

# ACC News

» A newsletter for health care professionals

» JULY 2006 – ISSUE 92

## Health Innovation Award winners announced

This year's winners of the Health Innovation Awards have been announced, with the Supreme Award going to Canterbury District Health Board's SPRINT (specialised relative insulin nutrition tables) system.

This simple, inexpensive device tells nurses quickly and accurately the insulin and food requirements of patients in intensive care with a form of stress-induced diabetes. It has already achieved a 30% reduction in patients dying after fewer than three days in intensive care, and promises to save at least 150 lives a year. What's more, it offers significant cost savings and relevance to international markets.

Other awards winners were:

- » **Small Innovation Award:** Canterbury DHB's SPRINT system.
- » **Large Innovation Award:** Waitemata DHB's Beverage Guidelines, which promote healthy drinks in schools. A highly commended award went to West Coast DHB's PrISM (primary integrated systems management) programme, which provides health professionals with fast and reliable access to patient information.
- » **People's Choice Award:** Waitemata DHB's Beverage Guidelines.

Canterbury DHB won \$15,000 for SPRINT, while the winners of each category won \$8,000. The People's Choice winner received \$5,000.

As a major sponsor of the Awards, ACC's congratulations go to all winners and contenders – you have all made an invaluable contribution to New Zealand's health, disability and rehabilitation sector.

## In this issue:

- » Health innovation Award winners announced
- » Return to Work Guide and case studies available
- » Helping out Namibia
- » Short notes
  - Freephone for accidental death enquiries
  - eLodging? Correct patient details
- » Preventing falls – new resource available
- » Tramadol use
- » ACC sponsors conferences
- » Safety NZ Week – promoting injury prevention
- » Charging ACC for pharmaceuticals
- » Journeys from injury to recovery
- » Improving access to cover for workplace diseases

## Return to Work Guide and case studies available

A new publication from ACC aims to provide GPs with best practice information and practical help in managing a successful 'return to work' for injured patients.

Recognising that GPs are responsible for signing claimants' medical certificates for time off work, the 'Return to Work Guide' focuses on issues around return to work arrangements and decisions. It also reflects increasing evidence of the benefits of early return to work in injured people's care, recovery and rehabilitation.

Copies of the Guide have been sent to all GPs, and you can also view and download it from the 'For Providers' section at [www.acc.co.nz](http://www.acc.co.nz). To complement its release, two new case studies covering return to work are also being sent to all GPs.

## Helping out in Namibia

In an unusual and fascinating assignment, two ACC representatives recently visited Namibia to advise on changes to the country's 'Motor Vehicle Accident Fund' (MVA Fund), which insures people who have motor vehicle accidents and are not at fault.

Anne O'Connell (Healthwise Interim Manager) and Auckland Area Manager Mike Spraggon spent a week in Namibia. Their visit included presenting at a medical symposium, visiting a state hospital and local private ambulance operator, and experiencing first-hand the Namibian roads and driving conditions – the last a stark contrast to New Zealand's situation, with many accidents caused by wild animals running in front of cars at night; seatbelts and child car restraints not used; vehicles often overloaded with people and property; and a speed limit of 120kph that most drivers exceed by at least 20kph!

The country also faces major challenges in meeting the needs of seriously injured people. The health system is divided, with a poorly resourced public sector and a private sector based on fund membership. Regional public hospitals are not well equipped to deal with moderate to serious injuries and a shortage of specialists means injury victims often have to be transported many hundreds of kilometres to treatment. This is made more difficult because of the limited number of public ambulances.

Until recently, the MVA Fund has focused on defending court cases and giving out money, with no claimant case management or follow-up. Its proposed changes involve removing the focus on fault and damages payments to one on claimants' needs (or the needs of families in cases of death). The new approach is already being implemented through case management, but few systems and processes have been set up. The Namibians were delighted to receive copies of ACC's information for providers and claimants, and we have agreed to provide more.

Anne and Mike report that the Namibians welcomed ACC's contribution and are keen to initiate injury prevention programmes, as well as more effective treatment and rehabilitation of injured people and stronger relationships with providers. While the Fund faces a great many challenges, those involved have a genuine desire to improve the lives of those with serious injuries resulting from motor vehicle accidents.

