21 July 2017

Mr David Lawson
fyi-request-6139-fdb19087@requests.fyi.org.nz

Dear Mr Lawson

Official Information Act Request

I refer to your email, of 5 July 2017, requesting the following information under the Official Information Act 1982 (the Act):

> *I refer you to ACC's publication ACC News, specifically the May 2008 - ISSUE 111 which has referenced on the bottom of the last page ACC4631.*
>
> *On page 1 of this newsletter to health care professionals contained within the first article headed ACC/DHB Hospital Services Group it is stated;*
>
> *"The Group's achievements in the past couple of years have included;*
>
> *> agreeing guidelines for DHB ACC patient discharges"*
>
> *Request 1*
>
> *It would be appreciated if you would supply me under the OIA a copy of the guidelines for Waitemata District Health Board ACC patient discharges that applied between the 20 and 21 November 2014.*
>
> *Request 2*
>
> *It would be appreciated if you would supply me under the OIA a copies of any and all updates to the guidelines for Waitemata District Health Board ACC patient discharges that came into force between 21 November 2014 and 1 July 2016.*
>
> *Request 3*
>
> *It would be appreciated if you would supply me under the OIA a copy of the guidelines for Waitemata District Health Board ACC patient registration claim and entitlement registration which outlines the WDHB's and ACC policy on the processes and responsibilities involved in the WDHB's staff registering claim details with ACC for the purposes of claims lodgement and entitlement purposes, and the guidelines for how ACC initiate the claim number that becomes attached to the patients injury. Please supply copies of these requested guidelines that applied to the period 20 - 21 November 2014.*
>
> *Request 4.*
>
> *Please supply copies of the same guidelines requested in Request 3 above, and any updates that applied between the period 21 November 2014 and the 1 July 2016.*

Our response

Request 1 & 2

Please find attached a copy of the '*Guidelines for District Health Board ACC Patient Discharges – May 2007*'. This booklet was a joint initiative of District Health Boards (DHB) and ACC. The guidelines are generic and are not specific to a DHB. The guidelines have applied unchanged to all DHBs since they were released in 2007.

It has been confirmed by the Waitemata DHB that they do not have a stand-alone set of guidelines as they work to the national guidelines agreed between ACC and the DHBs. Accordingly, in line with section 18(e) of the Act, ACC is unable to provide a copy of the guidelines applied to the Waitemata DHB, as the document does not exist.

Request 3 & 4

The guideline for lodging claims, used by treatment providers, such as DHBs, is the '*ACC Treatment Provider Handbook*'. I understand a copy of the handbook, which applied in November 2014, and subsequent updates, were provided to you on 16 June 2017.

A claim number is initiated from the ACC45 Injury Claim form. The treatment provider must apply to ACC for a claim numbering sequence to be allocated for the approved version of the ACC45 they intend to use. While there are no specific guidelines outlining how ACC initiates a claim number, please find attached ACC's policy for '*Computer-generated ACC45'.* This policy has remained the same for the period 21 November 2014 to 1 July 2016.

Queries or concerns

If you have any questions about the information provided, you can contact us at GovernmentServices@acc.co.nz.

You also have the right to make a complaint to the Office of the Ombudsman if not satisfied with ACC's decision. You can call them on 0800 802 602 between 9am and 5pm on weekdays, or write to *The Office of the Ombudsman, PO Box 10152, Wellington 6143.*

Yours sincerely

OIA Services
Government Engagement and Support

Encl: *Guidelines for District Health Board ACC Patient Discharges – May 2007*

Computer-generated ACC45

PREVENTION. CARE. RECOVERY.

Te Kaporeihana Āwhina Hunga Whara

A JOINT INITIATIVE OF DISTRICT HEALTH BOARDS AND ACC

Guidelines for District Health Board ACC Patient Discharges

MAY 2007

MAY 2007 EDITION

A joint initiative of District Health Boards and ACC

ACC

P O Box 242, Wellington, New Zealand

www.acc.co.nz

Stationery Orderline: 0800 222 070

In this document

This document contains:

Introduction

I welcome this opportunity to celebrate the result of a uniquely successful collaboration between ACC and District Health Boards.

The *Guidelines for District Health Board ACC Patient Discharges* are making a huge difference in helping smooth the transition from hospital care to rehabilitation services for people who have been injured.

As a result, we hope claimants will find the path to receiving early and effective entitlements much easier.

I strongly encourage operational staff in both organisations to take the time to study these guidelines so that we can all support patients in achieving the best possible outcomes.

Dr Jan White
Chief Executive
ACC

The DHBs have found working in partnership with ACC on these guidelines a most rewarding experience.

Not only have we jointly produced extremely effective guidelines for easing the transition of patients from hospital care to rehabilitation, we have established a successful model of collaboration to take with us into the future.

We look forward to working with ACC on an ongoing basis to produce equally significant resources for the use of the staff of DHBs and of ACC, always working on our shared goal of best possible outcomes for people.

Jim Green
Lead CEO, ACC
DHBs

Overview

Planning discharges for ACC patients requires collaboration between the District Health Board (DHB), ACC, the patient and their family to ensure a safe and straightforward transfer from hospital to the home/community in order to maximise the patient's recovery and return to independence.

