



# SERVICE SCHEDULE FOR OUTPATIENT BURNS TREATMENT & BURNS SCAR MANAGEMENT SERVICE

CONTRACT NO: \_\_\_\_\_

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## A. QUICK REFERENCE INFORMATION

### 1. TERM FOR PROVIDING OUTPATIENT BURNS TREATMENT & BURNS SCAR MANAGEMENT SERVICE

- 1.1 The Term for the provision of Outpatient Burns Treatment and Burns Scar Management Service is the period from 1 July 2021 (“Commencement Date”) until the close of 30 June 2024 (the “Date of Expiry”) or such earlier date upon which the period is lawfully terminated or cancelled.
- 1.2 Prior to the End Date, the parties may agree in writing to extend the Term of this Service Schedule for a maximum of two years. Any decision to extend the Term of this Service Schedule will be based on:
  - 1.2.1 the parties reaching agreement on the extension in writing prior to the End Date; and,
  - 1.2.2 ACC being satisfied with your performance and delivery of the Services; and
  - 1.2.3 all other provisions of this Contract either continuing to apply during such extended Term(s) or being re-negotiated to the satisfaction of both parties.
- 1.3 There is no obligation on the part of ACC to extend the Term of this Service Schedule, even if the Supplier has satisfactorily performed all the Services.

## 2. SPECIFIED AREA AND SERVICE LOCATION (PART B, CLAUSE 5)

## 3. SERVICE ITEMS AND PRICES (PART B, CLAUSE 14)

**Table 1 - Service Items and Prices**

<b>Service Item Code</b>	<b>Service Item Description</b>	<b>Price (excl. GST)</b>	<b>Pricing Unit</b>
BT03	Burns and scar management consumables	At cost	Per consumable
BT04	Burns Garments	At cost	Per garment
BT05	Burns Splinting	At cost	Per splint
BT11	Initial Med Consult 45 mins or less	\$194.48	One consult, per client, per day
BT11T	Initial Med Consult 45 mins or less – Telehealth	\$194.48	One consult, per client, per day
BT12	Initial Med Consult longer than 45mins	\$297.99	One consult, per client, per day
BT12T	Initial Med Consult longer than 45mins – Telehealth	\$297.99	One consult, per client, per day
BT13	Follow-up Med Consult 45 mins or less	\$131.71	One consult, per client, per day
BT13T	Follow-up Med Consult 45 mins or less – Telehealth	\$131.71	One consult, per client, per day
BT14	Follow-up Med Consult longer than 45 mins	\$194.48	One consult, per client, per day
BT14T	Follow-up Med Consult longer than 45 mins – Telehealth	\$194.48	One consult, per client, per day
BT24	Burns OT consult	\$154.89	Per hour or part thereof
BT24T	Burns OT consult – Telehealth	\$154.89	Per hour or part thereof
BT25	Burns Physio consult	\$144.60	Per hour or part thereof
BT25T	Burns Physio consult – Telehealth	\$144.60	Per hour or part thereof
BT26	Burns Nurse specialist consult	\$103.34	Per hour or part thereof
BT26T	Burns Nurse specialist consult – Telehealth	\$103.34	Per hour or part thereof

## Price Review

ACC will review pricing when, at ACC's sole discretion, we consider a review necessary. The factors ACC may take into account during a review include, but are not limited to:

- general inflation
- changes in service component costs
- substantial changes in the market

If ACC finds that the factors we take into account have not had a significant impact on price, the prices will remain unchanged.

If ACC provides a price increase, the supplier must agree any adjustment in writing. The price increase will take effect from a date specified by ACC.

## 4. RELATIONSHIP MANAGEMENT (PART B, CLAUSE 13)

*Table 2 - Relationship Management*

Level	ACC	Supplier	Frequency
Client	Recovery Team / Recovery Team Member	Individual staff or operational contact	As required
Contract Management	Engagement and Performance Manager	Operational Contract / National Manager	As required
Service Management	Portfolio Team	National Manager	As required

## 5. ADDRESSES FOR NOTICES (PART 1, SCHEDULE 2)

### NOTICES FOR ACC TO:

ACC Health Procurement  
Justice Centre (for deliveries)  
19 Aitken Street  
Wellington 6011  
P O Box 242 (for mail)  
Wellington 6140  
Marked: "Attention: Procurement Specialist"  
Phone: 0800 400 503  
Email: [health.procurement@acc.co.nz](mailto:health.procurement@acc.co.nz)