## Short notes

### Freephone for accidental death claim enquiries

If you or your patients need information or advice on accidental death claims, please call us free on 0800 222 075.

ACC covers claims for accidental death caused by motor vehicle, sport, recreation and work accidents and drowning, murder, suicide and death from treatment injury.

Entitlements range from funeral grants to help for dependants with survivors' grants, weekly compensation and childcare.

### eLodging? Correct patient details?

If you lodge your ACC45 claims electronically, please check with your patients that your database details are correct and up to date – especially their addresses and employment/ employer details. Incorrect information can lead to confusion and delay.

## Preventing falls – new resource available

ACC has launched a new book that aims to help older people take action to protect their independence and prevent falls.

Entitled 'Standing up to Falls', the book has been extensively tested by older people and health providers and will be a useful guide for GPs in helping older patients to help themselves. It covers information such as:

- health problems you should discuss with your doctor
- keeping mobile
- looking after your eyes and feet
- keeping your environment safe
- being prepared for falls.

It also includes a home safety checklist to help people assess the safety of their homes. Copies of the book are available from ACC's Provider Relationship Managers, by phoning 0800 THINKSAFE (0800 844 657) or by visiting 'Home Safety' in 'Injury Prevention' at [www.acc.co.nz](http://www.acc.co.nz).

## Tramadol use

Research and recommendations on the use of tramadol for acute pain management are now available at [www.acc.co.nz](http://www.acc.co.nz).

The 'Considered Judgement Form' can be found in the 'For Providers' section, under 'Resources' then 'Pharmaceuticals'. It reaffirms earlier research and has led to the Purchasing Advisory Group recommending the purchasing of tramadol only in the specific situations outlined in point 7. This is in line with ACC Review, Issue 24, December 2005 'Tramadol in acute and chronic non-malignant pain'.

## Contact details:

## ACC sponsors conferences

Once again, ACC is a key sponsor of the annual conference of the Royal New Zealand College of General Practitioners.

To be held in Auckland from 10 to 13 August with the theme 'Practical Solutions', the conference aims to arm GPs with practical, effective ways to 'lighten the load, smooth rough edges and promote enthusiasm within the discipline'. ACC is sponsoring four specialist-led workshops on:

- practical joint injection (two workshops led by Mike Corkill MB CHB, FRACP, MBA)
- shoulder examination (led by Chris Hanna MB CHB, FACSP, CERT SPORTS MED, DIP SPORTS MED)
- hands, wrists and elbows – how not to refer common hand conditions (led by Simon Chinchawala NCHIR, MB, FRCS, FRACS (ORTH)).

ACC is also providing sponsorship for other upcoming health sector conferences:

- **New Zealand Dental Association** conference, Auckland, 6–9 September. ACC is sponsoring endodontist Peter Cathro, on the topic of 'Progress and restorability of endodontically treated teeth: how to maximise success and know when to extract'
- **New Zealand Psychological and Australian Psychological Societies** joint conference, Auckland, 26–30 September. The theme is 'Psychology Bridging the Tasman, Culture & Practice'.
- **New Zealand Home Health Association** conference, Auckland, 29–31 October. The theme is 'An Ordinary Home Life'

Another event worth attending is **HealthCare Providers New Zealand's** conference in Christchurch on 11-13 September. The conference theme is 'Aged Care – Securing Your Future'

## Safety NZ Week – promoting injury prevention

After a successful launch in 2005, Safety NZ Week is happening again – offering you an excellent opportunity to promote injury prevention to your patients and colleagues.

With events organised throughout New Zealand from 13 to 19 August, the Week aims to:

- motivate New Zealanders to learn more about how to keep themselves and the wider community safe
- focus attention on New Zealand's injury and death rates
- promote injury prevention initiatives
- highlight positive actions by ACC and our safety partners.

More than 800 organisations have been invited to register for Safety NZ Week, from those working in injury prevention at national and local levels to New Zealand's largest employers. In the first two weeks after registrations opened, almost 200 organisations registered. For health professionals, it's an opportunity to build on any safety-related work you're already doing.

Each day of the Week has a theme, covering injury prevention at work, for children, on the road, at home, and playing sport. You can get more information about Safety NZ Week at [www.safetynzweek.co.nz](http://www.safetynzweek.co.nz). If you'd like to participate with an event, simply register online and ACC will provide support for your Safety NZ Week event, including posters, stickers, safety-tip sheets, publicity advice, and material for children.

