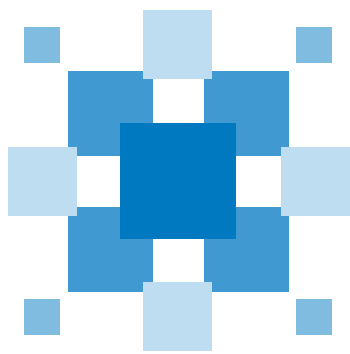


CAOT, CPA, CASLPA



CASELOAD MANAGEMENT PLANNING TOOL

In Occupational Therapy, Physiotherapy and
Speech-Language Pathology in Canada



Canadian Association of Occupational Therapists
Association canadienne des ergothérapeutes



Canadian
Physiotherapy
Association

Association
canadienne de
physiothérapie



CASLPA-ACOA



Acknowledgements

The Caseload Management Planning Tool (CMPT) is the product of a collaborative partnership among the Canadian Association of Occupational Therapists (CAOT), the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) and the Canadian Physiotherapy Association (CPA). This project was made possible through funding under a contribution agreement with Health Canada, which is gratefully acknowledged. CAOT managed the project.

The development of the CMPT involved the participation and contribution of many dedicated individuals who provided guidance, support and feedback into the multiple versions of this document and trialed the CMPT to determine its utility.

A Steering Committee, composed of Christiane Des Lauriers, Director of Standards CAOT, Carol Miller, Director of Practice and Research, CPA, and Sharon Fotheringham, Director of Speech-Language Pathology and Standards, CASLPA provided oversight and guidance throughout the project. Kathy van Bentham and Maureen Coulthard from CAOT and Margaret Mousseau from CPA were early participants on this Committee. Diana Aarons and Katie Condon, CAOT, provided administrative support. Dawn Burnett, the Project Consultant, coordinated the many activities and phases of the project.

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A number of dedicated Association members volunteered to pilot the CMPT in a variety of geographic and practice areas. Their invaluable time and commitment to the project validated the CMPT's usefulness and applicability.

The contributions of all individuals who participated in this project are much appreciated.

This document is available on the three partner Association websites:

The Canadian Association of Occupational Therapists www.caot.ca

The Canadian Physiotherapy Association www.physiotherapy.ca

The Canadian Association of Speech-Language Pathologists & Audiologists www.caslpa.ca

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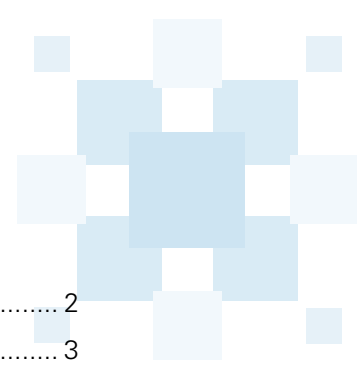
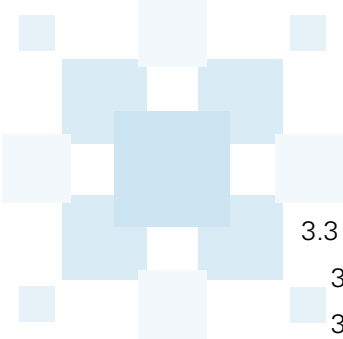


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Caseload Management Planning Tool - Executive Summary

The Caseload Management Planning Tool (CMPT) has been designed for occupational therapists, physiotherapists, speech-language pathologists and other health professionals¹. The CMPT is based on the broad definition of health, defined by the World Health Organization (1948) as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This term is applicable in any health and/or social environment such as clinics, community programs, schools and hospitals.

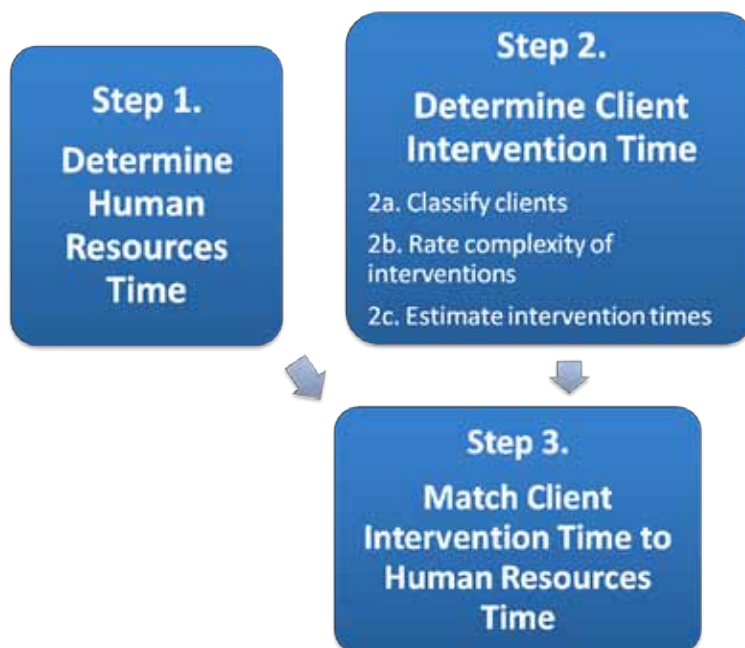
Purpose

The CMPT guides users through a structured process to determine:

- the number of clients² that individual therapists can manage effectively or conversely,
- the number of therapists required to manage the client needs of a particular service.


The CMPT provides a mechanism to model caseloads to determine the time and human resource requirements for effective caseload/workload management.

Caseload Management Planning Tool Steps



¹The term 'health' professionals refers to providers regardless of the context of their practice.

²The terms clients and patients are used interchangeably in this document.



The CMPT consists of a three-step process that matches available human resource time to clients' time requirements based on the complexity of interventions. The steps are:

1. Determine Human Resources Time
2. Determine Client Intervention Time
 - a. Classify Clients
 - b. Rate Complexity of Interventions
 - c. Estimate Intervention Times
3. Match Client Intervention Times to Human Resources Time

Intended Users

The CMPT is intended to be used primarily by managers and administrators for human resources planning and workload allocation. Clinicians may also use the CMPT to examine and reflect on their caseload and practice management and in collaboration with managers to discuss strategies to address workload intensity. The CMPT is applicable to health professionals and support personnel³ working with clients on an individual or group basis.

Conclusion

The CMPT provides a structured, evidence-informed approach to caseload/workload management from individual provider and service perspectives. The CMPT is a living document, which will evolve according to changing practice, professional and service trends. Clinicians and administrators are strongly encouraged to use the CMPT and share their experiences. This will ensure its relevance, appropriateness and continued usefulness to the provision of high quality, sustainable care for the people of Canada.

More information about the CMPT Project is available at:
www.physiotherapy.ca, www.caot.ca, www.caslpa.ca

³The term 'support personnel' includes a range of providers who carry out their roles under the supervision of registered health professionals.



Introduction

The Caseload Management Planning Tool (CMPT) project is a partnership initiative of the Canadian Association of Occupational Therapists, the Canadian Association of Speech-Language Pathologists and Audiologists and the Canadian Physiotherapy Association. Development of this CMPT has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

The project was lead by a Steering Committee of three representatives from the partner associations guided by an Advisory Committee of nine association members drawn from different practice areas and geographical regions of Canada, and coordinated by a project manager consultant.