These guidelines are a result of a national working party project that sought to clarify the processes and responsibilities of all parties when an ACC patient is discharged from hospital and to develop the relationship between both the organisations and the staff who facilitate this process.

The whole process was designed to encourage ACC and DHBs to come together to debate and challenge differences around the country. The goal was to ensure that wherever a patient required care the staff would have a quick reference tool that would optimise access to care and entitlements and would enable the more complex discussions that need to take place at times to be well managed.

An extensive consultation was undertaken to gauge the level of agreement on and acceptance of the proposed document around the country. 33 workshops were facilitated jointly by an ACC and a DHB representative from the working party and attended by operational staff from the DHBs, local ACC branches and representatives from remote ACC units.

The workshops enabled us to:

- Have face-to-face meetings with staff of different organisations and sites who work in this area
- Give more detail on the background to the discussions that had culminated in the eventual text
- Answer questions about ACC/DHB relationships and boundaries.

Presentations on the consultation document were also given to provider, professional and consumer focus groups who expressed an interest in hearing about the work.

Consultation feedback was subsequently reviewed and the document changed to reflect the amalgamated views. Some feedback did not relate to the document but to local practice and this has been fed back to the relevant ACC units and DHBs.

These guidelines acknowledge the need for all parties to be aware of existing cultural guidelines and policies.

Purpose of this document

- Clarify the overarching principles of planning and carrying out DHB discharges for ACC patients
- Describe the responsibilities and actions of DHB and ACC staff
- Provide an overview of processes and supporting documentation
- Establish an understanding of mutual expectations when discharges are being planned for ACC patients
- Set the standard for establishing nationally consistent processes
- Set the standard for establishing local practice and building sound working relationships.

Who is affected?

DHB staff who contribute to the discharge planning process from admission to discharge, including the staff who:

- Identify the injury
- Register the claim
- Treat the patient
- Identify the patient's support needs (care and equipment)
- Plan the date of discharge.

ACC staff who are responsible for managing the ACC claim process, including the staff who:

- Assess and stream claims
- Assess needs and determine entitlements
- Coordinate rehabilitation needs.

Supporting documents

- Injury Prevention, Rehabilitation, and Compensation Act 2001 (IPRC Act 2001)
- *National Purchasing Framework. National Service Specifications for DHBs*
- *Health and Disability Sector Standards NZ8134:2001*
- *National Minimum Dataset* (NMDS) guidelines
- *Accident Services – Who Pays? The Impact of the Injury Prevention, Rehabilitation, and Compensation Act 2001 on District Health Boards*. 3rd Edition 2002
- Individual DHB guidelines and policies, and *ACC Cultural Competency Guidelines for Providers*
- ACC741 *ACC Home Based Rehabilitation Packages of Care Guidelines* booklet.

Not in the scope of this document

- Descriptions around transport and laboratory services – these can be found in *Accident Services – Who Pays?* (2002) on the following web-based link: http://www.acc.co.nz/wcm001/groups/external_providers/documents/internet/wcmz002227.pdf
- Discharge requirements for patients covered under specific contracts e.g. Active Rehabilitation Services or Spinal Active Rehabilitation Services.

Principles of Discharge Planning

Discharge planning is enhanced by establishing and agreeing national minimum process standards, such as those described in this document, and an ongoing commitment from both ACC and DHBs that their staff will be supported to understand and comply with the requirements affecting their roles, which may include:

- Legislation
- The process
- Expectations and responsibilities of each party
- Contract requirements
- Timeframes.

Also, discharge planning processes and policies need to be aware of the requirements of:

- The IPRC Act 2001
- Cost of Treatment Regulations
- *Public Health Acute Services* (PHAS)
- *Health and Disability Sector Standards NZ8134:2001*
- *Accident Services – Who Pays?* 3rd Edition and existing ACC contractual arrangements
- Ministry of Health national purchasing frameworks
- Individual policies and internal service level agreements.

Discharge planning starts on acute admission

1. Discharge planning is an ongoing process, which is continually evaluated by care teams along the continuum of care.
2. In normal discharge planning, DHBs have a responsibility to identify and assess the needs of a patient before they can determine that discharge will be safe – irrespective of their accident status. This needs identification is considered a PHAS responsibility to ensure safe discharge.
3. The DHB should provide the needs identification to ACC to enable ACC to find Home Based Rehabilitation Providers to provide care on discharge or, if suitable, request a full ACC Social Rehabilitation Assessment to be carried out in the home setting. ACC may arrange for assessment of post-discharge care requirements, prior to discharge. Such assessments will be carried out by an assessor contracted by ACC (which may or may not be a DHB).
   The minimum requirements of the needs identification are to consider essential safety needs required on a seven days per week basis, focused on the activities of daily living, including:
   - Essential personal care e.g. toileting/hygiene/continence
   - Transfers
   - Food and hydration
   - Oversight required to ensure safety.
4. The DHB clinical team is responsible for deciding when a discharge can proceed. They will do this when they are satisfied the needs they have identified will be met by following the processes outlined in this document and when all parties have been notified.

