Guide to completing *ACC12 File Summary form*

This guide is for internal use only. Please use when completing the *ACC12 File Summary form*.

PART ONE: BACKGROUND	
1. Client details	
Heading	**Guidelines**
Client's name	Note whether there is a need to check pronunciation. Check claims history for aliases. Need to avoid barriers being raised, such as other injuries not being considered by assessors in Vocational Independence (VI) assessments. Also good to consider how any injuries sustained post incapacity were caused, ie what the activities were and whether they are contraindicated.
Claim number	Autogenerated
Date of Birth (DOB)	Note if the client is nearing New Zealand Superannuation Qualifying Age (NZSQA) to ensure election reminder (or decision letter) and WINZ letter are sent as appropriate. Consult Technical Claims Manager (TCM) if uncertain. Refer to Informe > Entitlements, rehabilitation, treatment > Weekly compensation > Cease due to upper age limits (NZSQA). Consider the cost effectiveness of providing vocational rehabilitation, in consultation with Team Manager (TM).
Date of injury (DOI)	If pre 01/07/92 consult TCM re cover criteria. Cover determination varies under different legislation.
Ethnicity	If not identified check reports on file, especially social rehabilitation reports. This should prompt us to arrange for Cultural Advisor to input into the initial panel review.
Date of incapacity	If later than date of injury (ie delayed incapacity) we need to check what ACC investigated to ensure entitlements were established correctly, ie what evidence confirms a causal link between the delayed incapacity and the injury sustained at the date of injury.
Interpreter required	See Informe > Other claimant-related procedures > Interpreters - this link provides information about using interpreters and language line.
Primary contact / Primary contact's relationship to client	ACC Investigation Unit advise this is important if it's difficult getting hold of the client and/or they have a history of rescheduling appointments.

Preferred contact method	Be mindful of written communication if literacy issues are evident. Use telephone to explain any letters sent. If hearing impaired refer to Informe > Other claimant-related procedures > Interpreters for information regarding New Zealand Relay (NZ Relay) service. For sight impaired refer to Informe > Entitlements, rehabilitation, treatment > Rehabilitation > Social rehabilitation > Entitlements > Visual impairment services. Note if any difficulties with contact, such as no phone coverage, no access to telephone, PO boxes used. If history of mail going missing invite client to utilise the ACC free phone 0800 101 996. Use registered mail for important notices or appointments if necessary. Email: Many clients prefer to communicate by email and it does provide a paper trail. Need to be careful not to breach privacy, particularly if sending to a group/family email address. If in doubt use other methods of communication.
2. Injury details	
Heading	**Guidelines**
Cause of injury	What was the mechanism of injury/what are the accident details? Is there a causal link between this and the original diagnosis and current diagnosis?
Original diagnosis	Ensure it is clear what injury ACC accepted cover for.
Current diagnosis	If injury diagnosis has changed, ACC needs to ensure the ongoing incapacity still relates to the injury we accepted cover for. Watch for additional diagnoses on longer term claims, especially injury sites changing from one side to another or mental injury diagnoses being added, such as Post Traumatic Stress Disorder (PTSD) or Post Concussion Syndrome (PCS). Less severe injuries at date of accident (DOA) becoming more symptomatic could be signs of degenerative disease process.
Injuries for which cover has been approved	Review claim file and record details of any consequential injuries/new diagnoses, including mental injury, which have been accepted for cover.
Current GP	How involved is the GP? Do they see a regular GP or just any GP available, eg at a larger practice?