The CMPT has been designed for use by occupational therapists⁴, physiotherapists and speech-language pathologists. However, other health professionals may also find the CMPT's processes relevant. The context for the CMPT's application is based on the broad definition of health, as defined by the World Health Organization (1948) as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This term is applicable in any health and/or social environment, such as clinics, community programs, schools, and hospitals. The CMPT promotes an approach to health based on functioning as opposed to the absence of disease making it ideal for rehabilitation professionals.

Purpose

The CMPT is a structured process to determine:

- the number of clients that individual therapists can manage effectively or conversely,
- the number of therapists required to manage the client needs of a particular service .

The CMPT provides a mechanism to model caseloads for specific client groups or services and to determine the time and human resource requirements for effective caseload/workload management. By providing this standardized approach, the intended outcome of the CMPT project is to promote its application, encourage sharing of information and experiences, and develop relevant and timely caseload guidelines in a variety of contexts. The CMPT also provides a useful means of relating intervention time to client outcomes, which can serve as a useful indicator of the value and impact of the professional services provided.

⁴Terms and definitions can be found in the Glossary at the end of this document

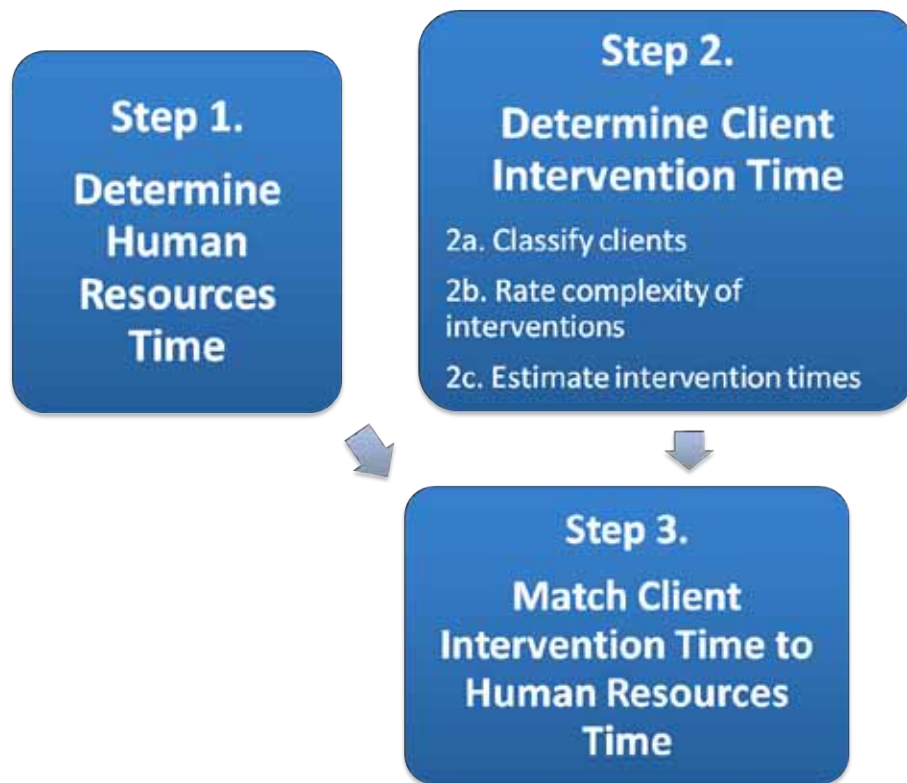
⁵The terms clients and patients are used interchangeably in this document.

Development of the CMPT

The CMPT was developed over a two-year period through a complex process that involved: evidence synthesis in a background paper that provided the foundational basis for the CMPT ongoing input from an Advisory Committee; feedback from more than 3000 online survey responders; pilot application of the CMPT by 15 services in nine clinical sites representing diverse practice settings and geographical regions of Canada; and, continued guidance by an oversight Steering Committee representing the three professions. More information on the CMPT Project, including the Background Paper, is available at:

www.caot.ca, www.physiotherapy.ca, www.caslpa.ca.

Caseload Management Planning Tool - Summary of Steps





The CMPT consists of a three-step process that matches available human resource time to clients' time requirements based on the complexity of the interventions. The three steps are as follows:

1. Determine Human Resources Time
2. Determine Client Intervention Time
 - a. Classify Clients
 - b. Rate Complexity of Interventions
 - c. Estimate Intervention Times
3. Match Client Intervention Times to Human Resources Time

Intended Users

The CMPT is intended to be used primarily by managers and administrators for human resources planning and workload allocation. Clinicians may also use the CMPT to examine and reflect on their caseload and practice management and, in collaboration with managers, discuss strategies to address workload intensity. The CMPT is applicable to health professionals and support personnel working with individual clients or a group of clients. The CMPT provides an objective and evidence-informed means of communicating the relationship between intervention time and client outcomes.



Preparation:

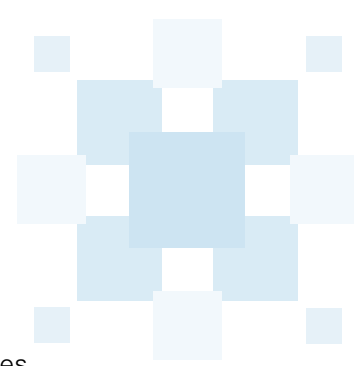
Effective use of the CMPT requires that users prepare appropriately. The following steps will facilitate the CMPT processes and initial application time:

1. Review the CMPT document in its entirety, including Appendices.
2. Review the World Health Organization's(WHO) ICF Generic Core Set (Appendix 6) and the electronic tutorials available on the Associations' websites.
3. Review any available information on best practices for the client group(s)/services under consideration.
4. Consult and reference workload data from previous months/years. If using the CMPT for planning a new service, consider workload data from similar services or create reasonable estimates.

Appendix 1 provides additional general background information on the CMPT, References and a Glossary of terms.

Organization of the Document

This document outlines the three steps of the CMPT with instructions for application. For each step, additional background information, calculation examples and sample worksheets are included in the appropriate appendices. Blank worksheets for application of the CMPT are provided in Appendix 5. These worksheets are aides for the tracking of Steps 1-3, however on-line resources are also available in Appendix 6.



Step 1: Determine Human Resources Time Available

Purpose:

To determine the total amount of therapist/service time available for client care activities.

Method:

1. Determine total hours worked by each budgeted full-time equivalent (FTE) therapist – over a specific time period (e.g. 4 weeks).
2. Subtract a percentage of time for vacation and/or sick time (e.g. 10%⁶).
3. Subtract a percentage of remaining time for non client care activities (20%). This number represents the therapist time available for client care activities (direct and indirect) - 70% of total work time.

Therapist total work time (100%) - sick/vacation time (10%) - non client care related time (20%) = direct and indirect client care related time (70%)

4. Calculate the actual human resources time available for client care in the service by adding the number of client care hours per therapist obtained individually in steps 1 to 3 above.

See Appendix 2 for more information on:

- Background (2.1)
- Sample Calculations (2.2)
- Sample Worksheet (2.3)

⁶If the percentages for vacation/sick time and non client care related time percentages are not appropriate to a service, a value that is more representative should be used.



Step 2: Determine Client Intervention Time

Step 2a: Classify Clients

Purpose:

To classify clients, for comparison purposes, according to a standardized system.

Step 2a is used for global reporting and benchmarking. Benchmarking provides an external standard for human resources planning and projection. It is strongly recommended to use the WHO ICF Generic Core Set and report the results.