Effective discharge planning is dependent on:

1. Effective and timely lodgement and processing of claims

- ACC should be notified of injured people as early as possible (using the ACC45 form). DHBs are expected to have processes in place to ensure timely lodgement of claims.

2. Effective communication between ACC and DHBs

Patients/claimants/whanau/carers need:

- Clear and straightforward contact details and information on who to contact if there are any problems with care or changes in situation.

DHBs need:

- To know where a case is being managed
- A monitoring process to ensure faxes/electronic communications have been received at ACC and acknowledged
- To identify, whenever possible, one DHB staff member who oversees/coordinates the planning for an individual's discharge and acts as a contact point for ACC if required
- To identify one point of contact, and an alternative, in each DHB who coordinates and manages issue resolution
- To identify one point of contact in each DHB who takes responsibility for disseminating information on changes to ACC processes
- To keep up to date with contact details for Home Based Rehabilitation Providers, including out of hours and weekend providers, via the For Providers section of the ACC website
- To alert ACC to any difficulty in finding providers for out of hours needs.

ACC needs:

- A process to acknowledge receipt of faxes/electronic communication
- To identify alternative contact details, on voicemail and in out-of-office email messages
- To use the DHB-nominated one point of contact at each DHB to inform of any changes
- To identify one DHB-designated point of contact in each Contact Centre and branch who coordinates and manages issue resolution
- To notify DHBs of the name of the person managing a patient's case when required
- A monitoring process to ensure that requests to Home Based Rehabilitation Providers are actioned
- To maintain and update the contact details for Home Based Rehabilitation Providers, including out of hours and weekend providers, on the For Providers section of the ACC website.

3. Early notification

Early notification to ACC within one week of admission, or as soon as possible, during admission of patients who may:

- Have support needs for safety on discharge that cannot be met by an ACC-funded Package of Care, and are identified as being likely to require ongoing support and rehabilitation for their injuries following discharge and/or
- Have health-related needs that may require joint health and ACC funding.

Early notification enables ACC to support the discharge process by:

- Assessing risk and managing claims as appropriate
- Allowing the exchange of clear contact details at both the DHB and ACC
- Allowing the provision of early and timely information to patient/carers/whanau where it is necessary and where the patient consents to their involvement in order to ensure the patient receives appropriate care to meet their identified needs and entitlements in a timely manner.

To facilitate early notification, DHBs complete the ACC705 Early Notification of Complex Cases on Admission and Referral for Home Based Rehabilitation on Discharge, then fax it to the relevant ACC Contact Centre.

All early notifications are initially managed by Contact Centres, where a risk assessment is made and the case managed within the Contact Centre or forwarded on to a branch as appropriate.

The allocated case owner contacts the named DHB contact to discuss:

- The patient's current needs
- The required ACC involvement
- Discharge and/or establish whether further information is required.

If a patient's file is transferred to the ACC branch nearest to the DHB where the patient is receiving care, but this is not in the area where the patient usually lives, the nearest branch to the DHB manages the case until the patient is either transferred back to their home DHB or discharged home.

When the date of discharge is known, the current case owner:

- Rings the Team Manager of the patient's home ACC branch and requests the name of the new case owner
- Advises the named DHB contact and patient of the new case owner.

4. Identification of contacts

Identification, whenever possible, of one DHB staff member who carries out the early notification, oversees/coordinates the planning for an individual's discharge and acts as a contact point for ACC.

5. Exchange of information

Patient consent

- The patient declaration on the ACC45 form contains an authorisation to disclose information about the patient to the extent that it is needed to assess entitlement to rehabilitation assistance, medical treatment and the appropriate level of care and personal attention the patient should receive.

DHB discharge/referral information to ACC:

- Needs to be completed as per relevant guidelines. For example, the ACC705 Early Notification of Complex Cases on Admission and Referral for Home Based Rehabilitation on Discharge must include all required information
- Can be enhanced by relevant inpatient needs identification and assessment information, if readily available, that will assist ACC to optimise patient safety and rehabilitation progress e.g. occupational therapy home assessment reports.

ACC information in response to contact from the DHB needs to:

- Be timely as per individual contract specifications or agreed processes e.g. ACC705 Early Notification of Complex Cases on Admission and Referral for Home Based Rehabilitation on Discharge or Traumatic Brain Injury contracts
- Contain details of the confirmed care/rehabilitation provider and the date of start of provision
- Include a contact number for any follow-up queries.

Discharge Processes

Planning a patient's discharge or transfer out of acute care

Decision and action table

This table does not cover every eventuality. If you can't make a decision based on the scenarios below, please ring ACC to discuss the patient's needs.

