When to save emails in Eos

Introduction

If the client sends an email regarding a specific claim, upload it as a 'Contact' to that claim, otherwise upload it to Party level.

Uploading emails to the appropriate Party record:

- enables us to gather information more easily if the client requests a review or appeal
- provides a date and time stamp
- provides context for the email
- helps us manage requests from clients for their personal information
- provides greater integrity and accuracy of information
- provides a complete and accurate record of our contact with the client or party.

Rules

You must upload all correspondence to the appropriate Party record in Eos, including emails to and from a client, provider or employer. This includes:

- general correspondence regarding our processes
- specific information about how we manage claims
- correspondence about the active management of a particular claim.

Emails saved in Eos must be a complete record of correspondence with the client and include:

- the date and time it was sent
- the name of the sender and the receiver.

You must save all appropriate emails into Eos, regardless of the number of emails sent and received on a topic. See:

- CHIPS process - File an inbound email to a party record or claim in Eos
- Eos Online Help - File an inbound email

You must secure all legally privileged information after uploading it to prevent the documents from printing when someone asks for a copy of their claim file.

Exceptions

The following table shows which email communications you are **not** required to save into Eos. If you're not sure whether to save an email into Eos, talk to your team manager.

If the source is...	then you don't need to save...
internal	- information relating to an ACC investigation - legally privileged information, including: - any correspondence between ACC offices and ACC Legal Services - any advice from ACC Legal Services - information from Government Services regarding: - the Ombudsman, Privacy Commissioner or Health and Disability Commissioner - a complaint - ministerial correspondence - allocations, spreadsheets or dual management lists - requests for claims management staff, with the correct delegation, to reopen a claim - duration tool and case list filters - meeting invitations to discuss claim-related information - transfer emails to and from Recover Independence Service (RIS) teams - team manager coaching notes related to specific claims - lists of claims for panels
external	information requests about provider claims

If the source is...	then you don't need to save...
	- requests for information from providers about: - claim details required to facilitate client treatment and invoicing - the progress of any prior approvals for treatment - vendor enquiries about invoice payments for client services

Add a contact

Use these instructions to record details of a communication with an external party as a Contact.

Last review 15 Sep 2015   Next review 14 Sep 2016

Contacts are used to record details of communications with external parties. It's important to record contacts so that other staff members are able to see all of the communications relating to a claim or party.

You can also record details about internal discussions or meetings related to a claim or a party, using the contact reason 'Contact with Internal Party'.

When adding a contact to a claim, the client is the default party for all new contacts
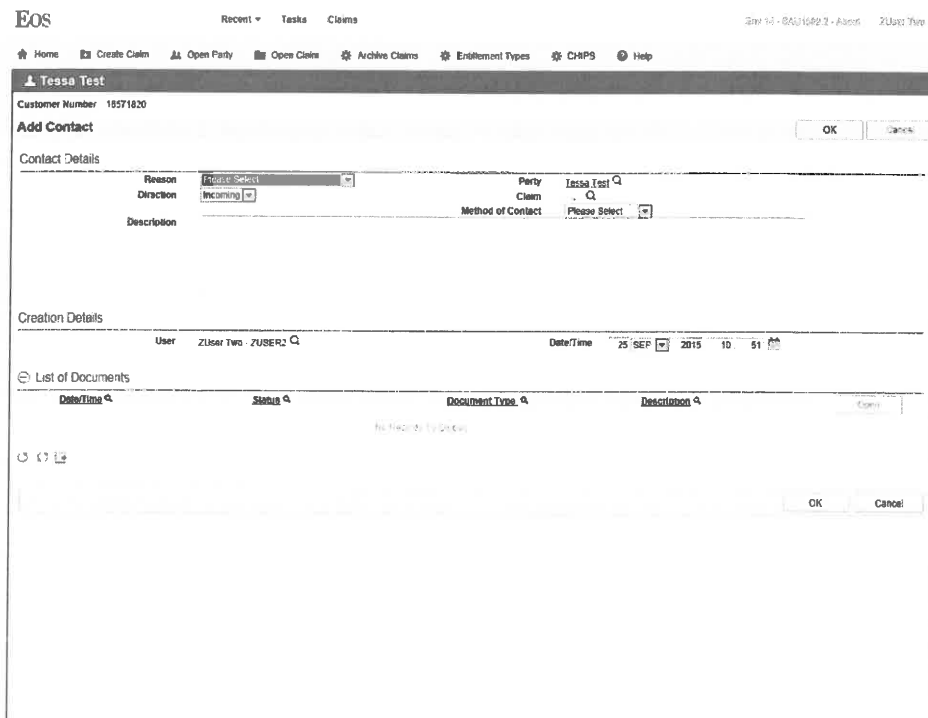
How to:

- Add a client contact
- Add a non-client contact using the search function
- Add a non-client contact using the Participant function
  - Quick steps
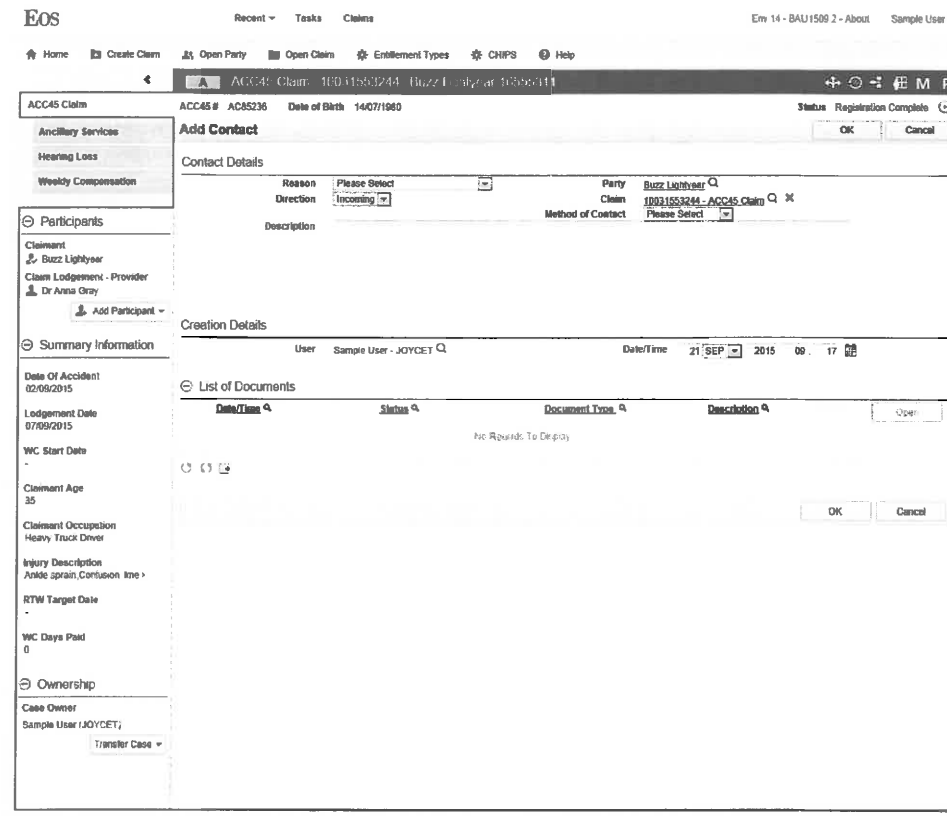
Add a client contact

Step 1

Open the claim or party record and go to the **Contacts** tab. Click **Add.**

Add Contact through Party Record TS100594

Add Contact through Claim TS100595

Step 2

Enter the contact details.

Step 3

Select the **reason**, **method of contact** and **direction** from the drop-down lists.

- The 'Claimant Care Notes' reason should be selected only if there is a valid reason for not disclosing a contact as part of the print Claim File report, for example when managing risky clients.
- See Contact reasons and recommended use for more information.

