ from harm.
Hazard	Means something that has the potential to contribute to harm or something that could harm an individual or client and includes any circumstance not described herein and considered a “reportable incident” at any time by Physiotherapy Alberta – College or any other professional governing body having jurisdiction or under any applicable laws.
Harm	Means an unexpected or normally avoidable outcome relating to the Provider’s services that negatively affects an individual or client’s health and/or quality of life

and occurs while the individual or client is at the facility or within ten (10) days of the individual or client's visit, including but not limited to:

- Severe Harm (critical incident) - Individual or client attempts suicide, suffers death, complete loss of limb or organ function, or requires intervention to sustain life.
- Moderate Harm - Individual or client suffers a partial loss of limb or organ function.
- Minimal Harm - Individual or client suffers any form of harm that is less extensive and does not involve death, loss of limb or organ function, and may include clusters of infections among individuals at the facility or clients treated in the facility.
- No Apparent Harm – at the time of the event or reporting of the event, the individual or client does not appear to suffer any harm but could do so in the future e.g., Potential for a skin reaction or bruise.

AHS Rehabilitation Model of Care

The AHS Rehabilitation Model of Care principles supports and inform the Outpatient and Community Physiotherapy Services Musculoskeletal Service Standards and service eligibility criteria.

What is the Rehabilitation Model of Care?

Outpatient and Community Physiotherapy services are offered to eligible Albertans and are encompassed within the AHS Rehabilitation Model of Care (R-MoC). Rehabilitation improves client outcomes, health system efficiency, medical and surgical intervention effectiveness, and the health, quality of life, and productivity of a community. Rehabilitation Providers partner with the client, family, other Providers, and communities to address health needs from being healthy and getting better, to living well with illness or disability and end of life.

In 2016, AHS developed a three-year provincial Rehabilitation Strategic Plan. An important strategy in the plan centered on building a unified, sustainable provincial blueprint for rehabilitation. A key action under this strategy involved developing a Model of Care for rehabilitation in the province.

A Model of Care guides service planning and broadly defines the way in which health care is delivered. Standardization of elements within a model of care creates and reinforces a consistent implementation that in turn yields accessible, appropriate, effective, efficient, and safe rehabilitation experiences and outcomes for clients, families, and communities.

The Rehabilitation Model of Care (R-MoC) Philosophy & Concepts includes “What matters to you matters to us.” People are at the center of rehabilitation in AHS.

AHS Rehabilitation Model of Care

Understanding what matters leads to quality care that is focused on enhancing function for meaningful living. Integral to the R-MoC is a wellness approach – a holistic understanding of health that includes cognitive, psychological, social, emotional, spiritual, and environmental factors. The R-MoC encourages clients to be active participants in their rehabilitation and in the process, build self-efficacy. The way that people think and feel about their condition has a significant impact on their ability to manage one’s health behaviors and outcomes. Self-efficacy and wellness contribute to feelings of having control, which in turn creates motivation and capability to take on and persist with new and difficult tasks. Another important concept within the R-MoC is the resiliency of clients, families, and providers. It calls on all to reflect upon and pursue opportunities that support and enhance personal resilience and wellness.

The six dimensions of quality described by the Health Quality Council of Alberta (HQCA) are foundational to the R-MoC and reflected in the evaluation of experience and outcomes.

AHS Health Plan and Strategic Direction	Principles
Improve Patient and Families’ Experiences	Physiotherapy contracted Providers, through their staff, reflect respect and are sensitive to gender, age, and diversity of culture and language, and follow the principles of client-centered care. Services delivered are based on evidence-informed practices, professional practice standards, and clinical guidelines. Evidence-informed decision-making and practice are fostered through review of

	best practices, participation in knowledge translation initiatives, and research activities. Physiotherapists maintain their skills and knowledge to ensure their competency to provide safe, evidence-informed practice.
Improve Patient and Population Health Outcomes	Providers will engage Albertans as partners and provide them with the support they need to take responsibility for their health and that of their families. This will include a focus on the client's strengths and functional needs, and providing coaching, education, and information to facilitate self-management. Outpatient and Community Physiotherapy Services are coordinated or integrated with other program(s) in AHS and with health, education, and community agencies that align with AHS goals and objectives.
Improve Financial Health and Value for Money	Eligible individuals will have reasonable and equitable access to Outpatient and Community Physiotherapy Services throughout the province. These services are part of a continuum of other PT services and health services available to support active participation in daily life and societal roles. The services target early intervention to assist post-injury functional recovery. Services to meet the PT needs of eligible individuals are provided within available human and financial resources. Given that public resources are finite, specific needs, conditions, or procedures are prioritized for program funding and the number of funded attendances will align with the Outpatient and Community Physiotherapy Services approach and standards.

> AHS' mission statement is "to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans."

The purpose of this manual is to facilitate communication and collaboration between Providers and AHS to improve transactional processes and implement clinical best practices.

AHS-funded physiotherapy services are foundational to a client's path to recovery. Clients on a successful path to recovery from orthopedic surgery, a fracture, or a general musculoskeletal (MSK) injury will be supported to understand their condition, the precautions associated with their condition, receive a prescribed exercise program and strategies for engagement in the functional activities that are important to them.

AHS-funded visits will be appropriately spaced to support the patient and their recovery. Physiotherapy visits should focus on ensuring that MSK symptoms are improving to enable the client's return to function and participate in activities that are important to them. It is important that clients understand how to self-manage their condition.

AHS Directives, Policies, and Procedures

Relevant AHS directives, policies, and procedures will be provided to the Provider upon request.

Information on doing business with AHS can be accessed through the AHS website under "About Us > Doing Business with AHS":

https://www.albertahealthservices.ca/about/Page207.aspx

The URL for the Vendor Guide to Doing Business with Alberta Health Services is:

https://www.albertahealthservices.ca/assets/about/org/ahs-org-cpsm-guide-doing-business-with-ahs.pdf

For specific inquiries related to service Agreements and procurement processes, call the **Director of Clinical Services Contracts, and CPSM** at 780-342-0341.

Orientation of Staff to Services

The Provider is responsible for orienting their staff on the service expectations and business standards as outlined in this manual and in the Clinical Service Agreements, which may change from time to time. This orientation must include information that helps Provider staff to communicate the parameters of the services accurately to the public.

Service Expectations

A “service standard is a public commitment to a measurable level of performance that clients can expect under normal circumstances” Government of Canada, 2018.

Service Standards in AHS Allied Health & Rehabilitation provide common expectations for how a service is delivered for a defined health condition or a specific population. A Standardized Service may be part of a care pathway and may be reinforced by practice support documents.

Service Standards support clinical appropriateness, improve client and family experience, promote safety, and support financial sustainability. Service standards can be integrated into care pathways and facilitate patient navigation of the health system.

Physiotherapists delivering services on behalf of AHS will be expected to provide care in alignment with the AHS Community and Outpatient Physiotherapy Service standards, clinical guides, and service model eligibility criteria. Physiotherapists must ensure their practice aligns with the Standards of Practice and Code of Ethics of the Physiotherapy Alberta College.

All physiotherapy visits are expected to focus on building self-management skills, facilitating independent exercise programming, and discussing how clients may transition to community programs as appropriate. Discharge planning should be discussed early on to promote active participation from clients and give awareness about transitioning to community programs.