	THE PATIENT:	DHB ACTION:	ACC ACTION:
1.	Has complex needs and may require case manager involvement to plan discharge home and ongoing rehabilitation needs. • Requires early notification for early ACC involvement.	• Complete the known information on the ACC705 (write N/A if a question is not applicable). • Fax both pages to your nominated Contact Centre – keep the original on the patient's file.	• Contact the hospital staff member named on the ACC705 to discuss any required action within one working day. • Notify the DHB if the claim is transferred to a branch.
2.	Requires a range of support services and an ACC-funded Package of Care will not meet the identified needs. • Confirmed by referring to the Package of Care for the patient's injury in the *Home Based Rehabilitation Packages of Care Guidelines* booklet (ACC741).	At least 48 hours before the planned discharge date, or as soon as the discharge date is known: • Complete the known information on the ACC705 (write N/A if a question is not applicable) • Fax both pages to your nominated Contact Centre – keep the original on the patient's file.	• Fax the ACC705 to the DHB detailing what action is being taken, within one working day. • Arrange for an immediate/ urgent ACC Social Rehabilitation Assessment, preferably in the patient's home.
3.	Requires a range of support services and an ACC-funded Package of Care will meet the identified needs. • Confirmed by referring to the Package of Care for the patient's injury in the *Home Based Rehabilitation Packages of Care Guidelines* booklet (ACC741).	At least 48 hours before the planned discharge date, or as soon as the discharge date is known: • Complete all questions on the ACC705 (write N/A if a question is not applicable) • Fax both pages to your nominated Contact Centre – keep the original on the patient's file • Provide the patient with the fact sheet *Help at home while you recover* • Advise the patient that ACC will notify them and the hospital once they have received the request and made a decision.	• Fax the ACC705 to the DHB detailing what action is being taken, within two working days. • Complete an internal assessment of needs and engage a provider to deliver the Package of Care.
4.	Is being discharged outside normal working hours and an interim ACC-funded Package of Care will meet the identified needs. • Confirmed by referring to the interim Package of Care description in the *Home Based Rehabilitation Packages of Care Guidelines* booklet (ACC741).	Follow the first three steps in category 3 above then: • Phone the patient's preferred Home Based Rehabilitation Provider and confirm they can provide assistance • The Home Based Rehabilitation Provider will: – put in place an interim Package of Care – confirm approval of the Package of Care with ACC on the first working day. If the Interim ACC-funded Package of Care: • WILL NOT MEET the identified needs and/or • a provider is not available follow the first three steps in category 3 above, but DO NOT DISCHARGE the patient until ACC's offices reopen and you receive notification of ACC's decision.	• Fax the ACC705 to the DHB detailing what action is being taken, on the next working day. • Decide whether to approve a Package of Care or arrange an ACC Social Rehabilitation Assessment. • Notify the patient and provider of its decision.
5.	May require some support but is safe to leave hospital and able to contact ACC directly.	• Provide the fact sheet *Help at home while you recover* to the patient and ask the patient to ring ACC when they get home.	• Respond to direct contact from the patient.

	THE PATIENT:	DHB ACTION:	ACC ACTION:
6.	Doesn't require any supports.	• Discharge as per hospital policy with the fact sheet *Help at home while you recover.* • Advise patient to ring ACC if their needs change and they require support once home.	• Respond to direct contact from the patient.
7.	May require rest home or nursing care on a temporary basis following discharge. Please note: Do not discharge the patient until a decision on funding has been reached.	At least three working days before the planned discharge date, or as soon as the discharge date is known: • Complete the known information on the ACC705 (write N/A if a question is not applicable) • Fax both pages to your nominated Contact Centre – keep the original on the patient's file.	• Arrange for an ACC Social Rehabilitation Assessment to determine any contribution for personal care related to the injury. • Fax the ACC705 to the DHB detailing what action is being taken, within two working days.
8.	May require rest home or nursing care on a permanent basis on discharge as a result of the injury. • If the patient also has pre-existing medical conditions/ co-morbidities the DHB should follow internal policy for referral to a Needs Assessment Services Coordination Agency for assessment at the same time. Please note: Do not discharge the patient until a decision on funding has been reached.	At least three working days before the planned discharge date, or as soon as the discharge date is known: • Complete the known information on the ACC705 (write N/A if a question is not applicable) • Fax both pages to your nominated Contact Centre – keep the original on the patient's file.	• Arrange for an ACC Social Rehabilitation Assessment to determine entitlement to ACC-funded residential support • Fax the ACC705 to the DHB detailing what action is being taken, within two working days.
9.	Requires a range of support services and a Package of Care will meet the identified needs, but the patient and their family choose rest home or nursing home level of care.	• ACC may be able to contribute the personal care element of the relevant Package of Care; in order to establish this, follow the four steps in category 3 above.	• Fax back ACC705 to the DHB detailing what action is being taken, within one working day. • Complete an internal ACC assessment of needs and notify the patient and DHB of any entitlement to funding.
10.	Doesn't require support at home, rest home or nursing care on discharge, but the patient and their family choose this level of care.	• The patient and/or their whānau are made aware that these costs will need to be met by the patient or family.	
11.	Requires care prior to meeting clinical criteria for entry to inpatient rehabilitation funded by ACC.	• The DHB arranges this care as per its individual policies. This care is funded via Public Health Acute Services (PHAS).	• Pay for this care via PHAS.
12.	Is receiving services funded under PHAS as part of an acute admission and there may occasionally be a delay in transfer to a rehabilitation facility or discharge to the community.	• Make every effort to ensure that discharge planning has occurred in a timely manner. If there is an exception to this, please discuss it with your named DHB contact for issue resolution.	• Make every effort to ensure that rehabilitation proceeds as soon as possible.
13.	Requires non-subsidised pharmaceuticals from a community pharmacy.	• The prescribing doctor completes ACC1171 Request for funding from ACC for Non-Subsidised Pharmaceticals prior to discharge and sends to the case owner.	• Complete an internal ACC assessment of needs and notify the patient and DHB of any entitlement to funding.