Step 4

Enter the date or click on the calendar icon to select a date and click **OK**.

Add a non-client contact using the search function

Step 1

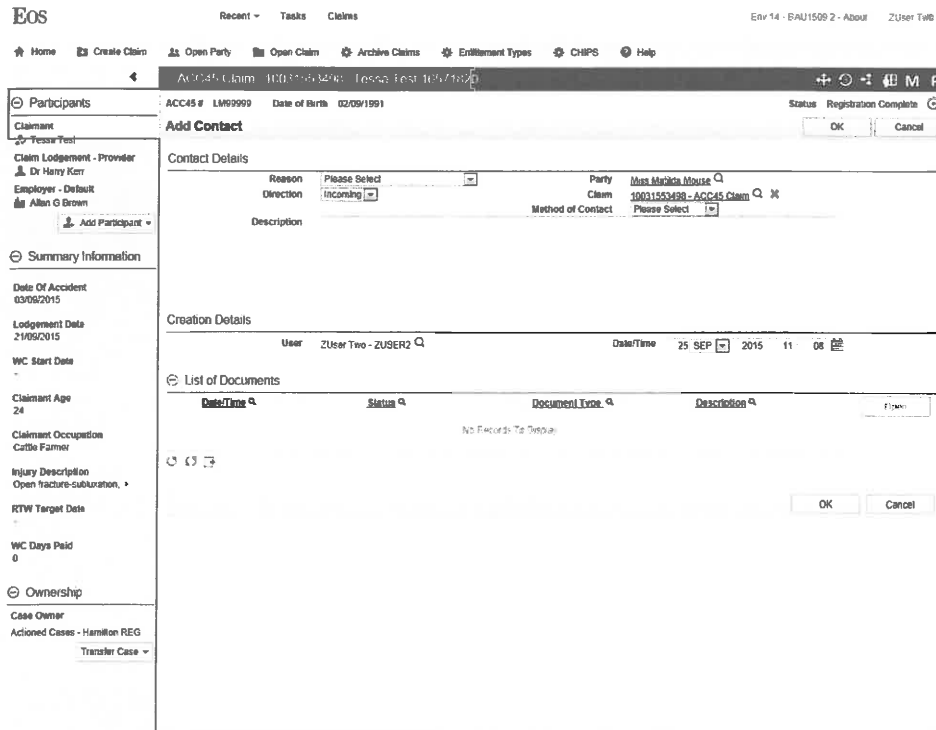Open the claim and go to the **Contacts** tab. Click **Add**.

Step 2

Click the **magnifying glass** (search icon) next to the **Party** field to associate the other party with the contact.

Step 3

Click the appropriate tab for the party type you are contacting and enter search criteria. Click **Search.**

    Add Non-Client Contact TS100600

Add a non-client contact using the Participants function

Quick steps
1. Open claim. Go to the **General** tab
2. Select the party from **Participants** (Note claim number)
3. Click **View Party**
4. Go to **Contacts** tab. Click **Add**
5. Click **magnifying glass** next to **Claim**
6. Enter claim number in **Claim Number/ACC45 Number** field
7. Click **Search**. Select claim. Click **OK**
8. Complete details in **Add Contact**. Click **OK**

Back to top

Step 1

Open claim and go to the **General** tab and select the appropriate party from **Participants** list view.
- Make a note of the associated claim number.

Add Non-Client Contact through Participants in Case Details TS100603

Step 2

Click **View Party** to display the party record.

View Party Record TS100605

Step 3

Go to the **Contacts** tab and click **Add**.

Step 4

Click the **magnifying glass** (search icon) next to the **Claim** field to display the **Case Search** screen.

Step 5

Enter the claim number in the **Claim Number/ACC45 Number** field.

Add Non-Client Contact Claim Search TS100608

Step 6

Click **Search** to populate the **Claim** field with the number. Select the relevant claim. Click **OK**.