**NOTICES FOR SUPPLIER TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(for deliveries)

(for mail)

Marked: Attention: \_\_\_\_\_, \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## TABLE OF CONTENTS

1.	PURPOSE .....	6
2.	SERVICE OBJECTIVES.....	6
3.	PERFORMANCE MEASURES.....	7
4.	SERVICE COMMENCEMENT.....	7
5.	SERVICE LOCATION OR SPECIFIC AREA (PART A CLAUSE 2).....	8
6.	SERVICE REQUIREMENTS .....	8
7.	SERVICE EXIT .....	11
8.	EXCLUSIONS.....	11
9.	LINKAGES.....	11
10.	REPORTING REQUIREMENTS.....	12
11.	OPERATIONAL CONTACT .....	12
12.	RELATIONSHIP MANAGEMENT .....	12
13.	PAYMENT AND INVOICING .....	12
14.	DEFINITIONS AND INTERPRETATION .....	13

## **B. SERVICE SPECIFICATIONS FOR OUTPATIENT BURNS TREATMENT & BURNS SCAR MANAGEMENT**

### **1. PURPOSE**

- 1.1. ACC wishes to purchase specialist Burns Treatment and Burns Scar Management Services (the Services) in the outpatient setting. This includes:
  - Medical treatment
  - Nursing treatment
  - Occupational therapy
  - Physiotherapy
  - Pressure garments
  - Scar management consumables and
  - Burns splinting
- 1.2. The purpose of the Service is to provide specialist treatment for burns in outpatient clinics following Clients receiving Public Health Acute Services.
- 1.3. The Services must be provided in accordance with the Operational Guidelines for DHB Outpatient Burns Treatment and Burns Scar Management which are available on the ACC website.
- 1.4. The Operational Guidelines may be updated from time to time.
- 1.5. If there is a conflict between the Operational Guidelines and this Contract, the provisions of the Contract take precedence.

### **2. SERVICE OBJECTIVES**

- 2.1. The objective of the Outpatient Burns Treatment and Burns Scar Management Service is to provide clients with timely access to specialised burns treatment and burns scar management, when indicated, that facilitates prompt, cost effective and sustainable return to independence and/or work or education.
  - 2.1.1. A client is eligible for ACC funded treatment of their burns when the definition of accidental burn or exposure to radiation or rays applies to their injury. The injury must meet all of the following criteria:
  - 2.1.2. A single occurrence at an identifiable time and place.
  - 2.1.3. Not a burn or exposure caused by exposure to the elements.
  - 2.1.4. Considered to be an accident under [section 25 of the Accident Compensation Act 2001](#).<sup>1</sup>

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<sup>1</sup> Cover for personal injury suffered in New Zealand (except mental injury caused by certain criminal acts)

2.1.5. If the injury was caused by either of the following on a specific occasion, it can be considered an accident:

- Any kind of burn (for example, a burn caused by fire, contact with a hot object, friction such as a rope burn, burnt retina from welding arc, electrical burns, ice burn), or
- Exposure to radiation or rays of any kind (for example, x-rays, nuclear radiation, laser beams).

### **3. PERFORMANCE MEASURES**

3.1. ACC will measure the success of this service based on the following objectives:

3.1.1. The Service Provider develops and documents the treatment plan in partnership with the Client.

3.1.2. Services are only delivered for the treatment of a covered injury and the burns clinic is the most appropriate service to meet the Client's needs.

3.1.3. The time spent by each Registered Nurse, Physiotherapist or Occupational Therapist with each Client is recorded in the patient record.

### **4. SERVICE COMMENCEMENT**

4.1. Eligibility for Service

A person is entitled to receive the Services if:

4.1.1. The person is a Client who has suffered a personal injury covered by ACC and the treatment is directly related to the accepted original injury.

4.1.2. The Client requires the Services in order to restore the Client's health to the maximum extent practicable.

4.2. s may only invoice for Outpatient Burns Treatment and Burns Scar Management Services under this agreement and not under Cost of Treatment Regulations or the Clinical Services Agreement.

4.3. Non burns scar management is not funded under this Service Schedule but is funded under the Cost of Treatment Regulations or other relevant contract based on the treatment provided.

4.4. Services provided by a Medical Specialist within six weeks of discharge from acute services or within 6 weeks of an emergency department presentation are covered under the Public Health Acute Services agreement (PHAS) (or medical practitioner) and must not be invoiced as part of this service.