Weekend or out-of-hours discharges

Home support services can be put in place by the DHB without prior approval of an ACC case manager if the patient's safety would be at risk and where timing makes prior approval very difficult. They can do this by contacting an ACC-contracted Home Based Rehabilitation Provider directly. DHBs must then follow up with ACC within one working day e.g. first thing Monday morning.

DHBs:

- Ensure the ACC45 has been completed and processed for lodgement with ACC
- The clinical team should complete the needs identification for discharge
- Confirm by referencing the ACC741 *Packages of Care Guidelines* that the identified needs can be met by the interim Package of Care
- Follow the ACC Home Based Rehabilitation *Packages of Care Guidelines*.

If an ACC Home Based Rehabilitation Provider cannot be found to meet the interim safety needs, the DHB will not proceed with discharge. ACC needs to be notified as soon as possible on the next working day if this situation arises.

Patients entering Non-Acute Rehabilitation Services or Active Rehabilitation Services contracts

Patients who need to be referred for (intensive) inpatient rehabilitation under the contracts of Non-Acute Rehabilitation Services, Active Rehabilitation Services and Spinal Active Rehabilitation Services must meet the clinical criteria for transfer.

In the case of transfer to Active Rehabilitation Services, the DHB provides early notification to ACC using the ACC705. The assigned case owner contacts the nominated patient contact at the DHB to discuss the process to be followed and early needs and entitlements. The DHB then completes the ACC2087 Referral to ACC for Active Rehabilitation Services to enable ACC to decide on the level of rehabilitation to be funded. The guidelines for transfer from acute care to Active Rehabilitation Services are available at: acc.co.nz › For Provers › Resources › Discharging from Acute and admitting to Active Rehabilitation Services.

Patients requiring equipment on discharge

Under the PHAS bulk funding agreement:

- DHBs are responsible for the assessment and provision of equipment after personal injury for the first six weeks only following discharge from an acute admission or emergency department presentation. This includes temporary ramps
- ACC is responsible for the assessment and provision of equipment:
  - If after the six-week period the patient still requires the equipment
  - From the point of discharge where equipment is predicted to be required for longer than six months.

In both cases, wherever possible:

- DHBs should give ACC one month's notice of the need for ACC to provide equipment
- ACC should supply the equipment through Managed Rehabilitation Equipment Services (MRES) providers.

In cases where there are joint health and injury related needs the DHB is expected to identify pre-existing health related needs for equipment and supply that equipment via the appropriate health funding processes. For example: an elderly patient requires grab rails for safety on discharge and the DHB assessment has shown that the grab rails would have been required prior to admission or injury due to health related issues as opposed to grab rails required for a patient who was, prior to injury, completely independently mobile without them.

For more detailed information, see section 3.11 of *Accident Services – Who Pays?* 3rd Edition, 2002.

Where a patient's needs cannot be assessed prior to discharge e.g. because the person is in a hospital distant from their home, it is the hospital's responsibility (as part of PHAS) to make arrangements with the person's nearest DHB to assess and provide equipment.

A standardised national process for the exchange of responsibility for the provision of equipment from DHBs to ACC is currently under development.

Patients requiring pharmaceuticals on discharge

The Public Health Acute Service (PHAS) agreement includes funding for pharmaceuticals needed for six weeks post discharge, where these are provided by a public health provider. Where claimants are not able to access a community pharmacy, the DHB should consider providing a supply of pharmaceuticals to the claimants on discharge as provided for under PHAS.

When a patient is to be discharged with prescriptions to be dispensed in the community, the DHB should ensure that:

- The prescription items are communicated to the patient's doctor
- The prescription items are correct and inclusive of any medicines needed by the patient, both injury and non-injury related
- There is a community pharmacy that the patient can easily access that is able to dispense the prescription items
- All prescribed items meet the funding requirements of The Pharmaceutical Schedule. All hospital and community pharmacies are able to provide prescribers with The Pharmaceutical Schedule funding criteria and information. Pharmaceuticals used in hospital may not be subsidised when written for discharge prescriptions to be dispensed and used by claimants in the community
- Discretionary community supply rules are applied (and funded by the DHB) for discharge prescriptions
- ACC has given approval for funding non-subsidised pharmaceuticals; if no approval exists the claimant should be advised that ACC may not contribute to the cost of the pharmaceuticals.

Seeking funding approval for non-subsidised pharmaceuticals

- The prescribing doctor should refer to the For Providers section of the ACC website for information on prescribing guidelines to establish if the required pharmaceuticals will be ACC funded (For Providers›Resources›Pharmaceuticals)
- The ACC1171 should be completed by the prescribing doctor and sent to the case owner prior to the discharge to seek a contribution to pharmaceutical costs by ACC.
- ACC will communicate the decision on funding in writing within 10 working days, until this is received funding approval cannot be assumed.

