



# ACC ICP Complexity Tool User Guide

## For ICPMSK Providers

 Read time: 6 mins

Our Integrated Care Pathways (ICP) Complexity Tool will help ICPMSK interdisciplinary teams (IDT) match the kiritaki (client) needs with the appropriate resources.

This guide will help you understand when and how to use the tool. We've also provided some examples conversation prompts to use with the kiritaki when discussing their unique circumstances.

### When to use the ICP Complexity Tool

**At triage** – use the ICP Complexity tool provided to collect the complexity information for the kiritaki you're assessing for your ICPMSK service.

**Accepting or declining kiritaki entry** – if the client is declined entry or accepted onto your service, you must submit ACC a copy of the information you've collected at triage.

**Service bundle change/exceptional funding review** – This will help you identify any changes in complexity to support any service bundle changes/exceptional funding requests. You must report to ACC what changes have been made to support the rationale for these requests.

### How to use the ICP Complexity Tool

The ACC ICP Complexity tool includes 17 factors that will help you understand any comorbidities, psychosocial, contextual, health provider disciplines, and any vocational needs the kiritaki may have. To help your understanding of these factors we've provided additional information below and some possible conversational prompts.

[Operational guidelines, Appendix D, ICP Complexity Tool](#)

## Client Management

# Comorbidities

### Comorbidity factors

Comorbidity factors are co-existing general health factors that may have an impact on the care pathway you develop for the kiritaki. For example, if the kiritaki has a heart condition this may have an impact on the expected recovery times for the injury or their ability to participate fully in rehabilitation sessions.

You may be able to get some of this information, such as date of birth to confirm if a kiritaki is over 65, from the registration form or medical notes before your triage appointment. You may then ask any remaining questions to confirm the total number of factors present.

### Vaping

For the purpose of the comorbidity factor calculation, you should consider vaping as the following. If the kiritaki:

- vapes a product that contains nicotine – add 1 factor to the calculation. This is considered a substitute for smoking.
- smokes cigarettes and vapes a nicotine product – this will only be counted as a single factor.

### Example conversation starters:

“How is your general health?”

“Do you currently smoke, or vape products containing nicotine?”

“Do you have any other health conditions, such as arthritis, diabetes or heart conditions?”

“Do you currently suffer from the effects of a head injury or concussion?”

“Do you know your height and weight (a BMI calculator can be used)?”

# Psychosocial

### Social support network

The belonging and care that we receive from friends and whānau (family) can help us cope with setbacks, solve problems, improve self-esteem and even manage health problems and stress. This support can vary in different cultures and families. In the context of the complexity tool, a supportive whānau and/or social network may contribute to kiritaki achieving their outcomes.

Unhealthy family behaviours, patterns and dynamics may be observed in the triage appointments. This could be seen as lack of/ poor communication, empathy, control, and excessive criticism.

### Example conversation starters:

“Since you have been injured, has anyone been helping you get through your day to day activities?”

“How is that working for you? Do you feel like you have enough support to help you get better?”



# Client Management

## Psychosocial

### Active participation

Active participation is when a person is enabled to be involved in all aspects of their life and participate in activities and relationships as independently as possible. They're more likely to be an active partner in their own care and support and less likely to be a passive recipient of treatment.

At the triage assessment, active participation from the kiritaki may be limited to:

- observations during the subjective history of care before the assessment
- treatment preferences they express (for this injury, or other related previous injuries)
- the way that the kiritaki has engaged in the appointment/ attendance process to date.

It may become more evident through the pathway as the team become more familiar with the kiritaki.

#### Example conversation starters:

"What kinds of treatments have you received for this type of injury (in the past or with the present injury)?"

"What has helped you the most?"

### Patient resilience

Resilience describes an individual's ability to maintain or restore relatively stable psychological and physical functioning when confronted with stressful life events and adversity.

#### Example conversation starters:

"This sounds like your journey so far has been a bit up and down...How are you coping since your injury?"

"Do you have any strategies that help you cope? How are they working for you at the moment?"

### Medication use

Effective management of pain along the recovery journey may make it easier for the kiritaki to engage in their rehabilitation pathway. This in turn may link to improved patient outcomes and increased patient satisfaction.

