

SERVICE SCHEDULE FOR URGENT CARE CLINIC SERVICE
CONTRACT NO: «Contract_»

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING URGENT CARE CLINIC SERVICE

The Term for the provision of Urgent Care Clinic Service is the period from 1 July 2016 (“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.

2. SPECIFIED AREA AND SERVICE LOCATION (CLAUSE 4)

«Service_Location_of_Clinic»

3. SERVICE ITEMS AND PRICES (CLAUSE 15)

Table 1 - Service Items and Prices

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
UC01	Level 1 Consultation – in hours	An initial consultation of up to 20 minutes, between the hours of 8am – 5pm Monday to Friday.	\$72.78	Per visit
UCA1	Level 1 Consultation – out of hours	An initial consultation of up to 20 minutes, between the hours of 5pm – 8am Monday to Friday, weekends and public holidays.	\$90.86	Per visit
UC02	Level 2 Consultation – in hours	An initial consultation of 21 – 40 minutes, between the hours of 8am – 5pm Monday to Friday.	\$126.99	Per visit
UCA2	Level 2 Consultation – out of hours	An initial consultation of 21 – 40 minutes, between the hours of 5pm – 8am Monday to Friday, weekends and public holidays.	\$161.71	Per visit
UC03	Level 3 Consultation – in hours	An initial consultation of over 40 minutes, between the hours of 8am – 5pm Monday to Friday.	\$228.85	Per visit
UCA3	Level 3 Consultation	An initial consultation of over 40 minutes, between the hours of 5pm – 8am Monday to Friday, weekends and public holidays.	\$250.66	Per visit
UC10	Simple Follow-up Consultation	A follow-up consultation of up to 20 minutes	\$62.84	Per visit
UC11	Complex Follow-up Consultation	A follow-up consultation of 21 minutes or longer	\$120.20	Per visit
UCT1	Level 1 Telehealth Initial Consultation – in hours	An initial consultation of up to 20 minutes, between the hours of 8am – 5pm Monday to Friday.	\$72.78	Per visit

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
UAT1	Level 1 Telehealth Initial Consultation – out of hours	An initial consultation of up to 20 minutes, between the hours of 5pm – 8am Monday to Friday, weekends and public holidays.	\$90.86	Per visit
UCT2	Level 2 Telehealth Initial Consultation – in hours	An initial consultation of 21 – 40 minutes, between the hours of 8am – 5pm Monday to Friday.	\$126.99	Per visit
UAT2	Level 2 Telehealth Initial Consultation – out of hours	An initial consultation of 21 – 40 minutes, between the hours of 5pm – 8am Monday to Friday, weekends and public holidays.	\$161.71	Per visit
UCTS	Simple Telehealth Follow-up Consultation	A follow-up consultation of up to 20 minutes	\$62.84	Per visit
UCTC	Complex Telehealth Follow-up Consultation	A follow-up consultation of 21 minutes or longer	\$120.20	Per visit
UC14	Urgent Care Consultation - child under 14yrs additional payment	Free visits for all children under 14 years of age. (Note: (1) No co-payment will be charged for consultations. (2) Can only be charged once per consult, and; (3) cannot be charged in conjunction with UCSC, UCSD).	\$26.36	Per visit
UCSC	Urgent Care Consultation – Community Services Card (CSC) holder additional payment	Discounted visits for all CSC holders. (Note: (1) a maximum co-payment of \$19.50 (incl. GST) will be charged for consultations. (2) Can only be charged once per consult, and; (3) cannot be charged in conjunction with UC14, UCSD).	\$20.82	Per visit
UCSD	Urgent Care Consultation- Dependant of CSC holder additional payment	Discounted visits for all Dependents of CSC holders. (Note: (1) a maximum co-payment of \$13.00 (incl. GST) will be charged for consultations. (2) Can only be charged once per consult, and; (3) cannot be charged in conjunction with UC14, UCSC).	\$26.51	Per visit

Table 2 - Procedure Code Prices

These Procedure codes cannot be invoiced for Procedures covered in Table 4. Procedure codes below include the time and materials to complete the procedure. As per clause 5.2.4, *when performing Procedures described in Part A, clause 3, Table 2 the Supplier may invoice for an Initial Consultation Level 1 or Simple Follow-up Consultation. An Initial Consultation Level 2 or 3 or a Complex follow-up Consultation may only be invoiced with the Procedures described in Part A, clause 3, Table 2 if the clinical records support the need for the longer Consultation.*

The Secondary Service Item codes are used when invoicing multiple Procedures on a single injury site during one Consultation. See clause 15.8.