Key Points

1. AHS-funded physiotherapy assessment must also include the provision of client education and discussion of self-management strategies for function.
2. Modalities, needling, and manual therapy are considered adjuncts to the main goals of the program, which should focus on active exercise-based treatment strategies and self-management.
3. Plan visits effectively and seeks client participation and engagement to support functional gains between sessions. As such, physiotherapy visits should be spread out appropriately with a minimum of one week between visits to allow for appropriate tissue healing times and progression of the self-management program.
4. Providers shall not bill the client or private insurance for visits that occur during the same period as the AHS-funded episode of care for eligible clients.

General Eligibility and Exclusion Criteria

Eligibility Criteria	Exclusion Criteria
General 1. The individual is requesting a single discipline PT assessment and treatment funded by AHS under Outpatient and Community Physiotherapy Services 2. The individual has a valid Alberta Personal Health Number. 3. The individual has a functional need that limits activity and participation in their community. 4. The individual and, if applicable, his/her caregiver, can actively participate in the rehabilitation process required to achieve a positive outcome. **Diagnostic** The individual has a condition or needs that are approved under the Outpatient and Community Physiotherapy Service Model.	1. The individual is eligible for coverage by other health payers: • Workers Compensation Board (WCB) • Department of Veterans Affairs, Health Canada, or other federal programs • Services provided under Automobile Accident Insurance Benefits • Persons with health coverage in other provinces 2. The individual is currently receiving PT through a Primary Care Network (PCN) for the same diagnosis. 3. The individual is currently receiving or has received PT services for the same diagnosis from another AHS-funded program (i.e., Home Care, multidisciplinary, or specialized rehabilitation programs.) 4. Clients who are receiving services for specialized, complex, and chronic pediatric conditions through AHS Pediatric Outpatient and Community Rehabilitation programs or AHS contracts. Search: Pediatric Rehabilitation | Alberta Health Services

The following conditions are excluded from Ortho Type 1 & Ortho Type 2 care types. These conditions may be considered under the General MSK care type:

- Needle only procedures (e.g. steroid shots, tenotomy, barbotage)
- Surgery for bone/tendon graft donor site
- K-wire removal only
- Subchondral insufficiency fractures and bone bruises (micro-trabecular fractures)
- Surgery for wounds (e.g. skin grafts & wound debridement)

The following conditions are excluded from Ortho Type 1, Ortho Type 2 and General MSK care types:

- Any surgery for cosmetic purposes including scar revisions, cosmetic TMJ surgery, and breast reduction or implants not related to cancer surgery
- Laparoscopic abdominal surgery
- Concussion
- Neurological conditions or neurosurgery
- Dermatological conditions
- Vestibular conditions
- Pelvic health conditions

Eligibility Criteria Note

All individuals at the time of assessment visit must present a valid Alberta Health Care card with Personal Health Number (PHN). Individuals aged 18 and older must provide an additional piece of government-issued photo identification at the time of their initial visit to be eligible for funding through Outpatient and Community Physiotherapy Services.

Individuals younger than 18 years old will be considered eligible for General Musculoskeletal services, if they live in a low-income family (as assessed by the Low-Income Declaration form).

Individuals over 18 not in receipt of government benefits listed on the Low-Income Declaration Form and who are claimed by their parents as "dependents" for tax filing must be assessed for low-income status based on their family income. In this case, a Notice of Assessments for their parent/parents will need to be provided to the contracted provider as proof of low-income status.

If the Provider has a question about the validity of a PHN, call Alberta Health and Wellness at 1-888-422-6257 and follow the prompts to verify whether an Alberta Personal Health Number is in effect.

Orthopedic Type I-Follow Up After Surgery & Other Specified Conditions
1:1 assessment & up to 4 treatments
Inclusion Criteria:
Any eligible individual who underwent orthopedic surgery in the last 12 weeks.
See Approved Conditions Appendix A
Note: Bilateral conditions with the same management are covered under the same episode of care

Orthopedic Type II-Follow Up for Treatment of a Fracture, Surgery, or Significant Immobilization
1:1 assessment & up to 3 treatments
Inclusion Criteria:
Any eligible individual having suffered a fracture in the last 12 weeks.
Other procedures requiring full-time immobilization greater than 3 weeks e.g., Achilles tendon rupture
Full-time immobilization means immobilization except for basic skin care, sleeping, and simple ROM exercises.
See Approved Conditions Appendix A
Note: Bilateral conditions with the same management are covered under the same episode of care

Orthopedic Type III- Hip and Knee Arthroplasty Groups
Not all contracted clinics hold an AHS clinical services agreement to offer group arthroplasty rehabilitation.
1:1 assessment and up to 6 group sessions
Group programming is the preferred service delivery for post-operative hip and knee arthroplasty rehabilitation.
Note: Bilateral conditions with the same management are covered under the same episode of care

Risk factors that may exclude participation in a group include:

Pre-surgical co-morbidities such as:
Hip dysplasia, CVA, cerebral palsy, post-polio, rheumatoid arthritis, severe spinal pathology, or cognitive impairment

Surgical complications such as:
Fractures during surgery

Osteotomy (femoral shortening or lengthening, extended trochanteric osteotomy, and acetabular cup repositioning)
Bone graft reconstruction of femur or acetabulum

Out of Province or Privately done procedures for Orthopedic Type I, II, and III care types

PT Consultant need to verify the surgical/medical details including the date of surgery for service request approvals and may utilize clinical applications like Netcare. If a client has day surgery at a private clinic or at a facility that is out of province, the clinic must upload the proof of surgery in Health First when submitting these service requests. This proof can include the original surgery report and rehabilitation referral with detail including the date and type of surgery.

Transition Process from Group to 1:1 Care

In rare circumstances, clients may start group rehabilitation sessions and participation in those sessions becomes impossible. Clients who are approved by a PT consultant to transition to one-to-one sessions may be approved for up to four visits. Clients should remain at the provider that originally assessed them for their one-to-one physiotherapy visits.

These requests need to be submitted under Orthopedic Type 1 service with rationale (from categories above) as to why patients cannot attend group programming. Ideally, these requests should be submitted as soon as possible after the initial assessment. In cases where the assessing physiotherapist is not sure about the client's ability to safely participate in group sessions. Participation in a maximum of two group sessions is permissible before the physiotherapist requests to transfer to 1:1 sessions.

General Musculoskeletal Conditions Service Eligibility

The General Musculoskeletal (MSK) Condition funding is in place to support low-income Albertans who require PT service for general, non-surgical, MSK conditions. The care provided should be supported by evidence, be an effective use of resources and meet AHS service standards of care.

The goal of this program is to optimize function and reduce disability for Albertans with general MSK concerns and to focus on education facilitating patient resourcefulness, and self-care, and encouraging continued participation in daily activities. The services provided should target the individual's level of need and result in improved functional outcomes, decreased utilization of other health services, and improved pain management.

Accessing Funding

To access General MSK funding an individual must first call the Rehabilitation Advice Line (RAL) (1-833-379-0563) to be triaged according to their specific needs/eligibility. A physiotherapist from RAL will determine if they require intervention and will complete the STarT Back and STarT MSK tools to stratify clients into the low, medium, or high-risk categories.