PART TWO: ASSESSMENT AND TREATMENT	
3. Surgery funded by ACC	
Heading	**Guidelines**
Surgery type	Include surgeries covered by other claims if to the same injury site, ie previous or new claims. These need to be taken into

	account when considering injury causation – BMA input may be required.
Comment on End of Care Report - Prognosis	Review the End of Care Reports to note outcome, functional improvements and compliance with treatment. Compare how the client presented when discharged by the surgeon to how they present now.
4. Treatment reports	
Heading	**Guidelines**
Comments / Summary	Try to summarise comments in a way that both you as the case owner, and other staff reading your summary, can get an idea of the key findings or recommendations of the reports listed. **Pain management** It's important to note the type of provider used, eg whether there is psychologist, medical specialist, occupational therapist (OT) or physiotherapist involvement. Comment on engagement with programmes and outcome. **Social rehabilitation** Where social rehabilitation needs have been assessed or assistance is being provided this can provide information regarding the client's activities and support systems. **Vocational rehabilitation** Consider the timing and appropriateness of these interventions. Indicate in the Comments / Summary section how engaged the client was or whether any barriers were raised. Good to list all attempts made here and, in particular, training courses and whether these were included if an IOA was updated or repeated. **Other treatment** Consider if there are multiple medical reports and how the medical evidence is weighted overall. Conflicting medical opinion is more common with longer term claims and may require some further clarification. Need to consider if the most appropriate specialist has been consulted. Good to have Branch Advisory Psychologist (BAP) review the claim if any psychology involvement. Clarify main cause of incapacity if multiple injuries, or if the diagnosis has changed or other diagnoses have been added over the years. Note what medications they are currently prescribed. Are they ACC funded? If taking multiple medications, do they relate to the injury for which they are claiming incapacity? Medications may uncover non-injury related health issues. These are good to consider in vocational rehabilitation as some medications may be contraindicated with certain working environments, eg driving or operating heavy machinery, working

	at heights etc. Check if ACC funded medications are the most appropriate and cost effective options. If pain is a barrier to rehabilitation and no analgesia is being utilised, the best approach and further options should be discussed with the advisory panel.

PART THREE: REHABILITATION	
5. Work history details	
Heading	**Guidelines**
Was the client an earner at date of injury (DOI)?	If not, consult TCM to consider if Section 105 of the AC Act applies. Circumstances such as purchase of time out, cover, or loss of potential earnings may apply although fairly uncommon.
Occupation at time of injury	If the client was employed in more than one occupation are they incapacitated for them all?
Was the client's pre-injury work assessed?	If no work site assessment has been completed we may want to consider using work type detail sheets. May also need to have panel provide advice re s103 considerations, depending on pre-injury role.
Did the client remain in the same occupation at DOI and DOFI/DOSI?	The s103 test relates to the employment at the time of the personal injury, not the employment held at date of first incapacity (DOFI) or date of subsequent incapacity (DOSI).
Has the client worked in any capacity since the injury? / Details of work since injury	Time to check we have applied abatement correctly. What is preventing this client from increasing their work hours or return to independence?
6. Vocational rehabilitation details	
Heading	**Guidelines**
Initial Occupational Assessment (IOA)	Always consider whether the work types recommended are realistic considering the client, their history and their training, skills and experience. Ensure literacy/numeracy issues have been considered.
Date of IOA	Note currency and quality of IOA. Consider consulting TM or TCM re whether to update or repeat IOA if there are quality issues.
Educational details	Good to cross reference stated assets and strengths in CV with any perceived barriers from client or others. CVs are valuable for validating strengths and transferable skills. Consider questioning if literacy is raised as a barrier as qualifications gained may contradict this.