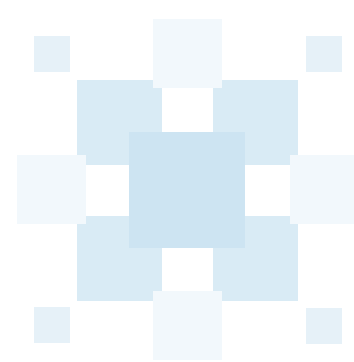
Method:

1. Review the ICF Generic Core Set (Appendix 6). Access the free tutorial on the use of the ICF located on your Association's website.
2. Using the sections that are relevant to your client population, complete the ICF Generic Core Set for clients that are representative of the service.
3. Complete the Composite Client ICF Classification Form, which provides an overview or description of your client population.

Classifying clients according to the ICF provides a useful index of the interventions' complexity and the time required to deliver services. This information will facilitate comparison of the results of the CMPT's application and may also be linked to future client outcomes.

See Appendix 3 for more information on Step 2a:

- Background (3.1.2)
- Sample Worksheets (3.1.3)



Step 2b: Rate Complexity of Client Interventions

Purpose:

To estimate the intensity and complexity of client treatment/management, that is:

- the amount of time per intervention
- the number of interventions
- the time period over which the services are delivered

Method:

1. Rate the level or complexity of the interventions/management required by each client or client group in the service/caseload⁷:

The following Client Intervention Rating Scale is recommended⁸:

Level 1 - Simple (quick) – Clients’ issues are immediately identified, solutions are straightforward, and little communication with other care providers and agencies is required.

Level 2 - Simple (long) – While clients’ assessment and management plans are uncomplicated, elements of the intervention take time to complete.

Level 3 - Moderate – Clients’ assessment and management involve several issues that take time to resolve and involve several care providers/agencies. Interventions are evaluated over time and adjusted accordingly.

Level 4 - Complex – Clients’ problems are not readily identified or resolved. Interventions are long and difficult due to cultural or personal issues. Interventions involve multiple participants in numerous steps.

Level 5 - Highly complex - Clients’ initial status are unstable and variable, involving several body systems and requiring intensive interventions over an extended period of time. Problems are highly complex and involve the coordination of multiple providers, which may change according to the clients’ status.

See Appendix 3 for more information on Step 2b:

- Background (3.2.1)
- Sample Worksheets (3.2.2)

⁷It is the complexity of the interventions that are being rated and not the complexity of the client’s condition.

⁸The Client Intervention Rating Scale is based on the work of Fortune and Ryan (1996).



Step 2c: Estimate Intervention Times

Purpose:

To estimate the total time required to manage clients from admission to discharge in each client intervention complexity level.

Method:

1. Analyze retrospective data and use professional judgment to estimate the intervention times for each client group. Discussion with other care providers, established clinical pathways and/or input from experienced practitioners may all contribute to calculations. While retrospective data may only reflect provider time available and not best practice, it provides a useful indicator for establishing a baseline.
2. Estimate treatment times required for each level in the Client Intervention Rating Scale for the selected timeframe (eg. four weeks). Clients not discharged within the specific time period are integrated into the next timeframe.
3. Using retrospective data, calculate the number of clients in each level to facilitate the case-load assignment/modeling.

See Appendix 3 for more information on Step 2c:

- Background (3.3.1)
- Sample Calculations (3.3.2)
- Sample Worksheets (3.3.3)



Step 3: Match Client Intervention Time to Human Resources Time

Purpose:

To match available therapist work time (Step 1) to client intervention time requirements (Step 2) to develop manageable caseloads/workloads.

Method:

For each clinician:

1. Convert the time available for client care calculated in Step 1 to minutes.
2. Select a client intervention level. Multiply the estimated number of clients by the intervention time estimates calculated in Step 2c.
3. Subtract the total intervention time required for these clients from the clinician's available work time for client care activities.
4. Repeat the steps above for each of the remaining client intervention levels.

At the completion of this process, the clinician's work time in the selected time period will be divided among a specific number of clients at each level. The numbers may need adjustment and fine tuning to determine the total number of clients at each level that can be accommodated in the available time.

Any discrepancy between available intervention time and client needs will highlight the need to address the gap in client intervention requirements and available provider time.

**Level 1 client time* + Level 2 client time + Level 3 client time +
Level 4 client time + Level 5 client time =
Therapist work time available for client care activities**

*Calculate the client intervention time at each level by multiplying the estimated intervention times from Step 2c by the estimated number of clients at each level.

Application to a service

The CMPT can also be applied to caseload management for a service. Instead of using one therapist's available work time, the total amount of time in the service available for client care is considered by calculating the total work time of all therapists in the service. The number of clients at each level is then determined using the processes outlined above. The client numbers derived from this process provides an overview of clients and their intervention profile that can be accommodated by the particular service.

See Appendix 4 for more information on Step 3:

- Background (4.1)
- Sample Calculations (4.2)
- Sample Worksheets (4.3)



Conclusion

The CMPT provides a structured, evidence-informed approach to caseload/workload management from individual provider and service perspectives. The CMPT will only have broad application if clinicians using it in various practice settings share the results. The CMPT is a living document that will evolve according to changing practice, professional and service trends. Clinicians and administrators are strongly encouraged to use the CMPT and share their experiences to ensure its relevance, appropriateness and continued usefulness to the provision of high quality, sustainable care for the people of Canada.

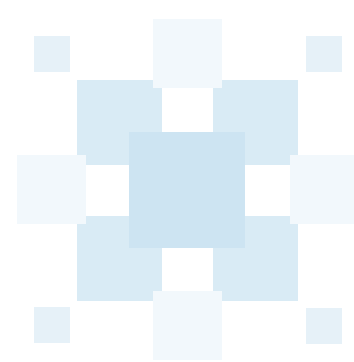
Comments by Users of the CMPT during the Pilot Process

“Helps to evaluate the match or mismatch of the demand for the service and the human resources available”

“The process has allowed me to somewhat quantify why I feel so constrained in the quality and amount of service that I can provide to my schools. I am left feeling validated in my feelings...”

“The process made us think more objectively about our population and where we are spending our energies.”

“It gave me a framework in which to critically evaluate how I allocate my time. I am always striving for a better time management model and some of the data collection for this CMPT gave me additional information to consider when planning effective use of my time.”



Appendix 1 – General Background Information

1.1 Background to the CMPT

The CMPT has been developed based on a review of the existing evidence and best practices of caseload/workload management; access Background Paper (Burnett, 2009) located from Association websites.

Use:

- The CMPT can be used by individuals, services, and regions to determine caseload mix and numbers for positive client and provider outcomes. It is not intended for use on a daily basis by service providers.
- The CMPT sets out a proposed method or approach to determine caseloads and establish benchmarks that can assist present and future caseload management.
- The CMPT is not meant to be prescriptive; rather it is intended to be an approach to caseload planning that can be adapted to fit specific practice settings and clients in whatever way the user finds most appropriate.
- The ultimate goal of the CMPT is to promote benchmarking and meaningful comparison of the numbers of clients that can be managed effectively by individual therapists or service delivery teams. For reporting purposes, it is highly recommended that all steps of the CMPT are applied in the manner outlined in this document.
- This document provides examples to illustrate the processes such as Client Intervention Rating Scale, client intervention times, therapists' schedules, etc. These examples are not prescriptive but are provided to help explain the processes. The CMPT is a model that may require modification according to the particular needs and characteristics of individual practice settings.
- Users are advised to consider the service context, client mix, other comparative data and additional factors when interpreting the data derived from the CMPT.
- The CMPT can also be used for functions such as program planning and development, determining the number of therapists required for a specific client service, and waitlist management.