Individuals in the low-risk (MSK Type I) category will be provided condition-specific self-management education and exercise by the RAL. Individuals who fall into the medium (MSK Type 2) and high (MSK Type 3) risk categories and have declared to a RAL clinician that they may meet low-income qualifications, will have a preliminary entry started in HealthFirst that will be accessible to Providers to complete. The individual will then be advised by a RAL clinician to attend one of the contracted clinics of their choice for an initial assessment.

The pre-qualified individual must schedule an appointment with a provider within 2 months of their initial

phone call to RAL. Zone PT consultants will terminate any unassigned service requests older than 2 months.

Before the initial assessment, the individual must verify their low-income status and functional need. Once completed, the clinic can proceed with completing the entry in the HealthFirst system by searching for the individual's PHN and completing the episode of care entry.

AHS Corrections Health Teams are responsible for managing the healthcare needs of incarcerated clients and will email the Rehabilitation Advice Line with their requests for physiotherapy episodes of care. Incarcerated Albertans cannot provide evidence of low income. Contracted providers must choose Section A: Letter from a registered SW with AHS or affiliated agency in the Low-Income Verification drop-down menu. The clinic staff must verify these requests on PHN/ Name search on Strata HealthFirst before booking the initial assessment.

Follow-up and Discharge

The final follow-up visit should include a review of the client's self-management plan, a client-specific home exercise program, and recommendations to continue exercise independently or in a community setting.

Additional episodes for the same client will require risk stratification by the RAL again and approval from the zone PT Consultant. Please review the section for Concurrent episodes for more information. At the conclusion of an AHS-funded episode of care, clients are expected to have the tools required to self-manage their condition, including linkages to appropriate community resources upon completion of the episode of care.

General MSK Conditions Flow Map

Client calls **Rehabilitation Advice Line (RAL)**
1-833-379-0563

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RAL Clinician screens primary complaints & completes telecare assessment

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Risk stratification with MSK STarT & STarT Back Tools

MANAGED BY AHS	MANAGED BY CONTRACTED PROVIDERS UPON LOW INCOME VERIFICATION	
Musculoskeletal Type I **Low Risk** **RAL Team**	**Musculoskeletal Type II** **Medium Risk** **1:1 assessment & up to 3 visits**	**Musculoskeletal Type III** **High Risk** **1:1 assessment & up to 4 enhanced visits**
The client will be reviewed for red flags and will receive detailed self-management strategies, education on injury and healing timelines, acute symptom management, and joint protection, as well as a home exercise program as appropriate	The goal is to reduce symptoms and disability and promote self-management with the development of a treatment plan that addresses the patient's functional goals using evidence-based therapeutic interventions, self-management strategies, and exercise. In addition: • Functional exercise programs should focus on the patient's goals and activities of daily living. • Return to work advice should be provided if appropriate to the patient's circumstance. • Treatment strategies that support self-management and progression towards the functional goals of the patient should be chosen.	Treatment should be in line with that stated in the medium risk category (MSK Type II). Enhanced visits come with additional requirements. In addition to Type II: • Clinicians should utilize a cognitive behavioral approach focused on building rapport with the patient and explaining the pain experience. • Advice on pacing and graded activities for support for the return to work and activities of daily living should be included. • Visits must be at least 30 minutes in length with a focus on 1:1 time with the physiotherapist.

Infection and Prevention Control

Specific infection prevention and control (IPC) Provider obligations are outlined in Schedule “D” “Infection Prevention and Control” of the Agreement. The following is a summary provided for reference:

Provider Obligations

a) The Provider will obtain copies of the IPC Standards described in section 1.1(a) of this Schedule annually from the Alberta government website at:

Infection prevention and control | Alberta.ca
(https://www.alberta.ca/infection-prevention-and-control.aspx)

b) The Provider shall comply with all regulations set out by Physiotherapy Alberta College + Association regarding operations and provision of services. See:

Physiotherapy Alberta College + Association: The Movement Specialists: COVID-19 Pandemic
(https://www.physiotherapyalberta.ca/covid_19_pandemic/)

In addition to the standards referred to in section 1.1 of Schedule “D” “Infection Prevention and Control” of the Agreement, the AHS Allied Health Infection Prevention & Control Resource Manual provides information, support, and evidence-based resources applicable to allied health practices in the community. It can be accessed at:

http://www.ahs.ca/assets/healthinfo/ipc/hi-ipc-community-based-services-resource-manual.pdf

It is expected that Providers will develop IPC processes that are relevant to equipment use, staff practices, and clinical and non-clinical space. These processes will:

- Manage environmental contamination.
- Establish, record, track, and audit routine practices, hand hygiene practices, and use of personal protective equipment.
- Establish, record, track, and audit cleaning and disinfecting processes suitable to the type and use of equipment.

The Provider shall provide AHS with a report on IPC related indicators from time to time upon request by AHS and in any event, no less than 30 days of each fiscal year of the term. Refer to the Annual Reporting section of this manual.

Equipment Maintenance

All equipment must be kept in safe working order and be maintained following the equipment manufacturer's specifications and guidelines subject to review and acceptance by AHS. The frequency of maintenance reviews and inspections is at least annually and more frequently if required by the manufacturer's specifications. All equipment manuals, inspection, and equipment service records must be kept on-site and be available for reference at the request of AHS.

Business Standards

The contracted facility must maintain a minimum of two qualified full-time (2022 hours per year) physiotherapists or four part-time physiotherapists (equaling 4044 hours/year) available per site to provide services**. This excludes provisionally registered physiotherapists and physiotherapists who are registered but do not provide client care services.**

The site must prove that two physiotherapists are working concurrently for the day the service is offered.

Except as provided below, the physiotherapy clinic shall be open a minimum of 31 hours per week. Clinics in rural areas that are unable to maintain 31 hours per week must request approval through AHS zone Allied Health leadership.

When Providers must reduce their hours of operation due to extenuating circumstances or vacations, the Provider must clearly communicate this to clients and persons seeking services. As well, the Provider must provide alternate treatment options if requested by the client and must refer the client to another Provider if this is in the best interest of the client. The reduction in capacity or business hours must be communicated by email to the zone PT Consultant at the earliest (ideally before the reduction of hours or capacity as permitted by circumstances).

Information and Privacy Requirements

The AHS Health Information poster) will be prominently displayed in the waiting area of the facility once received. If the poster is not displayed, the information provided by the poster must be made available to each client. Email privacy@ahs.ca to request a digital copy of the poster.

All privacy requirements are outlined in detail in the Agreement. Providers should refer to the AHS Policy "Transmission of Information by Facsimile or Electronic Mail," available through the following link:

AHS Policy Transmission of Information by Facsimile or Electronic Mail

> **Note:** Specific client-identifying information (e.g., name, Personal Health Number (PHN), date of birth) should never be sent over email. Providers in violation of this policy will be required to participate in security breach reporting and investigation with AHS' Information & Privacy department.

Virtual Services

Provision of Virtual PT Services is to be provided subject to alignment with Schedule K of the Clinical Services Agreement.

Providers must have a private and secure phone line in their contracted clinic space. AHS will **not** fund Virtual PT Services if they are provided from a location other than the contracted clinic space.

Providers providing Virtual PT Services must:

- Use reasonable efforts to adopt blended models of service delivery using telerehabilitation visits to augment judicious use of in-person care as appropriate, to achieve the best patient outcomes possible.
- Recognize when physiotherapy assessments or treatments cannot reasonably be delivered via telerehabilitation. This format of service delivery may be appropriate for many patients; however,

it is unlikely to be appropriate for all patients seeking physiotherapy services.
- Only consider telerehabilitation as the sole means of service delivery when indicated by the patient's condition and/or the risk assessment.