- 4.5. Services provided by Registered Nurse, Occupational Therapist and Physiotherapist as described in this agreement can be invoiced immediately following discharge from acute admission or ED presentation.
- 4.6. Services can be delivered by Telehealth, where clinically appropriate. Services delivered by Telehealth must:
  - 4.6.1. Have client or authorised representative consent (recorded in the clinical notes), and with the option of an in-person meeting if the client prefers
  - 4.6.2. Be preceded by an initial risk assessment to ensure client safety
  - 4.6.3. Meet the same required standards of care provided through and in-person consultation
  - 4.6.4. Have clinical records that meet ACC and professional body requirements
  - 4.6.5. Meet the requirements outlined in the standard/guidelines of the New Zealand Medical Council or Allied Health Aotearoa New Zealand. If there is a difference between the regulatory body statements and what is stated in this contract, then the contract conditions take precedence
  - 4.6.6. Have both the client receiving the Telehealth service, and the provider delivering the Telehealth service, physically present in New Zealand at the time the service is provided.

## **5. SERVICE LOCATION OR SPECIFIC AREA (PART A CLAUSE 2)**

- 5.1. The Service will be provided in the locations specified in Part A Quick Reference Information.
- 5.2. The Service will be provided in the Supplier's facility.

## **6. SERVICE REQUIREMENTS**

- 6.1. The Services will be managed in a way which maximises healing and recovery for Clients following a burn injury. This will include:
  - 6.1.1. accurate assessment of injuries and co-existing factors which may impact on recovery;
  - 6.1.2. appropriate and effective treatment and evaluation;
  - 6.1.3. appropriate education about caring for the injury;
  - 6.1.4. appropriate injury prevention advice to minimise re-injury or complications.



- 6.2. Clinical records which comply with the standards set out in the ACC Treatment Provider Handbook and the standards set by the registered health professional's professional body.
- 6.3. Public Health Acute Services
  - 6.3.1. Medical Practitioner follow-up and care provided to an ACC Client within six weeks of the client being discharged from inpatient treatment or within six weeks of an emergency department presentation is covered under the PHAS agreement, and must not be invoiced under this Service Schedule.
- 6.4. Elective Surgery Agreement
  - 6.4.1. Medical Practitioner follow-up and care provided to a Client within six weeks of the client being discharged from elective surgery is covered within the cost of the funding package for the elective surgery procedure and must not be invoiced under this Service Schedule.
- 6.5. Medical Consultations
  - 6.5.1. Medical consultations are carried out by a specialist who holds the appropriate registration to enable them to provide the consultation/assessment/procedure.
  - 6.5.2. The consultation must be related to the injury for which the Client has cover and require a specialist opinion; and to restore the Client's health to the maximum extent practicable.
  - 6.5.3. The consultation must be carried out in a designated facility which has been approved by ACC.
  - 6.5.4. Services required by a Medical Practitioner within six weeks of discharge from acute services are covered under the PHAS agreement or Elective Services Contract as appropriate.
- 6.6. Nurse Specialist Consultations
  - 6.6.1. Nurse Specialist consultations are carried out by a Registered Nurse who holds the appropriate registration to enable them to provide the consultation /assessment/procedure.
  - 6.6.2. This is a Registered Nurse working within their scope of practise who has experience in the specialist field of burns care.
  - 6.6.3. The consultation must be related to the injury for which the Client has cover and require a specialist nurse opinion; and to restore the Client's health to the maximum extent practicable.
  - 6.6.4. The consultation must be carried out in a designated facility which has been approved by ACC.

- 6.6.5. Nurse Specialist consultations may be billed under this contract immediately after the client has been discharged from acute services.
- 6.7. Physiotherapist Consultations
  - 6.7.1. Physiotherapist consultations are carried out by a Physiotherapist who holds the appropriate registration to enable them to provide the assessment/procedure.
  - 6.7.2. This is a Physiotherapist working within their scope of practise who has experience in the specialist field of burns care.
  - 6.7.3. The consultation must be related to the injury for which the Client has cover and to restore the Client's health to the maximum extent practicable.
  - 6.7.4. The consultation must be carried out in a designated facility which has been approved by ACC.
  - 6.7.5. Physiotherapist consultations may be billed under this contract immediately after the client has been discharged from acute services.
- 6.8. Occupational Therapist Consultations
  - 6.8.1. Occupational Therapist consultations are carried out by an Occupational Therapist that holds the appropriate registration to enable them to provide the assessment/procedure.
  - 6.8.2. This is an Occupational Therapist working within their scope of practise who has experience in the specialist field of burns care.
  - 6.8.3. The assessment must be related to the injury for which the Client has cover and to restore the Client's health to the maximum extent practicable.
  - 6.8.4. The consultations must be carried out in a designated facility/outpatients which has been approved by ACC.
  - 6.8.5. Occupational Therapy consultations may be billed under this contract immediately after the client has been discharged from acute services.
- 6.9. Garments
  - 6.9.1. Pressure garments are key to managing scars and require frequent replacement. The fitting of garments is carried out by specially trained staff in the outpatient setting.
  - 6.9.2. ACC will pay for the cost of the garment and the postage from overseas but will not be responsible for the cost of the postage in New Zealand as this is considered a normal cost of business for the .