Step 7

Complete the details in **Add Contact**. Click **OK.**

Records management policy

Last review 28 Apr 2015   Next review 27 Apr 2016

For more information about the Records Management Policy and related processes and procedures, see Records, Research and Data.

Objective

ACC is committed to ensuring that all information, records, and data are identified, filed, stored and disposed of appropriately. This ensures that ACC staff and customers have confidence in the integrity of the information.

By adhering to this policy ACC staff can effectively share and work collaboratively with information while complying with relevant policies and legislation, reducing the risk to ACC.

Scope

This policy applies to all ACC staff, contractors, vendors and persons acting on ACC's behalf.

Glossary of Recordkeeping Terms (146K)

Information tips (325K)

Standards

All ACC Staff must create full and accurate records of activities, transaction and decisions carried out in the course of daily business activity. This means that ACC Staff must:

- Make records

  See the definition of a record in the Information Glossary of Recordkeeping Terms (146K).

- File and keep records
  - Records must be filed in an ACC information and records system rather than your personal system. Personal systems include H:Drives, Email, and desk drawers.
  - Name your records in line with the Naming your Files Section of the Information Tips (325K).
- Handle records with care
  - Don't deface, alter, re-sort, or remove filed documents (including electronic ones)
  - Handle all paper records carefully to avoid damage and to keep them accessible until they are no longer needed.
- Prevent illegal disposal (ie, destruction or transfer)
  - Regularly clean up your information according to the Spring Cleaning guidelines in Information Tips (325K)
  - Do not take records home or destroy them when you leave ACC employment.
  - Contact the Information & Knowledge Services Team before destroying or removing records from ACC systems.
- Ensure ACC information is kept secured
  - ACC information must be stored in an appropriately secured location, eg, ACC information and records system, ACC approved offsite storage provider or ACC offices.
  - Do not email ACC records or information to your home or personal email
- Manage email records in line with Managing email records.
- Delete records in accordance with ACC retention and disposal schedules. To see these policies, contact the Information & Knowledge Services Team at IKS@acc.co.nz.

The Information & Knowledge Services Team will support ACC staff by providing a framework to systematically manage ACC information and records.

People managers are responsible for ensuring their staff are aware of the Records Management Policies and associated procedures and that they are being followed.

Project leaders are responsible for maintaining the formal record of that project and must:

- ensure that formal files (electronic and/or physical) are opened at the beginning of the project
- ensure all members of the project team contribute their workings to the formal file
- review the file at the close of the project and ensure one official record covering all activities of the project exists

- ensure that all information relating to the project is transferred to the operational managers
- ensure all historical information is archived as appropriate.

Accountabilities

The Chief Information Officer is responsible for ensuring organisational controls are in place in support of this policy.

Contact

Any queries regarding the policy can be forwarded to the Information & Knowledge Services Team

Definitions

Information and Records System

An Information and Records System is a system which captures, manages and provides access to records over time eg, Oracle Financials, Payroll System, Contract Management System, Corporate Shared Drives etc.

Retention and Disposal schedules for ACC Records

Retention and disposal schedules set the minimum length of retention for ACC records and the processes for disposing of records at the end of the of the retention period. To see these schedules, contact the Information & Knowledge Services Team

Guidelines for managing and monitoring rehabilitation

Last review 09 Sep 2014   Next review 09 Sep 2015

Latest changes 1/7/15: Added reference and links to Vocational Medical Review (VMR) under 'Check for complications of changes', 'Check for ongoing entitlement and cover' (replacing Clinical Review of Fitness for Work (CRFW)), and 'What to do if you're unsure'.

Introduction

Managing and monitoring the rehabilitation progress on a claim is one of the most important parts of your role as a case owner. This starts with proactively maintaining contact with the client, their employer and the treatment and rehabilitation providers.

The relevant process to refer to is Managing and monitoring rehabilitation.