With respect to a telerehabilitation session:

- A telerehabilitation session must have a specific clinical purpose and be documented thoroughly in the chart notes and be available for review by AHS on request.
- Assessment and treatment attendances need to be captured in the HealthFirst information systems, observing the usual entry timelines, to be captured for visit limits and clinic payment.
- Clinical interventions provided in a telerehabilitation assessment and/or treatment attendance must align with the Service Standards outlined in the Clinician Manual for all care types.

Fees payable for Virtual PT Services are set out in Schedule B of the Clinical Services Agreement.

Please contact your zone PT consultant if you have questions on out-of-zone access to virtual physiotherapy services.

Visit Management

In the event AHS zone leadership implements a visit ceiling, the Provider will be responsible for monitoring their allotted number of visits. Once assessed, clients will have access to treatment attendances on a first-come, first serve basis unless capacity for the zone has been reached. Visit ceilings are applied on a per zone, month-to-month basis. To determine if there are any remaining visits available during the selected period, the provider should choose the "Funding Availability" link on the left-hand menu in Strata HealthFirst. Strata HealthFirst will calculate the remaining visits for that period.

It is expected that contracted providers will offer appointment times within ten business days to individuals seeking AHS-funded physiotherapy. Appointment times should include morning, afternoon, and evening options.

Providers are expected to make reasonable attempts to ensure the individual meets the eligibility criteria for the service model. This includes:

1. Assessments associated with orthopedic surgery/fractures being scheduled before the 12-week eligibility period has elapsed (where known)
2. Treatment visits being spaced appropriately to observe tissue healing and strengthening timelines; and,
3. Client education with respect to appropriate and transparent representation of care that will be provided within the service standards.

Where the contracted provider is unable to offer an assessment within 2 weeks (10 business days) of the initial request, individuals seeking AHS-funded physiotherapy visits should be directed to another provider that can offer timely assessment and treatment. To facilitate this process, individuals must be provided with the full contracted provider list and should not be directed solely to affiliated clinics.

Eligible individuals must access services at a contracted Provider when they become available. The client's decision to wait for a specific clinic or provider is not supported by Outpatient and Community Physiotherapy Services and is not an appropriate reason for the delay in seeking care.

Client Transfer between Providers

In the event individual seeking physiotherapy at a new clinic has been a client at another clinic within the past calendar year, the new clinic will not be permitted by the HealthFirst information system to proceed with entering that Individual's demographic information. A message will appear in Strata HealthFirst directing the Provider to:

Please fax a completed "Client Specific Communication Sheet" to your regional Outpatient and Community Physiotherapy Services PT consultant fax number.

The Client Specific Communication Sheet is found on the main page of the HealthFirst information system.

The information provided is required to determine whether a new Injury has occurred or if the individual is transferring to another clinic in the middle of an episode of care. In the latter case, only the remaining number of eligible visits will be provided to the new clinic. As defined above, this first visit to the new Provider will be the assessment visit and will be funded at an assessment rate. Only one (1) transfer will be supported per episode. This transfer request can be facilitated within the client year and will not be considered if the request comes more than 3 months after the last attendance, as the patient will be considered to have self-discharged. Exceptional circumstances can be discussed with your zone PT consultant.

A second assessment will not be funded in the event a client will be receiving care from the same physiotherapist at a second clinic for the same episode of care.

If the second clinic is one that the individual has accessed previously, this clinic will be permitted to review and edit the individual's demographic information on Strata HealthFirst; however, their request for treatment for a new Injury will be identified as a request for a concurrent episode of care, pending review by the zone PT Consultants. A similar determination will be made to determine between opening a new Injury or transferring the client's remaining eligible visits.

Delay in Commencing Treatment

A service request dated more than 12 weeks following orthopedic surgery or fracture requires medical rationale for the delay to be considered for approval. Medical reasons for late entry must be adequately described and communicated via HealthFirst.

Acceptable reasons for delay include:

- casting or full-time immobilization (not including removal for hygiene and/or basic range of motion)
- complications or injury, where active rehabilitation is not appropriate, and/or an alternative strategy is indicated
- comorbidities that prevent the client from attending therapy either in-person or virtually. (E.g., contracting COVID, having a mental health crisis or a flare of another condition such as MS. Fear of attending due to COVID is not accepted as a rationale for late entry as virtual options are available.
- cases where clients have been homebound for medical reasons once discharged, even if they have received home care
- Fracture instability where the client has not been cleared by a specialist to start physiotherapy
- Post-operative protocols, or surgeon orders, that limit activity, and restrict active rehabilitation, without immobilization*

*Patients should attend physiotherapy early in the process to ensure that their recovery is proceeding appropriately, that they understand their rehabilitation plan, and that the treatment is modified as needed and in a timely manner. Together the therapist and client can spread out the remaining visits to progress through the protocol/plan.

Approval for delayed access to PT following fracture or surgery is based on the information provided and the potential benefit to a client (such as avoiding hospital admission, further surgery, ability to remain at home, etc.).

If the rationale provided is vague (e.g., 'slow healing') and fails to include a detailed medical reason for the delay, date of cast removal, or details of physician referral with medical rationale for the delay to access PT, the request may be declined, and the PT consultant may ask for more information including the functional impairments that can be addressed through active physiotherapy. PT consultants may use Netcare to confirm surgical dates and details. Approvals may not be for a full episode of care.

The Provider must ensure that the individual is aware that AHS-funded visits are subject to this approval process and that they are responsible for the cost of any visits if the request is denied including the assessment visit.

Common reasons for denial of requests past 12 weeks:

- Client or physician unaware of the program criteria
- Individual deferred PT for more than two weeks after movement restriction lifted
- Vague or incomplete reason for delay offered by the provider
- Lack of transportation
- Client wanted to use other funding prior to using AHS-funded sessions
- Personal reasons of the client resulting in a delay to access to PT services

When service requests are denied for the delay in access, please feel free to redirect the client to the Rehabilitation Advice Line for general advice or onward referral.

Episode of Care Duration

Each service request, no matter for which service type, has an administrative duration limit of 52 weeks. After 52 weeks, the provider will not be able to enter visits associated with the service request and the service request will automatically terminate in Strata HealthFirst.

The 52-week period is automatically calculated in Strata HealthFirst, based on the start date of the service request. The Provider should ensure that the start date is adjusted in Strata HealthFirst so that it is the same as the assessment date.

The initial assessment should include an explanation to the patient about the time over which their visits will be spaced. This explanation should allow for spacing of visits to accommodate healing and strengthening timelines. Visits should typically be utilized within the 52-week time frame.

Patients who choose not to communicate with the contracted provider for greater than 3 months (not pre-arranged with the treating clinician) shall be considered a client self-discharge with the assumption that the patient's goals have been met for management of this acute condition.

Patients are required to actively participate in therapy and determine with the treating clinician the most appropriate spacing of visits to enable functional improvement of their condition and recovery. In addition, gaps in attendance of greater than 3 months (not pre-arranged) will require the therapist to re-assess the patient's condition to provide safe and accurate treatment. Reassessment due to gaps in attendance will only be funded as a treatment visit through this program.