1.2 Glossary

Caseload –the number of individuals/clients on a clinician’s roster who require services (adapted from the American Speech-Language-Hearing Association, 2002).

Caseload management - “...the productive and efficient use of time and resources to maximize and achieve successful client outcomes. The systematic synthesis of client and service information should assist to design effective and efficient service delivery. Such a delivery system should accomplish positive outcomes within available health agency resources and professional guidelines” (Management Dimensions in collaboration with D. Parker-Taillon and Associates 2005).

Client – refers to patients, individuals, their families and communities as appropriate.

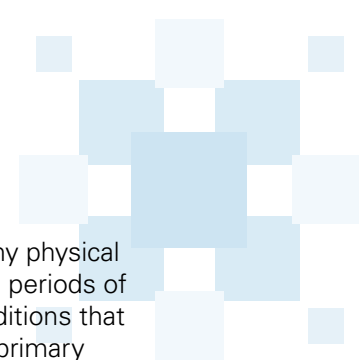
Client care activities [Service recipient activities (CIHI, 2009)] – health personnel activities that involve the delivery of services to an individual or family. These activities are classified as: assessment, therapeutic intervention and consultation/intervention (Canadian Institute for Health Information, 2009). More specifically, client care activities include activities such as direct face-to-face interventions and indirect activities such as charting, case conferences, program development, staff education (related to clients), travel related to clients, coordination and collaboration with other professionals related to a specific client, and discharge and transition planning (adapted from the American Speech-Language-Hearing Association, 2002).

Client Intervention Level – classification of clients according to the level of intensity, complexity and time required to address their health needs.

Intervention – any activity that is involved with the comprehensive assessment, treatment and management of a client; it can include direct and indirect client care activities.

Non client care activities [non-service recipient activities (CIHI, 2009)] – activities that are essential to the functioning of the organization or agency which do not include delivery of services to individuals or families. These activities are classified as: functional centre activities, organizational/professional activities, teaching/in-service. Non client care activities are any functions that are carried out that are not specifically related to clients and their care, for example: staff education/in-services on basic therapeutic topics such as positioning, dressing assistance, communication, disease conditions, falls prevention; travel to professional meetings ; development of new programs to be offered by the service.

Occupational Therapist – Occupational therapists are the primary service providers of occupational therapy. Canadian occupational therapists are educated at accredited university programs at the Master’s level, and understand the effects of factors such as disease and injury on the ability of individuals, groups and communities to engage in life’s occupations. Occupational therapists have the required skills and knowledge to provide an evidence-based approach to help others identify, engage in and achieve their desired potential in their occupations (Canadian Association of Occupational Therapists, n.d.). Occupational therapists are regulated in Canadian provinces and one territory. They are accountable to a provincial/territorial regulatory body that has the responsibility of governing the practice of occupational therapy in that jurisdiction (Canadian Institute for Health Information, 2008).



Physiotherapists/Physical Therapists – Physiotherapists (PTs) manage and prevent many physical problems resulting from illness, disease, sport and work related injury, aging, and long periods of inactivity. PTs are skilled in the assessment and management of a broad range of conditions that affect the musculoskeletal, circulatory, respiratory, and nervous systems. PTs are the primary service providers of physiotherapy. Canadian-educated PTs are graduates of accredited university programs at the Master’s level. PTs are regulated in each Canadian province and the Yukon Territory. They are responsible to a provincial/territorial regulatory body which has the authority to govern the practice of physiotherapy in that jurisdiction (Canadian Physiotherapy Association, n.d.)

Speech-Language Pathologists – Speech-language pathologists (S-LPs) are autonomous professionals who are the key providers of speech-language services in Canada. They have expertise in typical development and disorders of communication and swallowing, as well as assessment and intervention for these areas. S-LPs are governed by a regulatory body in seven provinces and must meet regulatory requirements to practice. S-LPs are involved in a number of different activities to promote effective communication and swallowing for the individuals they serve (Canadian Association of Speech-Language Pathologists and Audiologists, 2008). S-LPs work directly with clients and/or with their caregivers or other persons who regularly interact with them (e.g. friends, relatives, professionals, colleagues, support personnel, etc.) for the purpose of creating environments that promote optimal communication and swallowing. S-LPs are graduates of accredited university programs at the Master’s degree level and “work in a variety of settings, including but not limited to hospitals, rehabilitation centres, mental health facilities, nursing homes, childcare facilities, early intervention programs, schools, universities, colleges, research centres, private and group homes, and private practice” (Canadian Association of Speech-Language Pathologists and Audiologists, 2008).

Support Personnel - The term ‘support personnel’ includes a range of providers who carry out their roles under the supervision of registered health professionals.



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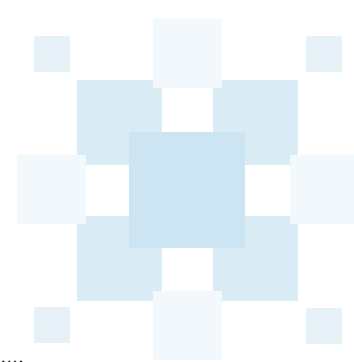
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Appendix 2 – Step 1. Determine Human Resources Time Available

2.1 Background

This step determines the amount of therapist time available for client interventions (Williams, 1987; Hollis, 1994; National AHP and HCS Critical Care Advisory Group, 2003). In this example, planning is based on a four-week time frame. According to the literature, 20 to 30% of a provider's workday is comprised of non client related functions such as activities supporting the organization's functioning, student supervision, committee work, and research (Williams, 1987). For the examples provided in this project, 20% is used to reflect non client care activity time, and is intended for therapists with primary responsibility for client care. This model is intended to be adapted to different funding models such as fee for service, inclusive visit rates, etc.

2.2 Calculations

1. Determine the total number of hours worked by each full-time equivalent (FTE) therapist in the service – over a defined period of time (in this example 4 weeks).

Example: In one month, one FTE works 35 hours per week over a period of four weeks equalling a total of 140 hours per FTE. $FTE \times 35 \text{ hours per week} \times 4 \text{ weeks} = 140 \text{ hours per month per FTE}$

2. Subtract a percentage of time for vacation and/or sick time when the individual is unavailable to work (this number may vary according to agency policies and statistics). Williams (1987) suggests 10% of total work time.

Example: Total work hours of 140 hours $\times 10\% = 14 \text{ hours vacation/sick time per month}$ $140 \text{ hours} - 14 \text{ hours} = 126 \text{ hours of work time per FTE per month}$

3. Of the total remaining therapist work time, determine the amount of time allocated to non client related activities. For the purpose of this project 20% of the total work time (minus vacation and sick leave) will be allocated to non client related activities (the literature suggests 20 to 30%).
4. Multiply the work hours obtained from Step 2 by 20% to obtain the number of non client related work hours. Subtract this amount from the time obtained in Step 2 to obtain the number of hours available for client care (direct and indirect) which is 70% of work time.

**Example: $126 \text{ hours work time} - 20\% (25 \text{ hours}) \text{ non client care activities} = 101 \text{ hours per FTE for client care (direct and indirect) per month}$
This leaves a total of 101 hours/6060 minutes available per FTE for client related activities (direct and indirect).**

5. Determine the total amount of time available for client care in the service by multiplying the number of full time equivalents (FTEs) in the service by the total work hours for client care per therapist (obtained in Step 4).

Example: Five FTEs employed by the service $\times 101 \text{ hours work time per FTE}$ equals a total of 505 hours available for client care per month in this service.