#### Example conversation starters:

"If you had to score your average pain out of 10 (where 0 = no pain and 10 = worst pain you can imagine) what would you give it?"

"What strategies have your GP, kaiaatawhai, or rongoā Māori practitioner given you to help manage your pain, e.g. culturally appropriate remedies, pain medication?"

"How often do you carry out these strategies?"

"How is that working for you/ How much is that helping?"

### Equitable access

Sometimes barriers to accessing care may appear as non-attendance or a lack of engagement. However, it may be due to other barriers such as their employer won't let them come to an appointment during work hours, or they're unable to leave the house due to stress, anxiety or depression.

Investigating why the kiritaki is not coming to their appointments may reveal a kiritaki who would attend and engage more if the issue was addressed.

It may be appropriate to approach this conversation in association with discussing cultural support, housing/ accommodation, finances and travel.

#### Example conversation starters:

"How easy has it been to get to this point in your care? What are the things that are going well? What are the things that are not going so well?"



# Client Management

## Psychosocial

### Health literacy

Health literacy describes how well the kiritaki, alongside their whānau, can process and understand basic health information to make informed health decisions along their recovery journey.

There are many ways to gauge the level of health literacy of the kiritaki. This could be when they're booking their appointments, completing registration forms and necessary patient reported outcome measures.

When discussing their injury or options of care, the verbal and non-verbal cues the kiritaki uses may provide further information. Where there is some level of understanding, kiritaki may start to ask questions about treatment options (e.g. what happens next?). Where understanding has not quite been reached, kiritaki may continue to ask questions about the injury, and its implications.

Consider providing interpreting services for the kiritaki where language is a barrier. This service should be arranged by the supplier and funded by the ICPMSK service bundle.

#### Example conversation starters:

Ask the kiritaki to sum up the situation after discussions about the injury and options for care to confirm the degree of their understanding.

"From our conversation about your injury what's the main things that you're going to be able to take away. What will you tell your family and friends when they ask about what's going on?"

"Is there anything in there that you don't understand, or want more information on?"

### Cultural support

Providing a culturally safe experience of care for our kiritaki may result in improved engagement in that pathway and in turn may have a positive impact on health outcomes.

Useful links:

- [Kawa Whakaruruhau](#) – Cultural safety policy
- [Te Whānau Māori me ō mahi](#) – Guidance on Māori cultural competencies for providers

All cultural supports available either within the supplier's IDT or the wider local community should be arranged by the supplier and funded (as appropriate) from within the ICPMSK service bundle.

#### Example conversation starters:

"We've discussed your physical (tinana) injury, and what you might need to help you recover. Are you familiar with other models of health, for example Te Whare Tapa Whā, where aspects of mental (hinengaro) health, spiritual (wairua) health and/ or family (whānau) health can be equally important?"

"Can we explore what other needs you might have in order to help you recover?"



# Client Management

## Contextual

### Housing/ accommodation

Housing stability and safety have numerous health implications. Kiritaki with residential stability and safety have better self-rated health, healthcare access and mental health outcomes.

#### Example conversation starters:

It may be useful to summarise all the meaningful details from the kiritaki subjective history.

"You've described being unable to work, having difficulty with sleep, being unable to play with your kids and only on 80% of your normal wage."

- "How are you coping with all of this?"
- "Has this had, or do you think any of this will have, an impact on the stability or safety of your housing situation?"

### Finances

Kiritaki being able to afford medical care and investigation of their injury, or being able to afford time out of work to attend appointments, may influence the achievement of their outcomes. There is also an opportunity cost to choosing to pay for care, in favour of other things of need, e.g food or accommodation.

#### Example conversation starters:

"Do you think any of this will have any effect on your finances?"

"Do you think any of that might change your ability to complete your recovery plan?"

### Travel

Transportation is a basic but necessary step for ongoing health care, getting medication, arriving on time for appointments, and to not delay or miss out on care.

Useful link: [Travelling for treatment and rehabilitation](#)

The file for the kiritaki might hold some of this relevant information already. The injury may give you clues as their ability to drive or take public transport. Look for details such as their address compared to where the nearest clinic is, or their GP is located.