Requests for Concurrent Episodes of Care

A concurrent episode of care is initiated when a client seeks a second assessment through a contracted Provider within a year of their initial assessment for AHS-funded service, whether the second condition is related to the first or not.

In some instances, the clinic may be aware of a client's desire to access additional service for a new or similar concern. When this client has recently attended a clinic (within 6 months), clinics must exercise discretion before commencing a re-assessment, especially if the second request is for physiotherapy to address a General MSK concern.
Episodes of care cannot be "banked" or accumulated. When a concurrent service request is submitted for the same body part, any existing episodes of care for that body part will be terminated. The assessment of the new episode of care will be the date of the client's first visit after the date of onset.

Considerations for Approval

1) Distinct injury/timeframes
    a. Examples:
        i. MSK: lifting injury in March and a fall in September.
        ii. Ortho Type 1,2,3: Left knee replacement in March, Right knee arthroscopy in September
2) PT interventions are required for distinct injuries to different body parts incurred at the same time (polytrauma)
    a. Examples:
        i. fall resulting in wrist and knee injuries
        ii. fracture to wrist and ORIF to tibia from same fall

General MSK Care Type

RAL follows a telecare assessment process to determine whether the caller is appropriate for funded physiotherapy based on their risk stratification and low-income qualification.

The individual will be asked if they have accessed AHS-funded physiotherapy before. If they have accessed AHS-funded physiotherapy in the past year, the individual is told that their request will automatically be reviewed by an AHS PT Consultant and the clinic will be notified if the physiotherapy request is approved.

RAL staff will initiate a new episode of care in Strata HealthFirst for pre-stratified individuals. The request will remain on the appropriate AHS zone dashboard in HealthFirst until the individual can contact a clinic, has their low-income status confirmed, and books an assessment.

When the client has accessed funded PT within the previous year, the assessment will show up on the dashboard as a "Concurrent Request." The assessment will need to be approved by a PT consultant. The contracted provider should provide information regarding a new injury or condition when submitting these service requests.

The PT Consultant will review the client's history of requests (how often have additional episodes of care been requested, have episodes of care been requested for a similar body area without report of a new injury, and the patient-reported functional improvement) to determine approval. Zone PT consultants may request supplemental information where necessary to complete the review process and may contact the Provider through HealthFirst. If the service request is approved, the number of visits will align with the appropriate risk stratification category identified by RAL.

If the concurrent service request is denied by the PT consultant after a review of the information provided by the contracted provider, the assessment will not be paid by AHS.

If a client asks a Provider whether RAL can or will approve multiple episodes of care per year, the provider should advise them that requests for concurrent episodes of care are always reviewed by both the RAL and the AHS zone PT consultants.

AHS Outpatient and Community Physiotherapy services focus on addressing the needs of individuals with MSK concerns and recent functional changes**. AHS does NOT fund ongoing symptom management.**

Requests for multiple General MSK episodes of care may be denied regardless of pre-qualification by RAL. Assessments for denied concurrent General MSK episodes of care will be paid by AHS **when** conducted with a reasonable expectation of approval based on the clinical information provided in the service request i.e., a distinct complaint, not an extension of a previous episode of care based on relatedness of complaint, the time between this request and last treatment.

Orthopedic Type 1, Type 2, and Type 3 Care Types

Clients with multiple surgeries or fractures may have concurrent episodes of care approved. AHS will also support up to three concurrent episodes of care for clients with poly-trauma.

If an individual presents at a clinic for a new episode of care related to the **same** fracture / orthopedic surgery without having undergone a new qualifying procedure (example: removal of internal fixation hardware) within a year of their initial assessment, this request should **NOT** be entered into HealthFirst Strata as a new/second orthopedic care type. Requests for services related to the sequelae of these conditions may be redirected to the Rehabilitation Advice Line for consideration under the General MSK care type, provided the client meets Low-Income eligibility.

Bilateral surgeries, such as carpal tunnel surgery, mastectomy, and arthroscopy will be considered as the same episode of care as core fundamental pieces of self-management would be the same.

Poly Trauma

The individual's situation must require a distinct PT assessment and treatment plans for poly-trauma sites. The concurrent episodes of care may be approved, or the PT consultant may way-find to an appropriate multi-disciplinary program if the individual requires extensive care. AHS discourages the use of two General MSK episodes concurrently except in cases of complex trauma (e.g., falls resulting in multiple injuries).

If two episodes of care are approved, the distribution of visits should be planned collaboratively with the patient. Each episode of care may be of different duration and intensity. Treatment visits may need to be scheduled on different days as appropriate. Patients require time to focus on the recovery of individual injury areas to support the program goals of achieving independence with exercise and self-management.

Individuals with bilateral conditions expected to benefit from the same intervention are excluded from consideration for polytrauma.

b. Examples:
    i. Bilateral shoulder pain
    ii. Bilateral patella-femoral syndrome
    iii. Bilateral mastectomy or carpal tunnel surgery

Denial of Concurrent Requests:

- Concurrent requests may be denied if: The Provider fails to demonstrate that the client's situation requires a new assessment to be performed; or
- The Provider fails to demonstrate that the client's situation requires a second discrete treatment plan to be executed; or
- The client has accessed visits for this episode of care at another clinic and a transfer of remaining eligible visits is more appropriate; or
- It is determined that another rehabilitation program or service is better suited to facilitate the client's achievement of functional goals.

Request for Additional Funded Visits – Complex Orthopedic Type 1 & 2

To request additional funded visits for an existing episode of care for a complex fracture or orthopedic surgery, the Provider must complete the form in Strata HealthFirst by clicking on the "Complexity Criteria Met" button found on the request detail screen.

The following information should be provided:

- The client's functional limitations will be addressed with the additional funded visits, with a brief description of the complexity of their condition or situation.
- Current score of the selected functional measure. If this is not available, include objective measurements or other test results.

Clients Who May Qualify for Complex Orthopedic Type I and 2

A

Completed comparison outcome measure score (on re-assessment) showing significant functional gain with physical therapy; and

B

Evidence of a complex fracture or complex client presentation with delayed recovery (one or more of the following):

- Comminuted, intra-articular fracture or growth plate involvement
- Multiple current injuries/trauma
- Concurrent moderate to severe osteoarthritis in related joints
- Medical comorbidities which may impact the client's ability to participate in therapy or delay the healing process (e.g., complex regional pain, heterotrophic bone growth)
- Prolonged hospitalization or periods of prolonged immobilization
- In the pediatric population, complex developmental, medical, or neurological factors impacting the ability to actively participate in therapy may indicate referral to specialized rehabilitation services is warranted

All requests for additional visits are reviewed on an individual basis. The zone PT Consultant may request additional information to decide eligibility for additional visits. Examples of additional information can include surgical or other medical and consultant reports, Provider progress notes, or treatment goals

and plans.

In special circumstances, the Outpatient and Community Physiotherapy Services program may request that the client participates in a consultation assessment from an appropriate AHS zone physiotherapist.

Delays in submitting additional information may result in a delay in the decision.

The request for additional funded visits for an existing Orthopedic Type I or Type II episode of care may be denied if:

- The Provider fails to demonstrate that a complex situation or condition exists which has interfered with client progression toward functional goals and a clear functional need exists for single discipline physiotherapy treatment; or,
- It is determined that another program or service is better suited to facilitate the client's achievement of functional goals.