2.3 Sample Work Sheet

Clinician	1.Total hours per 4 weeks	2.Vacation/ sick time (10%)	3.Remaining work time	4. Non client related time (20%)	5.Time available for client care
1.	35 hours per week x 4 weeks=	10% x 140 hours =	140 hours – 14 hours=	20% x 126 hours=	126 hours-25 hours =
	140 hours	14 hours	126 hours	25 hours	101 hours
2.	20 hours per week x 4 weeks=	10% x 80 hours=	80 hours – 8 hours=	20% x 72 hours=	72 hours – 14 hours =
	80 hours	8 hours	72 hours	14 hours	58 hours
3.					
4.					
Total time available for client care in the service (clinician 1+2+3+4 =)					hours



Appendix 3 - Step 2. Determine Client Intervention Time

3.1 Step 2a Classify Clients

3.1.1 Background

The purpose of this step is to use a standardized system to compare clients with similar diagnoses and their intervention and human resource requirements. This step is used for global reporting and benchmarking. Benchmarking provides an external standard for human resources planning and projection; it is strongly recommended to use the ICF and report the results.

The World Health Organization’s International Classification of Functioning, Disability and Health (ICF) has been selected as it provides a “standardized universal system” that classifies the health and disability of clients/patients to permit comparisons for “health management and planning purposes” (World Health Organization, 2007). Using the ICF will permit the comparison of intervention times and human resources required to facilitate benchmarking from one site to another.

The ICF system is applicable to clients of all ages with separate Generic Core Sets for adults and children. The system is relevant and applicable by occupational therapists, physiotherapists and speech-language pathologists. More information related to the ICF classification system can be found at <http://e-bility.gr/eutexnos/Includes/icf-checklist.pdf> (adults) (World Health Organization, 2003) and <http://apps.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codcol=15&codcch=716> (children and youth) (World Health Organization, 2007).

3.1.2 Sample Worksheets

Worksheets assist with client information gathering and recording. The worksheets register the client information gathered through each step of the CMPT’s application. The worksheets are to be completed consecutively through each step of the process. Fictitious examples are provided in each table. The clients selected for classification should be representative of the service.

Individual Client - ICF Client Classification Form (Step 2a)

Step 2a Classify Client Group						
ICF Generic Core Set Information						
Clients	Part 1a: Impairments of Body Functions	Part 1b Impairments of Body Structures		Part 2 Activity Limitations & Participation Restriction		Part 3 Environmental Factors
		1 st qualifier Extent of impairment	2 nd qualifier Nature of the change	1 st Qualifier Performance	2 nd Qualifier Capacity	
Client A	B440 -1 B710 -2 B730 -2	S430 -2 S750 -2 S760 -1	S430 -7 S750 -6 S760 -6	D430 -1 D450 -2	D430 -1 D450 -2	E120 – 0 barriers, facilitators
Client B	B440 – 0 B710 -3 B730 -3	S430 -0 S750 -3 S760 -3	S430 -0 S750 -7 S760 -6	D430 -2 D450 -2	D430 -2 D450 -2	E120 -1 barriers, 1 facilitators
Client C	B440 -3 B710 -4 B730 -4	S430 -3 S750 -4 S760 -4	S430 -5 S750 -6 S760 -7	D430 -3 D450 -3	D430 -3 D450 -3	E120 -3 barriers, 3 facilitators

Composite Client Information Form (Step 2a)

Step 2a Classify Client Group						
ICF Generic Core Set Information						
Number of Clients	Part 1a: Range of Impairments of Body Functions	Part 1b Range of Impairments of Body Structures		Part 2 Range of Activity Limitations & Participation Restriction		Part 3 Range of Environmental Factors
		1 st qualifier Extent of impairment	2 nd qualifier Nature of the change	1 st Qualifier Performance	2 nd Qualifier Capacity	
3	B440: 1-3 B710: 2-4 B730: 2-4	S430: 0-3 S750: 2-4 S760: 1-4	S430: 0-7 S750: 6-7 S760: 6-7	D430:1-3 D450:2-3	D430: 1-3 D450:2-3	E120: Barriers 0-3 Facilitators 0-3

3.2 Step 2b Rate Complexity of Client Interventions

3.2.1 Background

Intervention(s) refers to all client-related activities, both direct and indirect. Grouping clients in this way facilitates the distribution of caseloads according to factors such as the experience level of the therapist, and/or other responsibilities they may have. For example, clients (theoretical or real) can be assigned to provide for diverse complexity caseloads, more simple cases for junior staff, or more complex interventions for those clinicians with specialized experience.

For each client:

1. Identify the appropriate client intervention categories (i.e. considering the type of service selected; in a specialized service only Levels 1 to 3 may be applicable, in a general service all five Levels may be appropriate.)
2. Ensure there is agreement among clinicians with the client Levels selected and the specific descriptors generated for the identified client group.

The Client Intervention Rating Scale has five Levels:

Level 1 - Simple (quick)

Clients' issues are immediately identified, solutions are straightforward, and little communication with other care providers and agencies is required.

Level 2 - Simple (long)

While clients' assessment and management plans are uncomplicated, elements of the intervention take time to complete.

Level 3 - Moderate

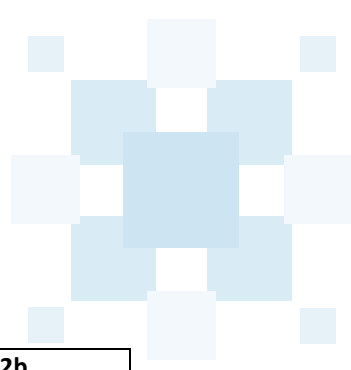
Clients' assessment and management involve several issues which take time to resolve and involve several care providers/agencies. Interventions are evaluated over time and adjusted accordingly.

Level 4 - Complex

Clients' problems are not readily identified or resolved. Interventions are long and difficult due to cultural or personal issues. Interventions involve multiple participants in numerous steps.

Level 5 - Highly complex

Clients' initial statuses are unstable and variable, involving several body systems and requiring intensive interventions over an extended period of time. Problems are highly complex and involve the coordination of multiple providers which may change according to the clients' status.



3.2.2 Sample Worksheets

The following worksheets will assist you with these processes.

Step 2a Classify Client Group							Step 2b
ICF Generic Core Set Information							Rate Intervention Complexity
Clients	Part 1a: Impairment of Body Functions	Part 1b Impairments of Body Structures		Part 2 Activity Limitations & Participation Restriction		Part 3 Environmental Factors	Client Intervention Rating Scale Level
		1 st Qualifier Extent of Impairment	2 nd Qualifier Nature of the change	1 st Qualifier Performance	2 nd Qualifier Capacity		
Client A	B440 -1 B710 -2 B730 -2	S430 -2 S750 -2 S760 -1	S430 -7 S750 -6 S760 -6	D430 -1 D450 -2	D430 -1 D450 -2	E120 – 0 barriers, facilitators	1
Client B	B440 – 0 B710 -3 B730 -3	S430 -0 S750 -3 S760 -3	S430 -0 S750 -7 S760 -6	D430 -2 D450 -2	D430 -2 D450 -2	E120 -1 barriers, 1 facilitators	3
Client C	B440 -3 B710 -4 B730 -4	S430 -3 S750 -4 S760 -4	S430 -5 S750 -6 S760 -7	D430 -3 D450 -3	D430 -3 D450 -3	E120 -3 barriers, 3 facilitators	4

Composite Client Information Form (Step 2b)