Service Item Definition	Primary Service Item Code	Primary Service Item Price (excl. GST)	Secondary Service Item Code	Secondary Service Item Price (excl. GST)	Pricing Unit
Dressing of significant burns or abrasions (excluding those covered in Initial Consult 1 / Simple follow-up) of a total surface area of up to 4 sq cm per body site (as indicated in the body map in Appendix One). May be invoiced once per affected body site.	UC20	\$35.84	U220	\$17.92	Per procedure
Dressing of significant burns or abrasions (excluding those covered in Initial Consult 1 / Simple follow-up) of a total surface area greater than 4 sq cm per body site (as indicated in the body map in Appendix One). May be invoiced once per affected body site.	UC21	\$77.79	U221	\$38.90	Per procedure
Repair of significant wound ≤ 7 cm. Skin and subcutaneous tissue or mucous membrane, repair of wound (not more than 7cm long) requiring skin closure by suture, clips, skin adhesive strips or glue including cleaning, debridement, irrigation, local anaesthetic and dressing.	UC30	\$106.52	U230	\$53.26	Per procedure
Repair of significant wound > 7cm. Closure of open wound(s) of skin and subcutaneous tissue or mucous membrane >7cm by sutures, clips, skin adhesive strips or glue; any necessary care and treatment including cleaning and debridement, exploration, administration of anaesthetic and dressing.	UC31	\$144.52	U231	\$72.26	Per procedure
Above elbow cast immobilisation of fracture or significant soft tissue injury of upper limb where this meets best practice.	UC40	\$143.32	U240	\$71.66	Per procedure
Below elbow cast immobilisation of fracture or significant soft tissue injury of upper limb where this meets best practice.	UC41	\$110.47	U241	\$55.24	Per procedure

Service Item Definition	Primary Service Item Code	Primary Service Item Price (excl. GST)	Secondary Service Item Code	Secondary Service Item Price (excl. GST)	Pricing Unit
Lower limb cast immobilisation of fracture or significant soft tissue injury including Achilles tendon ruptures and partial ruptures where this meets best practice.	UC42	\$222.76	N/A	N/A	Per procedure
Relocation of dislocated joint of finger or toe under anaesthetic. Reduction of fracture of proximal, middle or distal phalanx of hand or foot, requiring reduction under anaesthetic.	UC50	\$68.89	U250	\$34.45	Per procedure
Relocation of dislocated joint of wrist, ankle or elbow under anaesthetic. Relocation of dislocated shoulder or hip under procedural sedation and/or analgesia. Includes splinting where necessary, but does not include casting. This item will generally involve radiological investigation.	UC51	\$150.92	U251	\$75.46	Per procedure
Soft tissue injury management- simple soft tissue injuries (other than splinting dislocation of fractured digit) unless specified elsewhere; management of simple sprain of wrist/ankle/knee/elbow or other soft tissue injury requiring crepe bandage, sling or similar immobilisation or padded splint or specific strapping with agreed guidelines (includes splinting ankle sprains).	UC60	\$35.84	U260	\$17.92	Per procedure
IV medication - Administration of intravenous medication requiring insertion of intravenous cannula, immobilisation of limb (for purposes of IV medication), IV infusion and/or IV injection of medication. Includes consumables and administration time.	UC70	\$83.69	N/A	N/A	Per procedure
Internal Examination for Maternal Birth Injury.	UC90	\$85.90	N/A	N/A	Per procedure

Table 3 – Consumable Code Prices

These consumable codes are just for the price of the consumable and do not include time.

Service Item Code	Service Item Definition	Price (excl. GST)	Pricing Unit
UC80	Crutches hire – Limited to one pair per claim.	\$36.53	Per claim
UC81	Simple orthotics such as off the shelf or pre-made wrist & finger splints, foot and ankle splints including any requirement for slings in combination with these. Includes immobilisation by sling, collar and cuff or U-Slab. This procedure code cannot be invoiced in conjunction with UC40, UC41, UC42, UC51, UC60 or UC82 for the same injury site. Limited to one orthotic per injury site per claim.	Actual and reasonable cost	Per orthotic
UC82	Moonboot – limited to one moonboot per claim.	Actual and reasonable cost	Per claim
UC83	Thermoplastic orthotics - wrist or finger splints made from thermoplastic materials. This procedure code cannot be invoiced in conjunction with UC40, UC41, UC51, UC60. Limited to one orthotic per injury site per claim.	Actual and reasonable cost	Per orthotic

Table 4 - Other Procedures

The table below provides a non-exclusive list of Procedures (other than Procedures listed in Table 2 of this Part A) which are to be provided as part of the applicable Consultation. The table also provides an example of the Consultation type (as outlined in Table 1 of this Part A) that should be carried out when performing such Other Procedures. An Initial Consultation or Follow-up Consultation of longer duration than listed in Table 4 may be invoiced if the clinical records support the need for the longer Consultation.