#### Example conversation starters:

"How are you currently getting to and from your appointments?"

"How much of a challenge do you think it might be to attend appointments, given the current transport situation?"

"How do you think you might go in meeting that challenge?"

### Return to activities of daily life (ADL's)

This factor considers whether the degree of challenge for the kiritaki to return to full pre-injury function (including ADL's) is matched by the confidence of the kiritaki to meet that challenge.

#### Example conversation starters:

"What are the main activities of daily life that have been affected by your injury? "

"How much of a challenge do you think it's going to be to return to those activities?" (You may have to talk through the pathway a little more to discuss what the expected outcome(s) might be)

"How confident are you that you'll be able to meet that level of challenge?"



## Client Management

# Contextual

### Return to Sport

This factor considers whether the degree of challenge for the kiritaki to return to full pre-injury function (including sport and recreational activities) is matched by the confidence of the kiritaki to meet that challenge.

Remember, not all kiritaki may play a sport, but they likely all have recreational activities, even if they are sedentary ones.

#### Example conversation starters:

“What are the main sport or recreational activities that have been affected by your injury?”

“If all goes well in your recovery, are you hoping to return to all of these?”

“How much of a challenge do you think it’s going to be to achieve that?” (You may have to talk through the pathway a little more to discuss what the expected outcome might be)

“How confident are you that you’ll be able to meet that level of challenge?”

## Disciplines

### Number of disciplines

The number of health providers included in the IDT for the recovery plan of a kiritaki will help gauge their communication and navigation needs. This may have implications for service bundle selection.

The IDT will advise the kiritaki the appropriate team members they will have access to. However, the IDT must discuss this with the kiritaki, explain the plan, consider other ideas the kiritaki may have and have the kiritaki agree to it, recognising informed consent.

#### Example conversation starters

“Treatment of your injury might typically involve the following team members (list the team members that you are proposing take part in the pathway and discuss what their roles are).”

“What do you think of that plan?”

“Is there anyone else you’d like us to involve in your care?”





# Client Management

## Vocational

Mandatory for earners only. This section is not required to be completed for non-earners.

### Employment

The job a kiritaki has at the time of injury will have an impact on their recovery journey. For example, if the kiritaki is still working despite their injury or where they are confident in their plans to return to their pre-injury job with the same employer post-injury, this suggests a more straightforward recovery journey.

#### Example conversation starters:

"What do you do for work?"

"What are your normal work tasks (elaborate on physical tasks as needed)?"

"How are you getting on with your injury at work. Are you able to work at the moment or can you manage your normal hours and duties?"

- (Yes, able) "Is there anything at work that you're finding difficult to do because of your injury?"
- (No, unable) "How do you think you would cope with your work tasks... what are the activities that would be the most difficult in your work because of your injury? What makes them difficult?"

"Do you have any concerns about your ability to return to your normal work?"

### Workplace support

Workplace social support networks (e.g. employer, HR and work colleagues) may help kiritaki achieve their return to work outcomes.

#### Example conversation starters

"How long have you worked in this job? How do you enjoy it?"

"How do you get on with your colleagues/employer?"

"What contact have you had with your employer since your injury?"

"How is your employer covering your time off work?"

"Do you think your employer is supportive of your recovery? How have they responded so far?"

"What contact have you had with your work colleagues since your injury?"

"Have you or any of your work colleagues been injured and off work before? How was the process with their/ your return to work? Were there any issues/barriers on the way? What support did you or your work colleague receive then?"

### Return to work

This factor considers whether the degree of challenge in the kiritaki returning to full pre-injury function is matched by the confidence of kiritaki to meet that challenge.

#### Example conversation starters

"You spoke previously about the kinds of activities you're finding difficult to perform at work?"

"If all goes well in your recovery, how confident are you that you will be able to return to your normal job and all of those activities?"

"How much of a challenge do you think it's going to be to achieve that? (You may have to talk through the pathway a little more to discuss what the expected outcome might be)"

"How confident are you that you'll be able to meet that level of challenge?"