Step 2a Classify Client Group							Step 2 b
ICF Generic Core Set Information							Rate Intervention Complexity
Number of Clients	Part 1a: Range of Impairments of Body Functions	Part 1b Range of Impairments of Body Structures		Part 2 Range of Activity Limitations & Participation Restriction		Part 3 Range of Environmental Factors	Client Intervention Rating Scale Level Range
		1 st Qualifier	2 nd Qualifier	1 st Qualifier Performance	2 nd Qualifier Capacity		
3	B440: 1-3 B710: 2-4 B730: 2-4	S430: 0-3 S750: 2-4 S760: 1-4	S430: 0-7 S750: 6-7 S760: 6-7	D430:1-3 D450:2-3	D430: 1-3 D450:2-3	E120: Barriers 0-3 Facilitators 0-3	1 – 4



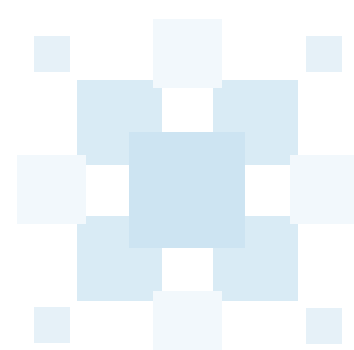
3.3 Step 2c Estimate Intervention Times

3.3.1 Background

While it can be challenging to determine the intervention plan in advance, this step is intended to develop an estimate for effective planning and not a prescription for client management. The intervention time allocated to each client level is an estimate based on the existing evidence and expert opinion, as well as any available retrospective data (Office of the Provincial Pediatric Consultant in British Columbia, 2008). The following is a suggested approach to determine client intervention times:

1. Review the existing best practices evidence related to the client group. If this information is not available, begin with Step 2.
2. Analyze retrospective data to provide an estimate of the intervention times for each client group. (Use retrospective data with caution; it may be reflective of the available provider time and not best practice).
3. Develop time estimates to reflect each level of clients in the Client Intervention Rating Scale.
4. Confirm these estimates.
5. Further validate the time estimates if necessary, through consultation (for example via a survey, focus group, interviews) with individuals working in the field to reconfirm.
6. Determine an estimate of the percentage of clients in the service who fall into each level to facilitate the caseload assignment among therapists.

See below for an example of time estimates for the Client Intervention Rating Scale. This sample is based on a four-week timeframe; however, any time period that is appropriate for the service can be used. Clients whose conditions were not resolved within the specified time would be integrated into the next time period. In this model, client(s) can refer to individuals or group(s) of individuals.



3.2.2 Calculations

Sample Client Intervention Rating Scale with Time Estimates

Client Intervention Level	Description of Interventions Required	Average Time Estimate per Month (total direct and indirect care)**	Percentage of clients on caseload at this level**
1. Level 1 Simple (quick)	Clients' issues are immediately identified, solutions are straightforward, and little communication is required with other care providers and agencies.	30 minutes 2 times per week 2 weeks Total = 120 minutes	30%
2. Level 2 Simple (long)	While clients' assessment and management plans are uncomplicated, elements of the intervention take time to complete.	45 minutes once a week 4 weeks Total = 180 minutes	30%
3. Level 3 Moderate	Clients' assessment and management involve several issues that take time to resolve and involve several care providers/agencies. Interventions are evaluated over time and adjusted accordingly.	45 minutes twice a week 3 weeks Total = 270 minutes	30%
4. Level 4 Complex	Clients' problems are not readily identified or resolved, interventions are long and difficult due to cultural or personal issues, and interventions involve multiple participants in numerous steps.	45 minutes 3 times per week 3 weeks Total = 405 minutes	5%
5. Level 5 Highly complex	Clients' initial status is unstable and variable, involving several body systems and requiring intensive interventions over an extended period of time. Problems are highly complex and involve the coordination of multiple providers which may change according to the clients' status.	45 minutes 4 times per week 4 weeks Total = 720 minutes	5%

Sample data

****All numbers expressed in this table are fictitious estimates.**

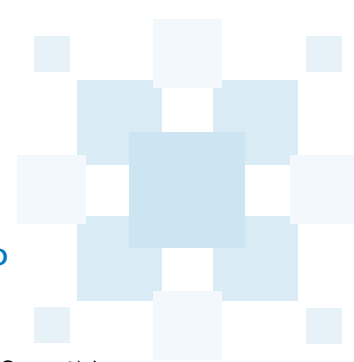
3.3.3 Sample Worksheets

The following worksheet will assist you with applying the instructions for Step 2c. Individual Clients - Estimate intervention Time (Step 2c)

Step 2a Classify Client Group						Step 2b	Step 2c				
ICF Generic Core Set Information						Rate Intervention Complexity	Estimate Intervention Time				
Number of Clients	Part 1a: Impairment of Body Functions	Part 1b Impairments of Body Structures		Part 2 Activity Limitations & Participation Restriction		Part 3 Environmental Factors	Client Intervention-n Rating Scale Level	Time per session	Sessions per week	Number of weeks	Total time in 4 weeks
		1 st Qualifier	2 nd Qualifier	1 st Qualifier Performance	2 nd Qualifier Capacity						
Client A	B440 -1 B710 -2 B730 -2	S430 -2 S750 -2 S760 -1	S430 -7 S750 -6 S760 -6	D430 -1 D450 -2	D430 -1 D450 -2	E120 – 0 barriers, facilitators	1	30 min	2	2	120 min
Client B	B440 – 0 B710 -3 B730 -3	S430 -0 S750 -3 S760 -3	S430 -0 S750 -7 S760 -6	D430 -2 D450 -2	D430 -2 D450 -2	E120 -1 barriers, 1 facilitators	3	45 min	2	3	270 min
Client C	B440 -3 B710 -4 B730 -4	S430 -3 S750 -4 S760 -4	S430 -5 S750 -6 S760 -7	D430 -3 D450 -3	D430 -3 D450 -3	E120 -3 barriers, 3 facilitators	4	45 min	3	3	405 min

Composite Client Information Ranges (Step 2c)

Step 2a Classify Client Group						Step 2b	Step 2c					
ICF Generic Core Set Information						Rate Intervention Complexity	Estimate Intervention Time					
Number of Clients	Part 1a: Range of Impairment of Body Functions	Part 1b Range of Impairment of Body Structures		Part 2 Range of Activity Limitations & Participation Restriction		Part 3 Range of Environment Factors	Client Intervention Rating Scale Level Range	Time per session	Sessions per week	Number of weeks	Total time in 4 weeks	% Clients per level
		1 st Qualifier	2 nd Qualifier	1 st Qualifier Performance	2 nd Qualifier Capacity							
3	B440: 1-3 B710: 2-4 B730: 2-4	S430: 0-3 S750: 2-4 S760: 1-4	S430: 0-7 S750: 6-7 S760: 6-7	D430:1-3 D450:2-3	D430: 1-3 D450:2-3	E120: Barriers 0-3 Facilitators 0-3	1 – 4	30 to 45 min	2 to 3	2 to 3	120 to 405 min	L1 33% L2 0% L3 33% L4 33% L5 0%



Appendix 4 – Step 3 - Match Client Intervention Time to Human Resources Time

4.1. Background

In this critical step in the CMPT application process, the available therapist work time (Step 1) is compared to the client intervention time (Step 2). This step requires adjustment and refinement to fit a variety of clients into the available work time of therapists and/or services.

4.2 Calculations

The process can start with clients at any level depending on priorities, waitlists, urgency, etc. It is up to the discretion and judgment of the individual(s) applying the CMPT.