Level	Description	Other Procedures
1	An initial consultation of up to 20 minutes	<ol style="list-style-type: none"> 1. Clean and dress simple wounds, e.g. superficial lacerations, abrasions, burns and single contusions with application of elastoplasts or simple dressings. 2. Simple removal of non-embedded foreign body from eye or ear, nose, mouth, skin or subcutaneous tissue site (excluding rectum or vagina) without incision. 3. Simple irrigation of eye (with or without ocular anaesthetic) or wound with small volumes of saline not requiring formal re-assessment or other treatment. 4. Re-application of simple splint to dislocated or fractured digit. 5. Removal of dressing. 6. Removal of sutures and application of sticking plaster, not requiring more complex redressing. 7. Follow-up check of simple abrasions or lacerations or sprains. 8. Perform plaster check. 9. Removal of plaster casts and below elbow fibreglass casts. 10. Aspiration or incision, without use of infiltrated anaesthetic, of small abscess or haematoma (including dressing). 11. Application of strapping to dislocated or fractured digit. 12. Removal or debridement of nail or nails without anaesthetic. 13. Removal of packing of nose, or packed abscess or haematoma.

Level	Description	Other Procedures
2	An initial consultation of 21 – 40 minutes	<ol style="list-style-type: none"> 1. Removal of embedded or impacted foreign body from cornea or conjunctiva, or from auditory canal, or nasal passages, from skin or subcutaneous tissue with incision with or without anaesthetic. Including formal Saline irrigation with 500ml Saline. 2. Drainage of abscess or haematoma with incision (with or without infiltration of local anaesthetic agent). 3. Application of simple or thermoplastic splint (other than splinting of dislocated or fractured digit) unless specified elsewhere. 4. Nail, simple removal of. 5. Removal of nail requiring the use of digital anaesthesia. 6. Closed reduction of dislocated patella without anaesthetic (plaster cast not required). 7. Closed reduction of fracture of nasal bones 8. Removal of fibreglass cast above elbow, above or below knee. 9. Reduction of dislocated shoulder <u>without</u> anaesthesia and/or sedation. 10. Application of pressure dressing. 11. Injection of steroid into joint, tendon, bursa, or other subcutaneous tissue or space. 12. Repositioning and splinting of displaced tooth. 13. Re-implantation of tooth. 14. Sedative dressing (or anaesthetic) for emergency dental treatment. 15. Performing radiological investigation where this includes pre-assessment of injury, discussion with Client on reasons for investigation, ordering of investigation(s), interpretation of radiology, discussion with Client of radiological findings, options for treatment, and documentation in the clinical record that reflects this. 16. Slit lamp review of eye injury.
3	An initial consultation of over 40 minutes	<ol style="list-style-type: none"> 1. Resuscitation of patient including any procedure such as defibrillation, prolonged monitoring, or emergency needle decompression, and patient transfer. 2. Prolonged assessment and treatment of patient with multiple and/or complex injuries (e.g. head injuries requiring complete neurological assessment and observation) where the clinical record clearly reflects the time taken.
Simple Follow-up	Simple Follow-up Consultation	All procedures listed under Initial Consultation Level 1.
Complex Follow-Up	Complex Follow-up Consultation	<p>All procedures listed under Initial Consultation Level 2 and 3.</p> <p>A Structured Rehabilitation Consultation may occur for those clients that have suffered a significant injury when a detailed rehabilitation plan is required to assist their recovery as part of continuity of injury management for specific presentations.</p> <p>The consultation includes:</p> <ul style="list-style-type: none"> • Review of history (including injury, medical and social history), confirmation of diagnosis, functional assessment and treatment plan. • May involve other health professionals in a multidisciplinary consultation. • Rehabilitation plan will include setting expectations around return to work or independence and realistic timeframes, a discussion around functional outcomes, partial fitness and alternate duties.