When to use

Use these guidelines to help you monitor a client's rehabilitation progress after you have agreed on an individual rehabilitation plan (IRP) and created an action plan, which is the tool used to manage your client's claim.

Key principles

The key principles of managing and monitoring a claim include:

- managing the claim according to the level of claim complexity, ie a low complexity claim requires less intensive management
- proactively maintaining contact with the client, their employer and the treatment and rehabilitation providers
- proactively evaluating provider, treatment and medical reports
- tracking a client's progress against their rehabilitation goals as agreed with the client (in the action plan and in an IRP for claims in branches)
- reassessing the client's needs if flags or barriers arise
  - for STCC, also reassessing claim complexity and if the claim should be escalated to a branch
- checking the ongoing link between continuing incapacity (for work or independence at home) and the original covered injury and any entitlements
- closing the claim appropriately (transferring to 'Actioned Cases') when rehabilitation is completed. See also Situations for closing a claim.

Proactive claim monitoring

Why is proactive claim monitoring important?

Keeping in regular contact with the key stakeholders who influence the outcome of a client's rehabilitation journey is crucial to ensuring the rehabilitation stays on track. Regular communication ensures:

- you are providing clear information and setting expectations with each stakeholder so the client can achieve the best possible rehabilitation outcome
- the stakeholders are liaising and rehabilitation is occurring concurrently
- high quality rehabilitation is being provided according to a plan
- the rehabilitation is appropriate for the client's assessed needs
- any new flags or barriers are addressed as soon as possible to prevent small issues developing
- you take action if there is evidence that cover or ongoing entitlements need reviewing, eg if an underlying medical condition is impacting on a client's progress
- the rehabilitation goals and outcome date are still relevant
- you update the action plan and/or IRP when required.

How often should I be making contact?

The frequency and method of contact with the client and other stakeholders depends on the individual circumstances and the complexity of the claim. It can also change during the life of the claim, eg initially more frequently, and face to face contact, then less frequently.

If there are any flags or barriers evident, more frequent contact with the client, the employer and the provider is important.
The following table provides some recommendations for frequency of client contact in certain scenarios.

Scenario	Recommended frequency and mode of contact
A client on a graduated RTW programme under a SAW service is making excellent progress with functional recovery, and is well supported by their employer (STCC)	• Contact is in line with specialist appointments • The client is not showing any barriers to recovery so more frequent contact may not be needed • A face to face appointment is not required if the claim is low complexity and managed in the STCC **Note**: It is important to stay in regular contact with the SAW provider even if recovery is progressing well
A client is participating in a SAW programme and is struggling to make their physiotherapy appointments, is difficult to get hold of, has a terminally ill mother and is low in mood (Branch)	• Weekly contact with the client to ensure all barriers are identified and they are fully supported • Fortnightly contact with the employer and provider (more often as required) • Face to face contact is likely to be beneficial as the claim has more flags and barriers. An initial face to face meeting might be followed up by a case conference at work to ensure all parties are in agreement with the rehabilitation approach
A client is participating in a work readiness level 3 programme and the provider is coordinating the client's rehabilitation which includes services, training for independence for a traumatic brain injury, physiotherapy and a work trial (Branch)	• At the beginning of the claim contact with the client is weekly due to the many things going on • When the rehabilitation has some direction after an IOA and IMA, and a WR3 has been set up, frequency is less often as the provider takes a lead in coordinating services • Contact with the client and other parties will still be important and may coincide with key milestones or pre-agreed dates
A client has a permanent injury, is receiving two hours of home help per week and their needs have not changed in the last 12 months (Branch)	• Contact should be negotiated with the client. • As there are no active rehabilitation programmes in place, contact may be minimal but at least annually