Voluntary activities or hobbies relevant to vocational rehabilitation	Consider functional demands of such activities in relation to current incapacity for work. It's important to verify that the client is aware they need to tell us about their activities, including non-paid work. This should be flagged to reiterate during re-engagement appointments/interviews.
Barriers to vocational rehabilitation	Review IOA report and note any barriers to vocational rehabilitation or work.
IOA recommendations for vocational rehabilitation	Review IOA report and note recommendations made for vocational rehabilitation. Cross reference with work types cleared in the IMA and vocational rehabilitation already completed.
Initial Medical Assessment (IMA)	Ensure that any recommendations made in this report have been considered and completed or rationale provided for not completing.
Date of latest IMA	Note currency of IMA. Consider whether any surgeries or other interventions have occurred subsequent to the IMA which may have impacted on the findings. Consider whether a new IMA may be required.
IMA recommendations	Review IMA for rehabilitation recommendations. Cross reference with rehabilitation interventions already completed.
Are there any non-injury related issues noted in the IMA?	Consider what the substantive cause of incapacity is. If necessary, consult with Branch Medical Advisor (BMA), BAP, TCM or case conference with all.
Work type options identified as suitable in the latest IMA	Check quality of IMA and client sentiments as an indicator of motivation and confidence.
7. Activities of daily living details	
Heading	**Guidelines**
Current social rehabilitation entitlements being received	Note what activities are not being attempted by the client. More importantly, note what activities they are able to manage functionally and how this capacity might transfer into a work setting. Caring for young children and large properties requires a good level of functional ability. The client may want to consider a lifestyle choice of working and being available for vocational rehabilitation, or declining to participate in rehabilitation or return to work and choosing to have their entitlements declined.
Previous significant social rehabilitation entitlements received	Good to acknowledge progress made in the past with increasing independence. If the client has had extensive Training for Independence (TI) programmes, need to consider this in referrals for further social rehabilitation.

	For example, what were the goals that were worked on and how can these assist in vocational rehabilitation, eg use of public transport, computer training in the home etc? What equipment has been funded by ACC?
Injury-related limitations in accessing transport	If the client lives with other people, how many vehicles do they own, ie do they have access to transport or has this access changed?
Current living arrangements and household responsibilities	Since DOA have responsibilities of other household members changed? Consider 'Added worker effect' - this is described as the tendency of other household members capable of work to enter the labour market. Good to consider this if barriers are raised re childcare or transport. Consider impact of dependents (may include children, parents, other relatives.) Note age of children and consider whether it is reasonable for them to be responsible for assisting with household tasks, eg teenagers. Consider level of dependency and any changes to childcare responsibilities post injury. Is childcare logistics a barrier for return to work (RTW)? What were their childcare arrangements before the injury? Consider other household members receiving entitlements. Good to know if a spouse is also receiving ACC or Ministry of Social Development (MSD) entitlements.
8. Individual rehabilitation plan details	
Heading	**Guidelines**
IRP outcome date / Date of next monitoring step	Note Individual Rehabilitation Plan (IRP) outcome date and next monitoring step date for consideration in prioritising actions and timing of interventions.
Have the GP and employer been invitied to participate in the IRP?	Check to ensure the GP, and employer if applicable, have been invited to participate in IRP.
Has the IRP been updated to include suitable work types and recommendations for rehabilitation?	Check the quality of the IRP and note areas to discuss with the client in next negotiation. IRPs are important for ensuring we are agreed on the goal of their rehabilitation, and can be used as evidence in litigation.
Is there a history of unreasonable failure or refusal to negotiate or comply with ACC's requests?	Consider this in planning future meetings and approaches.

Is there a history of deemed IRPs?	What were the circumstances?

PART FOUR: CLAIMS / PAYMENTS	
9. Claims history	
Heading	**Guidelines**
Total number of claims	Be thorough. We do not want to miss any as this can be raised as a barrier for Vocational Independence (VI) assessments.
Previous incapacity for work on any claims?	Good to know if the client has had a history with ACC. What was the relationship like? How did they return to independence from that claim or was the incapacity transferred to this claim? Is there any residual incapacity from other claims to consider? Is their incapacity still assigned to the correct claim?
Previous work capacity (WCAP), Work Rehabilitation Assessment Process (WRAP) or Vocational Independence (VI) decisions on any claims?	It's important to consult your TCM about these clients. Previous decisions are important for determining what work types were considered sustainable and what pre-injury work type the client was incapacitated from. We need to confirm what job or work type the client has incapacity for, and their entitlement to loss of earnings. For example, a client might start working in a job very similar to pre-injury work type once weekly compensation entitlement ends. If they have a subsequent injury, what work are they now incapacitated for / receiving loss of earnings for?
Hearing loss claim	This has been a significant barrier and cause of quashed VI decisions, due to ACC not considering all injury claims and contraindications for work types. Usually there is an audiology report available on these claims which should be included in referrals to assessors for IMA or VIMA.
Mild traumatic brain injury	Consider presentation at time of injury. Severity of Traumatic Brain Injury is categorised as Mild, Moderate and Severe. Some moderate, and all severe, brain injuries are managed by our National Serious Injury Service (NSIS). Cumulative effects of subsequent brain injuries are thought to result in increased difficulties and more moderate incapacity and may need further investigation. If a diagnosis of Post Concussion Syndrome (PCS) has been made we may need to investigate further. Utilise BAP to provide advice for traumatic brain injuries.
Sensitive claims history	Need to consider this in regards to VI assessments. Liaise with Sensitive Claims unit to forward relevant assessment reports to providers. Liaise with Sensitive Claims unit to determine appropriate

