

Summary

Objective

Use this process to set up Long Term and Extended Nursing Services to supports the client's needs.

Background

Long term and Extended Nursing Services is accessed via a ACC179 Nursing services notification referral received from a Nursing Services Supplier. The ACC179 must be accompanied by an initial assessment and treatment plan completed by a Registered Nurse.

Owner Name Withheld

Expert Name Withheld

Procedure

1.0 Assess Nursing Services request Treatment and Support Assessor

- a** In Eos, open the 'Alert: You have mail' task.

NOTE **What if you are in a Recovery Team and have received an ACC179 to your inbox?**

If you have received it via email forward the email to claimsdocs@acc.co.nz. Delete the email from your inbox. If you have received it via task move the task to Elective SC - TMT Triage. This process ends.

NOTE **What if you need to refer the client for Nursing Services?**

Create a 'Alert: You Have Mail' task, include the Vendor details, reason for nursing services, & commencement date and send the task to Elective SC - TMT Triage.

(If there has been a CNA completed advising nursing is required, please attach to task and mention in task)

IMPORTANT: Please note that a referral and CNA are two different requests.

- b** Open the ACC179 Nursing services notification form in the documents tab on the claim.
- c** Compare the below information provided on ACC179 to the details on the claim:
- Date of accident
 - Date of lodgement
 - Mechanism of injury
 - Severity of injury
 - Injury diagnosis
 - Covered injury

NOTE **What if there are discrepancies between the information provided on the ACC179 and the claim?**

Contact the Health Provider and confirm we are treating the correct client and the correct covered injury. Record this as a 'contact' on the claim.

NOTE **What if there is a delay between the date of accident and the date the request is received?**

If it isn't clear on the claim why there is a delay, obtain the rationale from the Health Provider. An example of this would be when a client has initially been treated by a GP, the wound has become more complex and is referred for Nursing Services.

- d** Check the initial assessment and treatment plan completed by the Registered Nurse contains the following information:

- Reason for the referral into the service
- Estimated service level, including planned number and frequency of consultations
- Details of the accident and diagnosis
- Treatments to date
- Comprehensive wound assessment(s), including wound size, description and injury site
- Medications and past history that may be relevant to the covered injury
- Determinants of health that may impact recovery eg socioeconomic situation, environmental impacts, nutritional status, co-morbidities, activities of daily living, cognition and perception

NOTE **What if the plan doesn't contain some of the required information?**

Contact the Health Provider to obtain missing information.

- e** For further information on Nursing Services refer to the linked Service Page.

 [Nursing Services Service Page](#)

2.0 Identify the type of request Treatment and Support Assessor

- a** Check the type of service being requested.

NOTE **What if the request is for Long Term or Extended Nursing Services?**

These services require prior approval. If the supplier has already exceeded the maximum number of Medium Term services and continued treating the client, you are not obliged to accept a Long Term request for services. You are still able to decline if the referral does not meet the eligibility criteria. Continue with this process.

NOTE **What if the request is for a Transfer of Service?**

When a client moves permanently or temporarily (eg holiday) or chooses to change supplier the first supplier will notify ACC and will provide the second supplier with the necessary records.

If the client is being transferred temporarily and only requires Short or Medium nursing services prior approval is not needed, but a new purchase order is required for the second supplier. Record this as a 'contact on the claim' then go to Activity 4.0 Issue decision to vendor

If the client is being transferred permanently and the second provider determines Long Term or Extended services are required you will receive a ACC179 and assessment and treatment plan.


NOTE What if the request is for a Treatment Injury claim?

Due to the nature of these claims, these can be approved retrospectively. Continue with this process.

NOTE What if the request is for a subsequent injury?

If a client has another accident and a new covered injury that also requires Nursing Services this doesn't require approval from ACC. The supplier can use Treatment for Subsequent Injury (NS06) to invoice for treatment of the new injury.

Subsequent injury nursing services should commence once the treatment on the primary injury has been completed. It is the responsibility of the supplier to provide a new ACC179 as notification of a subsequent injury. Ensure this notification is recorded on the claim.