Post Discharge

The accepted standard for ensuring that discharge has occurred safely is that there should be no unexpected/unplanned re-admissions for the same event. DHBs provide quarterly reports to the Ministry of Health on any re-admitted patients.

It is expected that the post-discharge phase of a patient's care will be planned and communicated to all parties prior to the discharge occurring. A consequence of this should be a reduction in the number of cases requiring issue resolution or unplanned re-admission.

In general, once discharged, ACC takes over responsibility for a patient's ongoing support related to the covered personal injury, unless there are joint funding/previous disability needs, which should be negotiated prior to discharge.

If there is an identified discrepancy of need post discharge, the Home Based Rehabilitation Provider makes contact with ACC, who will arrange an ACC Social Rehabilitation Assessment.

Issue Resolution

Issues need to be raised as soon as possible, with case details provided to the identified point of contact at the DHB or ACC, who can then resolve the issue, identify training needs and implement appropriate change.

Appendix 1
ACC705 Early Notification of Complex Cases on Admission and Referral for Home Based Rehabilitation on Discharge

ACC 705

DHB Early Notification of Complex Cases on Admission and Referral for Home Based Rehabilitation on Discharge

Hospitals complete this form with claimants to notify ACC of complex cases on admission, and to help ACC determine the needs of non-complex cases to ensure a safe discharge. Please ensure you complete all relevant parts of the form and print your answers as clearly as possible.

ACC PREVENTION. CARE. RECOVERY. Te Kaporeihana Āwhina Hunga Whara

Description – Please tick one of the following	What to do next
◯ Has **COMPLEX NEEDS** and may require Case Manager involvement to plan discharge home and ongoing rehabilitation needs **(EARLY NOTIFICATION)**	Please complete the known information and fax both pages to your nominated Contact Centre below
◯ Requires a range of support and a Package of Care **WILL NOT MEET** the identified needs	Please complete the form and fax both pages to your nominated Contact Centre below
◯ Requires a range of support and a Package of Care **WILL MEET** the identified needs	Please complete the form and fax both pages to your nominated Contact Centre below
◯ Discharge is occurring outside normal working hours and an Interim Package of Care **WILL MEET** the identified needs	Please complete the form and: • fax both pages to the nominated service provider • fax both pages to your nominated Contact Centre below

Contact Centre faxes: Hamilton: 0800 222 890 Wellington: 0800 181 306 Christchurch: 0800 222 359 Dunedin: 0800 633 632

CLAIMANT DETAILS

PLACE BRADMA STICKER HERE

◯ Pre-discharge home assessment report attached (if completed)

ACC 45 number

NHI number

Claimant's telephone 0 (CODE)

Claimant's mobile 0 (CODE)

Alternative contact (next of kin)

Alternative contact's telephone and mobile 0 (CODE)

Date of discharge (DAY / MONTH / YEAR)

Time of discharge (HOURS : MINUTES)

Will the claimant be discharged to the address above? ◯ yes ◯ no (if no, please specify discharge location below)

Discharge location

Contact at discharge location

Contact's telephone at dischage location 0 (CODE)

Will be alone at discharge location ◯ yes ◯ no

Claimant's main activity (eg paid work, study, caregiving)

Cultural needs

Communication needs

Claimant's ethnicity

Interpreter ◯ Specify language

Workers' potential risk in visiting the claimant's home (eg access, dogs, etc) ◯ yes ◯ no

If yes, please specify

INJURY DETAILS

Injury description and cause of injury

Date of injury (DAY / MONTH / YEAR)

Read Code or ICD10

Diagnosis

What functional limitations does the claimant have as a result of the injury?

Describe any other injuries, health conditions or disabilities that may create additional difficulties for the claimant around their home

What equipment will be issued by the hospital on discharge?

LIVING SITUATION

◯ Large house (3 bedrooms +) ◯ Small house ◯ Difficult access ◯ Internal stairs

◯ Lives alone ◯ Lives with others ◯ Adults (specify number) ◯ Children (specify ages)

If possible, please indicate any reason why the above household members can't assist the claimant:

Does the claimant have any other support to help them at home? ◯ Neighbour or friend ◯ Other family member

Is the claimant happy to ask these people for help? ◯ yes ◯ no

Continued on page 2

HOME BASED REHABILITATION NEEDS

Has the claimant received any ACC assistance during the last 12 months? ◯ yes ◯ no If yes, for what injury?

What home help, personal care or childcare tasks did the claimant **NOT** do prior to their current injury? Why was the claimant not able to do these?

Did they receive any non-ACC funded assistance with the above tasks prior to their current injury? (please specify provider and hours)

What injury-related treatment will be required following discharge? (eg physiotherapy)

What support is now required to meet their injury-related needs?

◯ Attendant care ◯ Meal preparation ◯ Shopping ◯ Home help ◯ Childcare

◯ Transport to treatment or work (excluding transport to medical specialist outpatients for first six weeks post acute discharge)

What other assessments and/or services will meet their needs and why?