## Charging ACC for pharmaceuticals

A reminder to pharmacists that claimants should not pay any more than the appropriate co-payment for subsidised pharmaceuticals.

When quoting for billing ACC directly for pharmaceuticals, please make sure you don't charge the full cost of subsidised pharmaceuticals. For example, if a claimant requires panadol tablets and ACC agrees to pay your pharmacy directly for this, the cost should be no more than the co-payment for the claimant (ie, \$0 to \$3 every three months in most cases). This is because panadol is subsidised and ACC has already funded that subsidy via a funding agreement with the Ministry of Health.

## Help from ACC is just a phone call away

- If you have a general query as a health professional, call the ACC Provider Helpline on 0800 222 070
- If you're a claimant, phone the Patient Helpline on 0800 101 996
- If you need information on sensitive and treatment injury claims, phone 0800 735 566
- If you're concerned about inappropriate or dishonest provider or claimant behaviour, phone in confidence 0800 372 830

## Journeys from injury to recovery

In this issue of ACC News we continue our ‘personal journey’ stories of how ACC has helped claimants to recover from their injuries. Here’s the next in the series – Barry’s story...

A self-employed tree-pruner, 32-year-old Barry was removing branches from a tree when his rope slipped and he fell to the ground. Landing flat on his back, he hurt his lower spine – but luckily suffered no broken bones or muscle damage.

Barry’s doctor registered his ACC claim, prescribed painkillers and provided a referral to physiotherapy. He also gave Barry a medical certificate for time off work, which meant he was entitled to claim for weekly compensation.

Unfortunately, despite twice-weekly physiotherapy for six weeks, Barry’s pain persisted, so his doctor referred him to a specialist. A subsequent MRI revealed spine damage and a need for urgent surgery, followed by a further round of physiotherapy. The costs of the specialist visits, MRI and treatment/rehabilitation were covered by ACC – and three months later Barry was back at work, using ACC-recommended stretching exercises to help his recovery.

### How did ACC help?

BARRY’S NEEDS	ENTITLEMENTS	ACC’S CONTRIBUTION	BARRY’S CONTRIBUTION
GP visit, medication and physiotherapy	GP visit	\$105	\$54
	Physiotherapy	\$430	Nil
	Prescription medication	\$60 reimbursed	Nil
Income while off work	Weekly compensation (four months of earnings topped up to 80% of his previous earnings)	\$10,000	Nil
Specialist help and treatment	Elective surgery	\$11,368	Nil
	Specialist visits (initial and follow-up)	\$320	Nil
	MRI scan	\$740	Nil
Post-surgery rehabilitation	Physiotherapy	\$210	Nil
	Attendant care	\$220	Nil
	Home help	\$140	Nil
	Workplace assessment	\$350	Nil
	Occupational therapy	\$270	Nil
Total costs		\$24,213	\$54

Note: Although these figures are based on a real example, they are only a guide. Actual amounts depend on individual claimants’ needs and situations.

## Improving access to cover for workplace diseases

ACC has started work on a government-mandated project that’s addressing access issues for people who suffer from conditions that could be related to their working environment.

Currently, there are two processes to determine cover for work-related gradual process, disease or infection:

- a three-step test that identifies clear causation between employment and the personal injury caused by gradual process, disease, or infection. This usually requires specialist assessment and involves input from the claimant, their GP and their employer, or
- Schedule 2 of the Injury Prevention, Rehabilitation, and Compensation Act 2001, which lists diseases and causative agents with a strong occupational link. People with these diseases are covered if they have evidence of a personal injury and exposure at work.

Under the new project, the Minister for ACC engaged the National Occupational Health and Safety Advisory Committee (NOHSAC) to recommend conditions that could be added to Schedule 2. Using NOHSAC’s recommendations, ACC and the Department of Labour are now working with key stakeholders to identify which conditions can be added to Schedule 2.

### Complementary projects

In addition to this work, ACC will be undertaking a campaign to raise awareness of occupational diseases with GPs, industries and the public. The aim is to ensure that people with occupational diseases know about and get their appropriate entitlements. We’ll also be publishing a series of ‘ACC Reviews’ on specific occupational diseases.