Methods for proactive claim monitoring

Method	Description
Keep action plans up to date	Keeping an action plan up to date is important as it is a tool to help you manage your claim and ensure the client is making progress towards their goals
Review progress reports	Use tasks to remind yourself when progress reports are due and take note of any issues arising that you can have an impact on
Request treatment or medical reports	While you may receive copies of medical reports throughout the life of the claim, there are times you will need to proactively request them. This is particularly important when you are receiving conflicting information, or need to clarify what a client has told you about their treatment
Run programmes at the same time	When developing a client's rehabilitation plan, consider how services can run concurrently rather than one after the other as this can minimise time off work and speed up a client's return to independence

Method	Description
Take advantage of the service coordinator role	For SAW4 or WRP3 claims managed in branch, consider asking the SAW or WR provider to act as the Service Coordinator who coordinates all the other providers involved
Have face to face meetings with the client (Branch)	Face to face meetings at key milestones help develop a good relationship with the client, better understand their individual circumstances, and assist in agreement on their rehabilitation. You can meet with the client at your branch, or visit them at home or hospital
Have case conferences	Consider using a case conference or regular case conferences to 'get all parties on side'. This is particularly helpful for complex cases or where one or more parties don't agree with the plan
Keep the IRP up to date (Branch)	As the client completes each component of their rehabilitation, add a completion date and ask the client to co-sign that that part of the rehabilitation is complete

Evaluating progress reports and new information

Evaluating progress reports allows you to identify any new information and ensure the client is progressing as expected. The important things to check for are outlined below.

Check on progress

Check whether:

- injury recovery is consistent with the treatment provider assessment
- reports are consistent with how the client is describing the treatment provider interaction
- the treatment provider is aware of any other rehabilitation the client is participating in, eg SAW
- treatment reports are consistent with the RTW plan, if relevant
- reports indicate progress as expected or if issues have been raised that need resolution. If there are issues, investigate:
  - quality of service provision
  - service delivery
  - reporting timeframes
  - medical issues
  - whether the goals are still suitable
  - whether the client understands how an intervention can help them achieve their goals
- any new recommendations are being made that may affect the overall outcome or RTW/RTI date, eg surgery is being planned that will extend the need for RTW support or home help.

Check for complications or changes

Check whether:

- the service provider has requested a service level change or funding for services not previously outlined in the plan
- any new barriers to recovery have been identified, either temporary or of a more long term or complex nature, eg a client has been diagnosed with cancer
- your client is reporting increased or disruptive levels of pain, eg pain that stops them from performing activities. If so, see:
  - Guidelines for getting the most out of a pain management programme
  - Referring a client for pain management services
  - Vocational Medical Services (VMS).

Check ongoing entitlement and cover

Check whether:

- new information suggests there may be other factors impacting on the client's incapacity, eg the client may have an underlying medical condition contributing to their inability to carry out their usual home or work tasks
- there are questions over ongoing entitlement or cover. If so, consider:
- a discussion with the certifying practitioner
- the appropriateness of a Vocational Medical Review (VMR) or medical case review (MCR).

Check for non-compliance

Check whether the client:

has attended their appointments and if not, check the reason(s) for this. Discuss with the client and find out if additional support is needed to help them attend, eg do they need help with transport?

is aware of their obligations while receiving ACC entitlements and that they are complying with all their rehabilitation goals.

See also Managing non-compliance.

What to do if you're unsure

If you're unsure what impact any new information is having on a client's rehabilitation progress, then discuss the claim with one of your advisors, eg Triage Manager (TM), Branch Medical Advisor (BMA), Branch Advisory Psychologist (BAP), or take the claim to a panel. For example, receiving an unclear medical certificate or an x-ray report showing mal-union of a fracture are both situations where you should consult your advisors.

If your initial monitoring of a claim raises concerns about rehabilitation progress, then face to face meetings and case conferences can provide good insight into the reasons behind any delays or problems. Consider referral to a VMR.

Assessing rehabilitation outcomes

Assessing how a client has progressed with any of their rehabilitation interventions is important to ensure they have either achieved their goals or require more support from ACC.

If the client has successfully and sustainably returned to work or independence, you can decide whether it is the right time to close a claim from active management.