Does the claimant have a preferred provider? ◯ yes ◯ no If yes, give provider's name

EMPLOYMENT DETAILS

Is the claimant employed? ◯ yes ◯ no Does their injury mean they can't return to work? ◯ yes ◯ no

Name of employer

Employer's postal address

Employer's telephone 0 CODE

Employer's fax 0 CODE

HOSPITAL CONTACT DETAILS

Name and role/position

Hospital and ward

Telephone 0 CODE

Fax 0 CODE

Signed ✘

Date completed DAY / MONTH / YEAR

CLAIMANT DECLARATION

I agree the information provided is true and correct.

Claimant or legal guardian or representative to sign here ✘

Authorised representative's name

Authorised representative's relationship to claimant

Date DAY / MONTH / YEAR

PLACE BRADMA STICKER HERE

ACC USE ONLY

Contact Centres fax this page plus attachment back to the referring hospital to confirm ACC's decision regarding home based rehabilitation.

HOME BASED REHABILITATION DECISION (PLEASE PRINT)

ACC CHECKLIST

◯ Copy of package details attached (if approved)

◯ Cover/entitlement declined

◯ Interim/standard package approved (specify date referral sent to provider) DAY / MONTH / YEAR

◯ External assessment required (specify date referral sent to assessor) DAY / MONTH / YEAR

◯ Claim transferred to a branch (specify branch)

Name and title

Contact Centre

Telephone 0 CODE

Fax 0 CODE

Signed ✘

Date of decision DAY / MONTH / YEAR

The information collected on this form will only be used to fulfil the requirements of the Injury Prevention, Rehabilitation, and Compensation Act 2001. In the collection, use and storage of information, ACC will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.

Appendix 2
Glossary of terms

ACC18 Further Medical Certificate

Completed by Registered Medical Practitioners to: identify time off work requirements; change a diagnosis identified on an ACC45; or add a diagnosis subsequent to an ACC45. There are guidelines on completion of the form and resources to assist doctors in determining time off work recommendations.

ACC45 ACC Injury Claim Form

First report of injury caused by an accident; used to determine ACC cover on a person's claim. The form is completed by both the claimant and the initial treatment provider. ACC is entitled to access relevant medical information on individual patients who are covered by them. Patient consent for this is included on the ACC45 form.

ACC705 Early Notification of Complex Cases on Admission and Referral for Home Based Rehabilitation on Discharge

The form is used by the hospital to refer a patient to ACC when the clinical team has completed a needs identification for discharge and identified that the patient will require a range of supports on discharge. The case owner will fax the form back as acknowledgement of receipt with details of any action taken.

ACC2087 Referral to ACC for Residential Active Rehabilitation Services

This form is used by the hospital to outline a person's needs for Active Rehabilitation Services. ACC uses the information to determine the level of funding and approve transfer to a contracted Active Rehabilitation Services provider.

ACC Branches Manage all face-to-face relationships and undertake longer-term case management.

ACC Contact Centre

ACC operates four Contact Centres – Hamilton, Wellington, Christchurch and Dunedin. Contact Centres manage claims with durations of up to 90 days.

ACC Social Rehabilitation Assessment

The purpose of an ACC Social Rehabilitation Assessment is to identify:

- The claimant's abilities to undertake their everyday living activities after the injury (that is, what they can and cannot do, that they did before the injury)
- What rehabilitation needs they have as a result of not being able to carry out any of those activities
- The most effective options and alternatives for meeting those needs.

ACC Social Rehabilitation Assessments are usually carried out by contracted assessors under Social Rehabilitation Assessment Services. The ACC claims manager may also make an entitlement decision and engage Home Based Rehabilitation Providers based on the information provided on an ACC705.

ACC may arrange for assessment of post-discharge care requirements prior to discharge. Such assessments will be carried out by an assessor (which may or may not be a DHB) contracted by ACC.

Acute Admission

An acute admission is an admission within seven days of the making of the decision to admit, unless otherwise specified in regulations.

All acute admissions (including day patients) are purchased through the Minister of Health's funding arrangements for Public Health Acute Services (PHAS), and provided by the DHB or another publicly funded provider. An acute admission may be from the emergency department, outpatient department, or a GP/private specialist.

Case Co-ordinator

ACC Case Co-ordinators review all new claims where it is likely the injured person will have entitlement. The Case Co-ordinator initiates contact with the person, assesses needs and sets up entitlement payments.

If the Case Co-ordinator considers face-to-face case management is required, they refer the case to a Case Manager in a branch.

Claimant A person who has suffered personal injury by accident and has had a claim lodged in respect of it under the Injury Prevention, Rehabilitation, and Compensation Act 2001, or earlier Acts. Within these guidelines a claimant is referred to as a 'patient'.

Complex Injury (ACC definition)

A complex injury could be considered one that involves one or more injury and/or factors that could complicate and delay the patient's rehabilitation e.g. injury severity, age, non-injury health issues, infection.

Date of Discharge The date of discharge is the date the patient is discharged from the hospital. A patient returning home 'on leave' from the hospital does not constitute a permanent discharge e.g. weekend leave for a seriously injured patient.

The date of discharge can also be the date of discharge to Non Acute Rehabilitation Services within the hospital setting, for example from the medical/surgical ward to rehabilitation.

Discharge Report/Summary

Local practice and names of documents vary from one DHB to another.