Notification of approval or denial of the request for an extension of services for an existing episode of care will be made via Strata HealthFirst in a timely manner.

It is the Provider's responsibility to review the request in Strata HealthFirst to confirm the number of additional visits that were approved and to review any comments provided in the "AHS Feedback." It is the Provider's obligation to develop a process to communicate decisions to the treating physiotherapist(s) in a timely manner.

Discharge Outcome Data Collection

On the last scheduled visit attendance funded by AHS, the provider is required to have the client complete an outcome measure tool. This tool should be the same outcome measure tool utilized at the time of the assessment. Providers will not be able to validate the final attendance until the outcome measure score is entered into Strata HealthFirst.

Strata HealthFirst will automatically direct the provider to enter this information when they validate the final visit. The system will navigate the provider to the "Discharge Page." It is the Provider's obligation to develop a process to communicate to the treating physiotherapist(s) that the outcome measure tool must be completed on the final AHS-funded attendance.

Income Verification, Recording and Approval Processes

Income Eligibility

Individuals who do not have one of the conditions found in the General Orthopedic & Fracture service category or the Hip & Knee Arthroplasty service category may be eligible for funded community physiotherapy for a general condition under the General Musculoskeletal service category. They will be required to demonstrate their low-income status by completion of the Low-Income Declaration Form.

Income Assessment Form

The Rehabilitation Advice Line (RAL) will triage callers with general conditions and pre-stratify appropriate individuals for AHS-funded physiotherapy visits. RAL provides the prequalified individual with an emailed link to the Low-Income Declaration Form. The form can be printed off by the individual and brought to the first appointment OR the Provider can provide a copy of the form to the individual if the client is not able to print it before the first appointment.

Once a prequalified Individual attends a Provider, these individuals are asked to review and sign the Low-Income Declaration Form. To be considered for funding, the individual must provide proof of their low-income status and complete the demographic and family information, and only one of the following "Income Eligibility" sections (A or B) describing how they qualify.

The Provider will sign the completed Low-Income Declaration Form and retain the Form in the individual's health record.

Access the Low-Income Declaration Form at https://www.albertahealthservices.ca/frm-21824.pdf

Section A Eligibility

Individuals qualify if they receive benefits from any of the following government subsidy programs:

- Canada Revenue Agency GST Credit
- Alberta Adult and/or Child Health Benefit
- Assured Income for the Severely Handicapped (AISH)
- Alberta Seniors Dental & Optical Assistance Program
- Alberta Seniors Benefit
- Alberta Works – Income Support
- Federal Guaranteed Income Supplement (GIS) for Seniors
- Special Needs Assistance for Seniors (Alberta)

Section B Eligibility

For Individuals applying based on the most recent income tax year, they must print and provide their Notice of Assessment/s at their first appointment. The annual taxable income as documented on line 260 or line 26000 must be recorded on the Low-Income Declaration form for themselves and their spouse or common-law partner (the family).

Provider staff must review the total annual taxable income of the family and ensure it is equal to or below the Low-Income Cut-Off (LICO) criteria (Appendix D) for the relevant family size.

Low-Income Verification

The Provider staff must review and sign off on the supporting low-income documentation and confirm the individual's eligibility for service. Supporting documentation can consist of annual letters or benefits cards confirming receipt of government benefits; Canada Revenue Agency Notice of Assessment. These documents must be returned to the individual and only the signed Low Income Declaration form is retained in the client's clinical record. The Low-Income Declaration Form and Low-Income Cut-Off (LICO) table can also be found on the Provider's "Main" page in Strata HealthFirst.

Recent immigrants to Alberta may be unable to prove their low-income status with a Canada Revenue Agency Notice of Assessment. If an individual can produce a signed Confirmation of Permanent Resident document or a Permanent Resident Card issued by Immigration, Refugee and Citizenship Canada (IRCC) and can report their family income as at or below LICO levels for the same year, they can qualify. Contracted providers must choose Section A: Letter from a registered SW with AHS or affiliated agency in the Low-Income Verification drop-down menu. The clinic staff must verify these requests on PHN/ Name search on Strata HealthFirst before booking the initial assessment.

If the individual fails to present supporting documentation or if, on review, they do not meet low-income criteria, then the Provider should inform the individual they are ineligible for AHS-funded services and must terminate the request on Strata HealthFirst by searching for the individual's PHN and selecting the unassigned episode of care. In this circumstance, the Provider may offer a self-pay option to the individual.

Financial Processes

Billing Standards

Physiotherapy Alberta- College standards of practice mandate that registered physiotherapist Providers maintain accurate and complete financial records related to the provision of services. As a result, the Provider will bill through HealthFirst only for dates that client service was provided. This must be reflected in client documentation. Any violation of this standard will be considered fraudulent practice and noncompliance with Physiotherapy Alberta - College standards of practice.
AHS will perform routine audits to ensure adherence to the above-mentioned standard. Any fraudulent entries will not be reimbursed, and any payments made for such entries will be recovered.

Daily Billing Expectations

Client visit information should be submitted daily through Strata HealthFirst. Validated visits provide the basis of the Outpatient and Community Physiotherapy Services accounts payable report. Accuracy of this data entry is critical and a requirement of both your clinical services agreement with Alberta Health Services and Physiotherapy AB College practice standards.

> **Note:** If the client has been approved for 2 or more episodes of care concurrently, the Provider may only enter one (1) assessment visit per day. The exception will be made for clients who underwent multiple distinct surgeries or sustained multiple fractures up to a maximum of two (2) assessments per day. A treatment visit cannot be billed for the same day as the assessment on the same episode of care. The Provider may enter up to two (2) treatment visits per day, on two different approved episodes of care.

Late Entries

Providers will receive information annually regarding important dates that indicate when Providers must have all entries in for the previous month.

This is reflective of the 6-business day change window in the HealthFirst system. In exceptional circumstances only, required information changes to Strata HealthFirst that fall outside the 6-day entry window can be requested by faxing in a date change form within invoicing cut-off deadline as indicated in the “Important Dates” memo.

The Visit Date Change Form is found on the main page of the HealthFirst information system.

Payment Processes

Using Strata HealthFirst, the Provider shall electronically submit the following data:

- For all new clients admitted to the service, the Provider shall be required to submit client identifying information, and service information.
- For clients attending subsequent visits, the Provider shall only be required to submit the date of attendance, the type of service provided, recent functional measurements (on the last approved visit), and the length of the visit. The length of the visit should represent the duration of time the client spends in either direct contact with, or under the direct supervision of, their treating physiotherapist.
- Strata HealthFirst will provide mandatory text boxes when additional information is required.

The Outpatient and Community Physiotherapy Services program shall issue payment to the Provider within 21 days after the first business day of the month for services rendered in the previous month. Payment will be based on the current data entered and validated in Strata HealthFirst for the month. No payment will be issued for data entered after the sixth business day for Services rendered in the previous month.
The Outpatient and Community Physiotherapy Services program will only accept corrections or adjustments relating to client-specific data (e.g., demographics, service type). Strata HealthFirst will not accept retroactive changes to service visit dates beyond six business days. In exceptional circumstances, changes can be made to the payment for the next month. This would require that a date change form be completed and faxed to the Outpatient and Community Physiotherapy Services zone-specific fax number for processing. The Provider is strongly advised to minimize the use of this approach and to report attendances accurately in Strata HealthFirst daily.