Select a client intervention level and determine the total amount of time required for clients at this level. Multiply the intervention time estimates for that level with the proposed or estimated number of clients.

- From prior caseload analysis, a reasonable estimate (fictional) of the number of clients in Level 5 is 2.
- Intervention time over 4 weeks = 720 minutes (from Step 2 – 45 minutes x 4 times per week for 4 weeks = 720 minutes)

Subtract the total intervention time required for clients at the selected level from the therapist's available work time for client care. The remaining therapist work time must now accommodate all clients in the remaining intervention levels.

- Therapist's available work time for client care - 6060 minutes from Step 1
- Minus time requirements for clients at Level 5 - 720 minutes/client x 2 clients = 1440 minutes
- Equals 4620 minutes remaining to be divided among clients at Levels 1, 2, 3 and 4.

Total therapist work time (6060 minutes) – Level 5 client time (720 minutes x 2 clients = 1440 minutes) = Time available for Level 4, 3, 2, 1 clients (4620 minutes)

Repeat the steps above for each of the remaining client intervention levels.

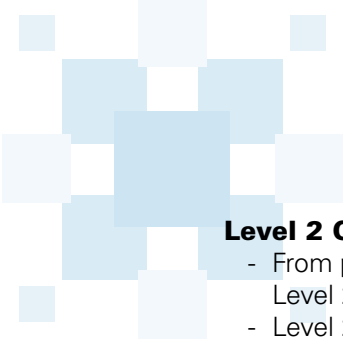
Level 4 Clients

- From prior caseload analysis, a reasonable estimate (fictional) of the number of clients in Level 4 is 2.
- Level 4 Client Intervention time over 4 weeks = 405 minutes (from Step 2 – 45 minutes x 3 times per week for 3 weeks = 405 minutes)
- Therapist's available work time for client care - 4620 minutes
- Minus time requirements for clients at Level 4 - 405 minutes/ client x 2 clients = 810 minutes
- Equals 3810 minutes remaining to be divided among clients at Levels 1, 2, and 3.

Total therapist work time (4620 minutes) – Level 4 client time (405 minutes x 2 clients = 810 minutes) = Time available for Level 3, 2, 1 clients (3810 minutes)

Level 3 Clients

- From prior caseload analysis, a reasonable estimate (fictional) of the number of clients in Level 3 is 6.
- Level 3 Client Intervention time over 4 weeks = 270 minutes (from Step 2 – 45 minutes x 2 times per week for 3 weeks = 270 minutes)
- Therapist's available work time for client care - 3810 minutes from above
- Minus time requirements for clients at Level 3 - 270 minutes/ client x 6 clients = 1620 minutes



Level 2 Clients

- From prior caseload analysis, a reasonable estimate (fictional) of the number of clients in Level 2 is 7.
- Level 2 Client Intervention time over 4 weeks = 180 minutes (from Step 2 – 45 minutes x 1 time per week for 4 weeks = 180 minutes)
- Therapist's available work time for client care - 2190 minutes from above
- Minus time requirements for clients at Level 2 - 180 minutes/ client x 7 clients = 1260 minutes

Total therapist work time (2190 minutes) – Level 2 client time (180 minutes x 7 clients = 1260 minutes) = Time available for Level 1 clients (930 minutes)

Level 1 Clients

**Total remaining therapist work time - 930 minutes
Level 1 client time - 120 minutes/client
Total remaining therapist time (930 minutes) ÷ Level 1 time per client (120 minutes) =
7.75 clients could be accommodated within this time period
(this number is rounded down to 7 to allow some time flexibility)**

The numbers may need adjustment and fine-tuning to determine the total number of clients at each level that can be accommodated within the remaining time.

Upon completion of this process, the therapist's work time within a four-week period will be divided among a specific number of clients at each level.

According to the above process and calculations, the total number of clients at each Client Intervention Level that can be accommodated by a therapist is shown in the box below:

Example Client Caseload

A total of 24 clients can be accommodated by 1 FTE therapist:

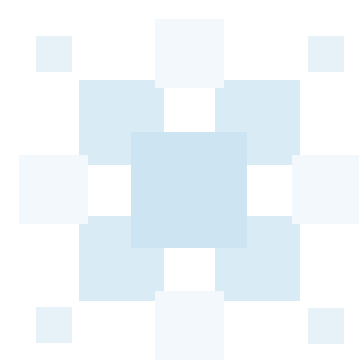
Level 1 – 7 clients

Level 2 – 7 clients

Level 3 – 6 clients

Level 4 – 2 clients

Level 5 - 2 clients



4.3 Sample Worksheets

Individual Clinician Caseload Calculations - SAMPLE

Clinician 1
1. Time available for client care from Step 1 101 hours/6060 minutes
2. Level 5 Clients Intervention time over 4 weeks for 1 client = 720 minutes (from Step 2 – 45 minutes x 4 times per week for 4 weeks = 720 minutes) Estimated number of clients at Level 5 = 2 Total time required to manage Level 5 clients = 2 x 720 minutes = 1440 minutes Remaining available work time = 6060 minutes – 1440 minutes = 4620 minutes Time remaining to be divided among Levels 4, 3, 2, 1 = 4620 minutes
3. Level 4 Clients Available work time = 4620 minutes Estimated number of clients at Level 4 = 2 Total time required to manage Level 4 clients = 2 x 405 minutes = 810 minutes Remaining available work time = 4620 minutes – 810 minutes = 3810 minutes Time remaining to be divided among Levels 3, 2, 1 = 3810 minutes
4. Level 3 Clients Available work time = 3810 minutes Estimated number of clients at Level 3 = 6 Total time required to manage Level 3 clients = 6 x 270 minutes = 1620 minutes Remaining available work time = 3810 minutes – 1620 minutes = 2190 minutes Time remaining to be divided among Levels 2, and 1 = 2190 minutes
5. Level 2 Clients Available work time = 2190 minutes Estimated number of clients at Level 2 = 7 Total time required to manage Level 2 clients = 7 x 180 minutes = 1260 minutes Remaining available work time = 2190 minutes – 1260 minutes = 930 minutes Time remaining to be divided among Level 1 = 930 minutes
6. Level 1 Clients Available work time = 930 minutes Level 1 client time = 120 minutes/client Number of Level 1 clients that can be managed in 930 minutes = $930 \div 120 = 7.6$ clients The number 7.6 is rounded down to 7 clients to allow some flexibility in scheduling
7. Number of Existing Clients and Their Intervention Profiles that cannot be met by the Clinician and /or service.

Composite Caseload of All Clinicians in the Service

Clinician	Level 5 Clients	Level 4 Clients	Level 3 Clients	Level 2 Clients	Level 1 Clients	Total Number of Clients Managed by the Service
1.	2	2	6	7	7	
2.						
3.						
4.						
Total						

Appendix 5 – Worksheets for CMPT Application

Step 1 Determine Human Resources Time Available Worksheet

Clinician	1.Total hours per 4 weeks	2.Vacation/sick time (10%)	3.Remaining work time	4. Non client related time (20%)	5.Time available for client care
1.					
2.					
3.					
4., etc.					
Total time available for client care in the service (therapist 1+2+3+4+ =)					

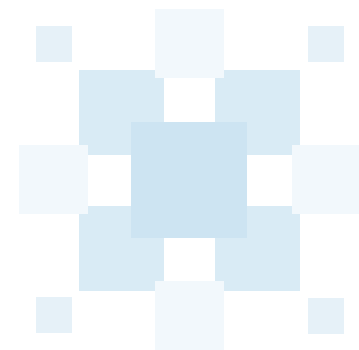
Step 2 Determine Client Intervention Time Worksheets

Step 2a Classify Clients, Step 2b Rate Complexity of Interventions, Step 2c Estimate Intervention Times Individual Clients

Step 2a Classify Client Group						Step 2b	Step 2c				
ICF Generic Core Set Information						Rate Intervention Complexity	Estimate Intervention Time				
Number of Clients	Part 1a: Impairment of Body Functions	Part 1b Impairments of Body Structures		Part 2 Activity Limitations & Participation Restriction		Part 3 Environmental Factors	Client Intervention-n Rating Scale Level	Time per session	Sessions per week	Number of weeks	Total time in 4 weeks
		1 st Qualifier	2 nd Qualifier	1 st Qualifier Performance	2 nd Qualifier Capacity						
Client A											
Client B											
Client C											
Etc.											