 **PROCESS** Set Up On-going Nursing Support

3.0 Determine eligibility for Nursing Services

Treatment and Support Assessor

a Determine if the client meets one or more of the following eligibility criteria for nursing services:

- has reduced mobility
- has little or no natural support making it unsafe or impractical for them to attend their General Practice Team
- needs care outside of normal practice hours
- has complex injuries eg ulcers, wound with heavy exudates, large bacterial burden, pressure wounds or skin grafts
- has specialised treatment needs eg stoma care, compression therapy, Negative Pressure Wound Treatment
- has a history of leg ulcers, slow healing wounds, heart disease, diabetes or is immunocompromised, which may adversely impact on their injury related rehabilitation

NOTE What if the referral doesn't meet the eligibility criteria?

Contact the Health Provider to advise the request has been declined. If the client was informed of the referral, request the Health Provider contacts the client to advise the decision. Record this as a 'contact' on the claim. Go to Activity 4.0 Issue decision to vendor.

NOTE What if you are unsure if the referral meets the eligibility criteria?

Refer to the Recovery Support Decision Tree to determine guidance needed. Once guidance has been received return to this process.

 Recovery Support Decision Tree

b Based on the information provided, determine if an Oversight Consultation or Comprehensive Nursing Assessment is required to support your decision to approve or decline the request for services.

Examples of when this may be required are:

- A wound has surpassed the normal recovery timeframes
- A wound is not responding to the current treatment plan put in place by the treating supplier
- It is not clear why the wound is not healing
- Client medications and/or co-morbidities may be delaying healing


If you consider the request to be complex, arrange a Comprehensive Nursing Assessment.


NOTE What if you have determined if an Oversight Consultation is appropriate?

Arrange a face to face consultation to be carried out by the treating supplier's Designated Provider with the treating nurse. The first Oversight Consultation per claim doesn't require approval from ACC.

Subsequent Oversight Consultations on the same claim require prior approval and a Purchase Order number. Suppliers can request this informally by phone or email.


For further information on Oversight Consultations and Designated Providers, refer to the linked Service Pages.

 Nursing Services - Oversight Consultation Service Page
<https://go.promapp.com/accnz/Process/Minimode/Pei>

 Nursing Services – Designated Providers Service Page
<https://go.promapp.com/accnz/Process/Minimode/Pei>

NOTE What if you have determined a Comprehensive Nursing Assessment is required?

Go to the Comprehensive Nursing Assessment (CNA) process. Create a General Task and send it to the appropriate Recovery team to advise of our recommendation, giving a rationale for why.

 **PROCESS** Arrange Comprehensive Nursing Assessment (CNA)

c When deciding to approve or decline a request, refer to the 'NG Principles Decision Making' document.

 NG Principles Decision Making


4.0 Issue decision to Vendor

Treatment and Support Assessor

a In Eos, create a Purchase Order for the specified nursing services. Select the Treatment pathway and one of the following service codes:

- NS01 - Short Term Nursing Package
- NS02 - Medium Term Nursing Package
- NS03 - Long Term Nursing Package
- NS04 - Extended Nursing
- NS05 - Ongoing Nursing
- NS07 - Oversight of Consultation (one-off)

To add the approval letter to the document tab in the claim, select 'Add Doc Type' for the NUR02 Approval for nursing services - Vendor.

 Purchase Order - Handy Hints on how to create and edit POs


NOTE What if the request is declined?

Generate the NUR04 Nursing Services Decline - Vendor letter. Email to the address provided in the ACC179.

NOTE What if the client has to travel to receive their nursing services?

Travel costs are included in the price of the package for Short Term, Medium Term, Long Term and Extended services (NS01, NS02, NS03 and NS04).

For further information refer to the information page below.


 Service Schedule for Nursing Services

NOTE What if the treating provider needs to purchase consumables?

Refer to the Set up Medical Consumables process for guidance on how these can be purchased. A task will need to be sent to the appropriate Recovery team to complete this.

 **PROCESS** Set Up Medical Consumables

- b** Perform the relevant Privacy Checks. Refer to NG SUPPORTING INFORMATION Inbound and Outbound Document Checks to understand which checks you must perform prior to disclosing information to a 3rd Party.

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

- c** Email the NUR02 Approval for Nursing Services - Vendor letter to the address provided in the ACC179.

5.0 Communicate decision

Recovery Coordinator, Recovery Partner, Treatment and Support Assessor

- a** Check the NG GUIDELINES Client Contact Guidelines to determine who should communicate the decision to the client.

 NG GUIDELINES Client Contact Guidelines

NOTE What if the client is being managed in Assisted Recovery?

Create a 'NGCM - General' task. In the description field advise nursing services have been approved and request the Recovery Plan is updated.