Reconciliation Process

On the monthly invoicing date, Providers may wish to run a “Visits by Date Range” report. A link to this report is found at the “Reports” link on the left-hand menu in Strata HealthFirst. This will match the data used to create the accounts payable report used by the Outpatient and Community Physiotherapy Services program.

Incident Reporting

The incident reporting process is Schedule “C” of the Agreement. It is included here for ease of reference.

Providers are required to report all situations where Individuals or clients have suffered harm or experienced close calls or hazards with associated potential harm and to report on them following the instructions below.

Event	When to Report	Contact Person/Info
Hospital Transfers	To be reported immediately, irrespective of the level of harm	Zone PT Consultant
Severe Harm (critical incident)	To be reported immediately in reasonable detail, with follow-up reports in complete detail to be submitted within 24 hours of the event	
Moderate and Minimal Harm	To be reported in complete detail within 72 hours of the event	
No Apparent Harm, Hazards, and Close Calls	To be reported in complete detail within 30 Days of the event	

Client Concerns Resolution Process

This information and other Provider requirements are outlined in Schedule “E” “Individual or Client Concerns Resolution Process” of the Agreement. This summary is included here for ease of reference.

Client Concerns Regarding Provider-Resolution Process

Providers must first collaborate with their patients to help resolve any concerns, before pursuing resolution through AHS.

The following is a summary of the AHS Client Concerns Resolution Process. The Provider will:

1. The client expresses concern to the Provider either by contacting Provider administrative staff or Provider clinicians. If the concern is expressed to the provider’s administrative staff, the concern must be highlighted to the client’s treating clinician. This must occur within three business days including acknowledging the concern directly back to the client.

2. The treating clinician must consider and evaluate ALL relevant information to determine whether there is indeed a connection between the facts presented and the concerns of the client. ALL relevant information includes a discussion with the client on the facts associated with the concern.

3. The Provider will then inform the client of the actions to be taken to address their concern and state the frequency of updates that will occur and as well as document all actions (i.e., phone calls, meetings) taken towards resolution.

4. The treating clinician should inform their direct supervisor of the client's concern if it is not resolved following the initial discussion with the client.

5. The Provider will ensure that the resolution timeline is suitable to the nature of the complaint.

6. The Provider must maintain all documentation regarding the client's concern and share it with AHS upon request/as required.

7. If the client remains dissatisfied with the outcome of the concern at the clinic level, the Provider will contact the AHS Zone PT consultant to work towards collaboratively resolving the concern.

If a patient concern involves both the Provider and AHS, AHS Outpatient and Community Physiotherapy zone program leadership will collaborate with the Provider in resolving the client's concern to ensure a seamless process for the client. The Provider and AHS will make decisions about the portion of the concern about their service only. AHS will follow its patient resolution policy and procedure.

Reporting Requirements

The following table provides an overview for Providers of the required data and reports, the timing and frequency of each, and the format for delivering the information to AHS.

Information	Frequency	Format
Individual & Client specific data as outlined in Strata Information Requirements (Appendix E) in the Outpatient and Community Physiotherapy Services Process Manual	Within one working day of the attendance	Strata HealthFirst Information System
Conflicts of interest	Immediately	Written notice by email or fax
Change in ownership or control or updated corporate profile, including as applicable: • Correct legal name • History of the corporation • Head office address • Certificate of incorporation • Ownership structure • List of shareholders, directors, and officers of the corporation Revised certificates of insurance for professional liability insurance and comprehensive general liability insurance following the terms of the Agreement noting the applicable change of name, location, etc. as applicable.	Immediately	Written notice by email or fax
Physiotherapy Alberta- College annual practice permit for physiotherapists providing services that are funded by AHS	Immediately on commencement of Services and annually thereafter, or with any changes to practice status.	Copy of certificate or print out of status from the College website: Annual: CPSM survey Mid-year change: fax or email to PT Consultant
Any deficit in service expectation is defined as minimum staff levels	Immediately on shortage of minimum staffing levels or staffing levels that affect the capacity to provide AHS contracted community physiotherapy services as outlined in service expectations	Notification by fax or email to the appropriate zone PT Consultant

Individual and Client incidents	As per “Incident Reporting Process” Section 9	As per the “Incident Reporting Process”
Individual and Client Concerns	Following Client Concerns Resolution Process (Section 10) and at the request of AHS	Telephone notice, Fax may be requested by AHS for any client-sensitive information.

Annual report:
• Insurance certificates:
  ○ Clinic commercial liability
  ○ Clinic professional liability
• Annual certificates of all physiotherapists providing services
• Incident reporting
• Infection prevention and control indicators
• Client concerns and commendations
	Annually by January 30 following the end of each year of the term	Uploading documents into a secure electronic survey OR via Canada Post

If utilizing Canada Post- place these documents, clearly labeled, and organized, into one envelope and mail them to the appropriate zone Physiotherapy Consultant:

North	Edmonton	Central	Calgary
Attn: PT Consultant, Outpatient & Community Physiotherapy Services Room 201, Bldg. 15 Alberta Hospital Edmonton T5J 2J7	Attn: PT Consultant, Outpatient & Community Physiotherapy Services #300, Plaza 124, 10216 – 124 Street, Edmonton, AB T5N 4A3	Attn: PT Consultant, Outpatient & Community Physiotherapy Services Red Deer Regional Hospital Center, 3942 50a Ave, Red Deer, AB T4N 4E7	Attn: PT Consultant, Outpatient & Community Physiotherapy Services Program Manager - Adult Community Rehabilitation Cubicle 1425, 10101 Southport Road SW, Calgary, Alberta T2W 3N2

Annual and Other Reporting

Providers will be expected to participate in evaluation activities when relative to provider clinics as related to AHS goals: improve patient experience, improve patient outcomes, improve the safety and experience of clinicians, and improve financial health and value for money.

In addition, the Provider will be required to share information with AHS PT consultants and AHS Clinical services agreement monitoring by uploading documents into a secure electronic survey OR to be sent via Canada Post. Information requested pertains only to the services provided in the facility under the AHS Clinical Services Agreement. AHS Clinical services agreement Monitoring shall review additional elements of Provider performance in alignment with the Clinical Services Agreement.

Information System Processes

Information System Users

The information system in use by Outpatient and Community Physiotherapy Services is the Strata Health Solutions HealthFirst web-based application. Information system users must be using Microsoft Edge as a minimum requirement, and the more recent version is preferred to optimize system function. Browsers including Edge, Chrome, and Firefox are also known to work but are not officially supported.

Each Provider staff member entering data in Strata HealthFirst must have their login, and this must not be shared between individuals. Staff members are not allowed to enter their own or immediate family members' information in the HealthFirst system. Further, staff members shall not access any information that is not relevant to the performance of their job or clinical responsibilities. Quarterly privacy audits are done on the HealthFirst system to ensure that these standards are being maintained.

When a staff member/user with an active HealthFirst login leaves the employment of the Provider, the Provider must notify the Strata HealthFirst team as soon as possible so that their HealthFirst login can be disabled. Please submit the Strata HealthFirst Non-AHS user access request form with this information.

If a user does not log in to HealthFirst for 60 days, Strata HealthFirst will automatically disable their account. If this occurs, the user will be required to contact the Outpatient and Community Physiotherapy Services office to have their login enabled.

User Manual for Information System

Information related to the operation of Strata HealthFirst is contained in provider training videos. General topics covered include navigation through the application, understanding terminology, data entry, and running reports.