Composite Client Information

Step 2a Classify Client Group						Step 2b	Step 2c					
ICF Generic Core Set Information						Rate Intervention Complexity	Estimate Intervention Time					
Number of Clients	Part 1a: Range of Impairment of Body Functions	Part 1b Range of Impairment of Body Structures		Part 2 Range of Activity Limitations & Participation Restriction		Part 3 Range of Environment Factors	Client Intervention Rating Scale Level Range	Time per session	Sessions per week	Number of weeks	Total time in 4 weeks	% Clients per level
		1 st Qualifier	2 nd Qualifier	1 st Qualifier Performance	2 nd Qualifier Capacity							



Step 3 Match Client Intervention Time to Human Resources Time
 Individual Clinician Caseload Calculations

Individual Clinician Caseload Calculations

Clinician 1
1. Time available for client care from Step 1
2. Level 5 Clients
3. Level 4 Clients
4. Level 3 Clients
5. Level 2 Clients
6. Level 1 Clients
7. Number of Existing Clients and Their Intervention Profiles that cannot be met by the Clinician and /or service.

Composite Caseload of All Clinicians in the Service

Clinician	Level 5 Clients	Level 4 Clients	Level 3 Clients	Level 2 Clients	Level 1 Clients	Total Number of Clients Managed by the Service
1.						
2.						
3.						
Etc.						
Total						

Appendix 6 – ICF Generic Core Set

International Classification of Functioning, Disability and Health and other resources.

“The WHO’s International Classification of Functioning, Disability and Health (ICF) offers a comprehensive and universally-accepted framework to describe functioning, disability and health in persons with a range of diseases or conditions. The ICF, a classification that is exhaustive by its very nature, is quite complex for use in daily practice” (WHO, 2010). In daily practice, clinicians and other professionals need only a fraction of the categories found in the ICF. With this need in mind, WHO created a series of instruments based on the ICF, like the ICF Checklist (<http://www.who.int/classifications/icf/training/icfchecklist.pdf>), and the Generic Core Set.

In addition to the ICF Checklist, the WHO has developed core sets specific to certain requirements for specialised clinical settings, for more information visit <http://www.icf-research-branch.org/icf-core-sets-projects.html>

ICF information: <http://www.who.int/classifications/icf/en/>

The ICF Generic Core Set was adapted with permission from its authors for use with the CMPT. For example, additional codes were added to address the domain of communication. CMPT users can also add additional domains to best classify the clients they serve.

The Modified Generic Core Set should be used along with the ICF or ICF Pocket version. The ICF and ICF checklist should be consulted to clarify the definition of categories or supplement additional categories to the Generic Core Set if needed.

Modified Generic Core Set (Adults)

- 0 NO problem (none, absent, negligible,...) 0 – 4%
- 1 MILD problem (slight, low,...) 5 – 24%
- 2 MODERATE problem (medium, fair...) 25 – 49%
- 3 SEVERE problem (high, extreme,...) 50 – 95%
- 4 COMPLETE problem (total,...) 96 – 100%
- 8 not specified (the available information does not suffice to specify the severity of the problem)
- 9 not applicable (it is inappropriate or not possible to apply the code)

Body Functions

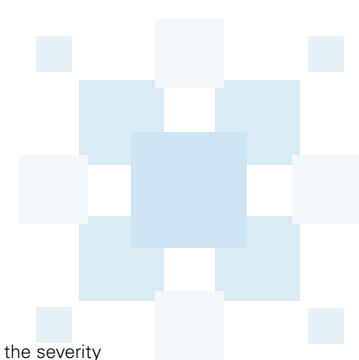
Code	Category	Extent of impairment					8	9
		0	1	2	3	4		
b130	Energy and Drive							
b134	Sleep functions							
b152	Emotional functions							
b280	Sensation of pain							
b455	Exercise tolerance functions							
b640	Sexual functions							
b710	Mobility of joint functions							
b730	Muscle power functions							

Activities and Participation

Activity & Participation		Performance					Capacity						
		0	1	2	3	4	0	1	2	3	4	8	9
d230	Carrying out daily routine												
d240	Handling stress												
d450	Walking												
d455	Moving around												
d310	Communicating with - receiving - spoken messages*												
d335	Producing nonverbal messages*												
d470	Using transportation												
d510	Washing oneself												
d540	Dressing												
d570	Looking after one’s health												
d640	Doing housework												
d660	Assisting others												
d710	Basic interpersonal interactions												
d770	Intimate relationships												
d850	Remunerative employment												
d920	Recreation and leisure												

*denotes a modification from the original ICF Generic Core Set for Canadian clinician purposes

Note. Adapted with permission from Minimum Generic Set (ICF Research Branch, 2010).



Modified Generic Core Set (Child/Adolescent)

- 0** NO problem (none, absent, negligible,...) 0 – 4%
- 1** MILD problem (slight, low,...) 5 – 24%
- 2** MODERATE problem (medium, fair...) 25 – 49%
- 3** SEVERE problem (high, extreme,...) 50 – 95%
- 4** COMPLETE problem (total,...) 96 – 100%
- 8** not specified (the available information does not suffice to specify the severity of the problem)
- 9** not applicable (it is inappropriate or not possible to apply the code)

Body Functions

Code	Category	Extent of impairment					8	9
		0	1	2	3	4		
b130	Energy and Drive							
b134	Sleep functions							
b152	Emotional functions							
b280	Sensation of pain							
b455	Exercise tolerance functions							
b640	Sexual functions							
b710	Mobility of joint functions							
b730	Muscle power functions							

Activities and Participation

Activity & Participation	Performance					Capacity					8	9	
	0	1	2	3	4	0	1	2	3	4			
d160	<i>Focusing attention*</i>												
d175	<i>Solving problems*</i>												
d230	Carrying out daily routine												
d240	Handling stress												
d450	Walking												
d455	Moving around												
d310	<i>Communicating with - receiving - spoken messages*</i>												
d470	Using transportation												
d510	Washing oneself												
d530	<i>Toileting*</i>												
d540	Dressing												
d570	Looking after one's health												
d640	Doing housework												
d710	Basic interpersonal interactions												
d760	<i>Family relationship*</i>												
d820	<i>School education*</i>												
d920	Recreation and leisure												

Note. Adapted with permission from Minimum Generic Set (ICF Research Branch, 2010).

Other resources available at:

Canadian Association of Occupational Therapist
<http://www.caot.ca/default.asp?pageid=4059>

The Canadian Association of Speech-Language Pathologists and Audiologists
<http://www.caslpa.ca> (members only)

The Canadian Physiotherapy Association
<http://www.physiotherapy.ca/members>