## 6.10. Splinting

6.10.1. Splinting means the application and /or manufacture of a removable, solid/semi-solid static/dynamic support that tends to rely on fastening for stability.

## 6.11. Consumables

6.11.1. Consumables are medical items (that are not pharmaceuticals) which are required for the treatment of an injury.

6.11.2. Consumables are to be supplied in accordance with the operational guidelines.

6.12. If the Supplier offers Telehealth, the Supplier will provide all equipment and technology necessary to deliver services by Telehealth and manage their own technical issues.

## 7. SERVICE EXIT

7.1. This Service is complete for a Client when:

7.1.1. the Client no longer requires the Service, or

7.1.2. the need is no longer related to the covered injury, or

7.1.3. the Client no longer wishes to receive the Service.

## 8. EXCLUSIONS

8.1. Clients will not be eligible for the Service if:

8.1.1. the treatment is not related, or no longer related, to the original covered injury, or

8.1.2. they are admitted to hospital as an inpatient, for the duration of their admission

8.1.3. the covered injury is not resulting from a burn.

## 9. LINKAGES

9.1. In order to ensure that a co-ordinated Service is delivered to the Client, the Supplier will maintain linkages with all concurrent treatment and rehabilitation services provided to the Client.

9.2. Suppliers will maintain effective relationships and linkages with the Client's Primary Health Care Team and ACC funded community based services, for example, Nursing Services and those other agencies where a Client is already receiving services (such as Ministry of Health Disability Services or a District Health Board) and the result of a covered injury creates need for additional support.

## **10. REPORTING REQUIREMENTS**

- 10.1. The Supplier will demonstrate, via documented evidence, that they are collecting data on the quality of the Services they are delivering and are using this information to inform a continuous quality improvement process. This will be made available to ACC on request.
- 10.2. The Supplier will, on request, supply to ACC additional information or reports on the Services provided. Any such request will be reasonable, and the Supplier will provide the information to ACC within 20 working days of the request being received.

## **11. OPERATIONAL CONTACT**

- 11.1. During the Term of this Agreement the Supplier will nominate a person (as specified in Clause 5 of the Quick Reference Information in Part A of this Service Schedule) to be the main contact for ACC who will:
  - 11.1.1. have primary responsibility for relationships with ACC and the operation of this Service on a day to day basis;
  - 11.1.2. be proactive in informing ACC of issues with provision of Services as outlined;
  - 11.1.3. raise issues and suggest solutions regarding this Service;
  - 11.1.4. ensure that the Service is operated in accordance with this Service Schedule;
  - 11.1.5. represent the Supplier in discussions on performance; and
  - 11.1.6. ensure that ACC is advised promptly when the person's contact details change.

## **12. RELATIONSHIP MANAGEMENT**

- 12.1. To ensure the continuing effective operation of the service, formal working relationships are to be maintained as defined in Table 2 - Relationship Management.

## **13. PAYMENT AND INVOICING**

- 13.1. Prices for this service are defined for this Service in Table 1 - Service Items and Prices.
- 13.2. ACC agrees to pay the prices set out in Table 1 - Service Items and Prices.

## 14. DEFINITIONS AND INTERPRETATION

**“Operational Guidelines”** is the document produced by ACC from time-to-time to reflect the processes and procedures that should be followed in support of this Service;

**“Telehealth”** means the use of information or communication technologies to deliver assessments or treatment interventions when clients and care providers are not in the same physical location. For this Service Schedule, Telehealth relates to real-time videoconferencing interactions and telephone consultations. Telehealth excludes electronic messaging, e.g. texts and emails.

**“In-person”** means the provider and client are physically present in the same room.