The Outpatient and Community Physiotherapy Services program administrators aim to collaborate with Providers to achieve the correct utilization of Strata HealthFirst. If your questions cannot be answered through a review of Strata HealthFirst training videos, contact your zone PT Consultant or Strata Health Solutions using the contact information provided in the introduction of this manual.

Process to Resolve Information System Issues

Please call the HealthFirst system helpline for all operational issues and all password and login-related issues.

1-866-556-5005 (6:00 to 22:00 MST)

New access requests should be submitted by completing the "HealthFirst Access Request Form - Non-AHS Staff" found on HealthFirst system main page. This form can be emailed to: support@stratahealth.com

Expired Sections

This section is included for each Provider to house the previous versions of sections of this manual, document, or forms. Because this manual is referenced in the Agreement, retaining expired versions is important so the guidelines relevant to a particular time can be accessed.

The most current version of this Process Manual may be accessed through a link on the main page of Strata HealthFirst.

Appendices

Appendix A Strata HEALTHFIRST Clinician Diagnostic Code Picklist

Purpose: To provide a comprehensive list of HealthFirst drop down options for accurate reporting of the conditions eligible for funding through AHS Outpatient & Community Physiotherapy Services.

For questions related to the diagnostic categories, please reach out to your Zone PT Consultant.

General MSK Service Type 2 (Med) or 3 (High) = Assessment & up to 3 visits (MED) or 4 visits (HIGH); Not eligible for complexity visits	
Region	**Diagnosis**
Head / Neck	1. Nerve root compression, spinal stenosis & disc pathology
Trunk	2. Peripheral nerve disorders and neuropathic pain
General Debility	3. Muscle strains & tears, tendinopathies, impingements, bursitis, epicondylitis and cysts
Bilateral / Left / Right Shoulder	4. Ligament, meniscal or labral sprains & tears
Bilateral / Left / Right Elbow	5. Degenerative joint conditions
Bilateral / Left / Right Wrist/Hand	6. Connective tissue disorders and inflammatory arthritis
Bilateral / Left / Right Hip	7. Chronic or non-specific pain
Bilateral / Left / Right Knee	8. Deconditioning (e.g. post-hospital, post-viral)
Bilateral / Left / Right Ankle/Foot	9. Other: including postural abnormalities, joint deformities, instability, joint or muscle contractures, dislocation

ORTHO TYPE 1 = Assessment & up to 4 visits; where appropriate, 2 complexity visits may be considered		
Arthroscopy	**Other MSK Surgery**	**Surgical Repair of Complex Fracture**
Shoulder (including RC repair)	*Amputation	*Open reduction internal fixation (ORIF)
Hip	*Back/neck (incl. discectomy, laminectomy, fusion)	*Requiring external fixation
Knee (**including** ligament repairs)	*Joint fusion (not spinal or toe) [Note: Spinal -> Back/Neck option above; Toe fusions –> Ortho Type 2]	**Other Procedures**
Knee (**excluding** ligament repairs)		*Manipulation under anesthetic
Ankle	*Muscle/tendon (repairs/reconstruction/transfers)	*Peripheral joint reduction by a medical professional
Joint Replacement	*Osteotomy (not including surgery for toe alignment) [Toe surgery -> Ortho Type 2]	**Cancer Surgery**
Total shoulder	*Joint or ligament (not described elsewhere)	*Tumor removal from bone or muscle
* Other (**NOT HIP or KNEE**)	*Surgically repaired crush injuries	Breast (including lumpectomies, partial & full mastectomy and reconstruction)

Please provide detail on the specific body area and procedure or surgery type in HealthFirst submissions.

ORTHO TYPE 2 = Assessment & up to 3 visits; where appropriate, 3 Complexity Visits may be considered	
Fracture	**Surgery**
Skull and/or facial bone(s)	*Hardware removal (must be within one year of ORIF)
Temporomandibular joint	*Major non-orthopedic surgery with MSK complication (i.e. cardio-thoracic, open hernia repairs, major abdominal surgery) **Note**: Details of specific MSK complication(s) must be provided in HealthFirst
Sternum (i.e., breastbone)	
Rib(s)	Mastectomy related to gender reassignment
Spine (incl. compression fracture)	*Reconstructive foot surgeries including bunionectomy
Clavicle (i.e. collarbone)	*Fasciotomy
Scapula / part of scapula (i.e. shoulder blade, acromion)	Dupuytren's contracture releases
Humerus	*Peripheral nerve releases
Ulna (with or without radius)	Carpal tunnel release
Radius	*Other soft tissue releases (incl. De Quervain's and trigger finger releases)
Carpal(s) / metacarpal(s) (i.e., hand)	*Cyst removals (neuromas or ganglions)
Finger phalanx	**Non-Surgical**
Pelvis	Achilles tendon rupture with full time immobilization of > 3 weeks
Femur	*Other conditions requiring full-time immobilization > 3 weeks (e.g., conservative management of grade 3 ankle ligament tear)
Patella (i.e., kneecap)	**ORTHO TYPE 3 = 1:1 Assessment & up to 6 Visits; Group Format**
Tibia (with or without fibula)	**ARTHROPLASTY: FOR SPECIFIC CLINICS WHERE AUTHORISED**
Fibula alone	Total hip replacement
Tarsal or metatarsal (Foot)	Total knee replacement
Toe(s) (phalanx)	Other hip/knee arthroplasty (e.g., hemi-, uni-compartmental)

**Please provide detail on the specific body area and procedure or surgery type in Strata HealthFirst submissions.*

The following conditions are excluded from Ortho Type 1 & Ortho Type 2 care types. These conditions may be considered under the General MSK care type:

- Needle only procedures (e.g. steroid shots, tenotomy, barbotage)
- Surgery for bone/tendon graft donor site
- K-wire removal only
- Subchondral insufficiency fractures and bone bruises (micro-trabecular fractures)
- Surgery for wounds (e.g. skin grafts & wound debridement)

The following conditions are excluded from Ortho Type 1, Ortho Type 2 and General MSK care types:

- Any surgery for cosmetic purposes including scar revisions, cosmetic TMJ surgery, and breast reduction or implants not related to cancer surgery
- Laparoscopic abdominal surgery
- Concussion
- Neurological conditions or neurosurgery
- Dermatological conditions
- Vestibular conditions
- Pelvic health conditions

Appendix B: Strata Information Requirements

The list below summarizes the information required by AHS to facilitate reporting to Alberta Health. This information is collected through Strata HealthFirst.

Clinic Identifying Information

Delivery organization	A site identifier as defined by AHS
Program number	As defined by the AHS

Patient Identifying Information

Client name	
Alberta Personal Health Number (PHN)	Nine (9) digit numbers assigned by Alberta Health & Wellness
Postal Code	
Birth date	YYYY-MM-DD
Gender	M / F / Other

Service Information

Date of service	YYYY-MM-DD
Mode of service	Face-to-face, virtual, group
Main and secondary diagnoses	Category-based coding
Type of treatment	In-person, virtual
Functional Measurement	Dependent on service (listed in information system)
Length of visit†	<20 min, 20-40 min, or >40 min
Visit disposition	Scheduled, approved, or complete

† Length of visit describes the amount of time the PT is in direct contact with the client or is available (i.e., not with another client) for consultation with the client