Discharge planning requirements include the provision of a discharge summary sent on the day of discharge to the general practitioner and referring consultant; and a letter sent within 72 hours. The discharge summary should include, as appropriate, the diagnosis, treatment provided, prognosis, recommended treatment plan and ACC45 number.

ACC may request a copy of the discharge summary or letter following receipt of the ACC45 form, but does not routinely require a copy.

Home Based Rehabilitation Provider

Provider contracted by ACC to provide home based rehabilitation following referral from the case owner.

IPRC Injury Prevention, Rehabilitation, and Compensation Act 2001.

MRES Managed Rehabilitation Equipment Services

MRES providers manage ACC's rehabilitation equipment on behalf of ACC. ACC owns the equipment that is loaned to claimants and MRES providers manage the process of loaning and collecting the equipment.

The objective of the contract is to ensure claimants have equipment that helps to restore their independence (to the maximum extent practicable).

The MRES suppliers provide the service of purchasing, issuing, recalling, refurbishing, storing and tracking the equipment owned by ACC and used by ACC claimants. Using MRES providers ensures that when a claimant has finished using a piece of equipment, ACC retains possession of the item.

PHAS Public Health Acute Services. Also see 'Acute Admission'.

POC Packages of Care (Currently under review; this information may change.)

An ACC-funded Package of Care is a combination of home based rehabilitation support services especially designed for uncomplicated injuries e.g. a fractured ankle.

The Package:

- Varies according to the injury type and the patient's living situation,
- Is provided on a short-term basis without the need for an assessment.

Home based rehabilitation Packages of Care include:

- Home help
- Attendant care
- Shopping
- Meal preparation
- Childcare (for school-aged children)
- Simple equipment and supplies (except equipment provided by public hospitals after acute discharge).

Definitions:

- Home help: Vacuuming, dusting, cleaning bathroom and kitchen, laundry, changing linen, rubbish disposal
- Attendant care: Showering/bathing, dressing/grooming, toileting, transferring/positioning
- Childcare: Preparing children for school, dropping off/picking up from school, after-school activities, meal preparation
- Shopping: Grocery shopping in relation to meal preparation
- Meal preparation: Tasks involved in preparing breakfast, lunch, dinner.

For full details please refer to the *ACC Home Based Rehabilitation Packages of Care Guidelines* booklet ACC741 or the ACC website:

For Providers › Resources, Rehabilitation Resources.

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Computer-generated ACC45

Contact | Last review 04 Feb 2016 | Next review 03 Feb 2017

Introduction

The ACC45 Injury Claim form is available only as a commercially published document because each claim form has to be individually numbered.

Some providers complete the form with the client by hand and send it to ACC.

Providers with computerised systems can submit computer-generated ACC45 forms that can be viewed in Eos as a PDF document.

The information required on the form is exactly the same as the paper version but may be laid out slightly differently. Providers may also include some internal reference information on the form.

Rules

Form version and claim number sequence

Providers must use an ACC-approved version of the form. Each provider is issued a sequence of claim numbers to use on these forms, to avoid duplication with other electronic versions or with claims submitted on paper.

As the provider uses up their allocated claim numbers, they ask ACC to issue a new sequence of numbers.

Approving a new form version

ACC must approve a computer-generated version of the ACC45 before allowing a medical practice to use it.

Refer any provider or software developer enquiries about computer-generated versions of the ACC45 to:

Digital Operations Manager
Phone: (04) 816 6486
Ext: 46486

List of approved versions

There are currently seven approved versions of the ACC45, four developed by software companies and three by providers. These are listed below.

ACC approved versions developed by software companies

Company	identified by...	and prints out on...
Health Technology Ltd	'HTL' at the top centre of the page, beside the name of the form	two A4 pages
Advanced Clinical Records	'HG' on the left-hand side of form, below the ACC45 logo	two A5 pages
Virtuoso Productions Limited	'VPL' on the left-hand side of the form, below the ACC45 logo	two A5 pages
IntraHealth (MMAS system)	'Macintosh Medical Administration System' on the top left of the form	two A4 pages

ACC approved versions developed by providers

These versions are identified by the provider's name at the top of the form:

- Mid Central Health
- Canterbury Health
- Pegasus Medical Group.

Allocating a claim number sequence

The treatment provider must apply to ACC for a claim numbering sequence to be allocated for the approved version of the ACC45 they intend to use.

Enquiries from providers regarding the claim numbering sequence should be referred to:

Northern Processing Centre
PO Box 90-341
Auckland Mail Centre

Phone: 0800 222 070
Fax: (09) 354 8301

The Northern Processing Centre is also responsible for allocating the number sequence for electronic versions of the Accident Insurance Treatment Certificate (AITC).

Receiving a claim on a computer-generated ACC45

When you receive a claim on a computer-generated ACC45, you must check the version of the form used by the provider to see if it is an approved version or a non-approved version.

If the form is...	then...
an approved version	follow the normal procedure for processing claim forms
not an approved version	return it to the provider immediately with a covering letter that: • explains all computer-generated forms must be approved by ACC before use • provides contact details to arrange this, if they wish • asks them to resubmit the claim on a standard paper form.