	responsibilities for rehabilitation planning and follow-up. Utilise BAP for advice.
Subsequent claims	Important to consider activity level post incapacity. How did they sustain subsequent injuries, ie where, what, how etc?
Has the client had any reviews or appeals?	Consider previous relationship with ACC for re-engagement period - it may suggest we need to take steps to improve our relationship in order to assist in progressing their rehabilitation. We may want to agree on the best methods for us to communicate, ie some ground rules etc. Rehabilitation can be significantly delayed by excessive litigious or vexatious behaviour. Consult TM for advice in what is reasonable.
Has there been any advocacy or legal, Office of Complaints (OCI), ministerial or MP involvement with this claim?	Good to be well informed of any previous issues to assist in planning contacts and communication.
10. Financial details	
Heading	**Guidelines**
Compensation	To answer the questions about compensation, extract relevant data from the Transaction Summary Report (Reporting Portal): • Access to 4.01 Transaction Summary Report from Reporting Portal o Go to: Start/Business Applications/ACC Reporting Portal/Operational Reports o Under EOS Reports click 4.01 Payment Reports o Fill in claim number then click Search o Confirm the details are correct by clicking the tick box (bottom of screen) o Click Next o Enter From date (DOA) o Click Run Report o File Download PDF box will pop up o Click Open o Extract relevant data for the file summary
If self employed, has their business ceased?	Ask the client, do not assume, and check IPS2 for any declared losses.
Companies website checked	You can also check http://www.companies.govt.nz/cms to determine if a company has been opened in another name if you know the name of the previous company.

Have end of year financial accounts been reassessed to ensure correct payments of weekly compensation (otherwise known as a "wash-up")?	Consult your TCM to ensure entitlements have been calculated correctly both originally and ongoing.

PART FIVE: FORMS

11. Mandatory forms

This is a good opportunity to ensure consent form and declaration of responsibilities are completed and current.

PART SIX: SUMMARY / RECOMMENDATIONS

12. Summary

Answering the summary questions provides an opportunity to consider what information needs to be clarified or obtained and who you would like to consult for advice.

Co-morbordities, other injuries and related issues could be such things as pre-existing physical or mental health issues, drug and/or alcohol dependence, smoking (prevents some surgery), obesity, convictions, history of violence or threatening behaviour, or any other issues which impact on their recovery and have not been detailed elsewhere in the summary.

13. Case manager's recommendations and action plan

This is an opportunity for the Case Manager to document their findings from the intensive file review and summary, and note their plan of action. This can be useful when consulting internal experts as it provides them the opportunity to endorse or suggest alternatives for ongoing management.

14. Panel comments & recommendations

This provides a collective space for various consultants to record their recommendations.

Having reviewed other recommendations it enables a team to summarise and agree on a cohesive plan for ongoing rehabilitation or assessments. The option is to have the summary reviewed in a case conference approach or as individual consultations/referrals.

PART SEVEN: SIGNATURES

15. Panel members' signatures

It's useful to record who has been consulted – this is to avoid repetition and provide opportunity to refer back to this summary in the future.