Level	Description	Other Procedures
		<ul style="list-style-type: none"> • Where the client is employed, this should include co-ordination with the employer. • Client may be referred to other treatment providers as a result of this consultation. • The rehabilitation plan will be developed in conjunction with the client and will be agreed by both parties. • The GP should be consulted where appropriate and the plan should be communicated to them. • Clinical notes will evidence the need for this consultation and plan.

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

Table 5 - Relationship Management

Level	ACC	Supplier
Client	Recovery Team / Recovery Team Member	Individual staff or operational contact
Relationship and performance management	Engagement and Performance Manager	Operational contact / Regional Manager
Service Management	Portfolio Team or equivalent	National / Regional Manager

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

NOTICES FOR SUPPLIER TO:

«Vendor_Name_Legal»
«Vendor_Name_Trade»
«Physical_Address_1» (for deliveries)
«Physical_Address_2»
«Physical_City»
«Postal_Address_1» (for mail)
«Postal_Address_2»
«Postal_City» «Postal_Code»
Marked: "Attention: «Contractual_First_Name» «Contractual_Surname»"
Phone: «Contractual_Phone»
Mobile: «Alternative_Number»
Email: «Contractual_Email»

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B. SERVICE SPECIFICATIONS FOR URGENT CARE CLINIC SERVICE

1. PURPOSE

- 1.1. The purpose of the Urgent Care Clinic Service is to provide episodic care on a no-appointment basis that refers the Client back to their General Practice Team (GPT) as soon as it is clinically safe to do so.
- 1.2. As part of the service Urgent Care Clinics ('Clinic{s}' or 'UCC{s}') will also be able to provide continuity of injury management for specific presentations like uncomplicated fractures, Achilles tendon tears and ruptures, severe sprains, and more complex wounds if they cannot be safely managed by the Client's GPT or another ACC funded service.
- 1.3. Treatment may be provided for a period of up to 8 weeks from the time of first presentation to any contracted UCC, if the conditions in Part B, clause 1.1 or 1.2 are met or the Client chooses to return to the UCC even though they had been referred on, or discharged by, the UCC. For the exception process for treatment beyond 8 weeks, please see clause 5.4.

2. SERVICE OBJECTIVES

- 2.1. ACC will measure the success of this service based on the following objectives:
 - 2.1.1. Clients receive timely service for injuries that require urgent treatment.
 - 2.1.2. The Service supports Clients' early and sustainable return to work and normal daily life.
 - 2.1.3. Clinics only provide necessary and appropriate treatment for injury-related conditions.
 - 2.1.4. Clinics support the Client's GPT by providing clinical notes, including Follow-up Plans and a list of any medications prescribed, in a timely manner and referring the Client back to their GPT as soon as it is clinically safe to do so.
 - 2.1.5. Clinics have the clinical capability to manage presentations that cannot be safely treated in general practice but do not require hospital level care.
 - 2.1.6. Clinics will provide Services in a manner that supports integration across the primary care sector and the sustainability of the Health Care system.

3. SERVICE COMMENCEMENT

- 3.1. To be eligible for the Service, a Client must meet all the following criteria:
 - 3.1.1. The Client has a personal injury as defined by the Accident Compensation Act (AC Act) for which a claim for cover has been accepted, or is likely to be accepted, in the Service Provider's experience;
 - 3.1.2. The Client's injury requires more urgent treatment than can be accommodated by their GPT;
or
the Client accesses the service because of their perception of urgency or service at the GPT is not available;
or
the Client requires continuity of injury management for a specific presentation that cannot be safely managed by their GPT or another ACC funded service.

3.1.3. In some circumstances, a Client who has been referred by the UCC on to another treatment provider or back to their GPT may re-present to a UCC for treatment. Clinics can invoice ACC for services under this Service Schedule for re-presentations subject to treatment timeframes and triggers (see Part B, clause 5.4 below and operational guidelines for more information on treatment extensions).

3.2. Referral Process

3.2.1. Clients may self-refer to the UCC or be referred by other treatment providers.

4. SERVICE LOCATION OR SPECIFIC AREA (PART A CLAUSE 2)

4.1. The Supplier will provide Services in the Supplier's facility/facilities specified in Part A clause 2.

4.2. Each individual facility must maintain accreditation against 'the Urgent Care Standard' and comply with all requirements of 'the Urgent Care Standard' at all times.

4.3. If the Supplier operates several Clinics each Clinic is required to meet all requirements of this Service Schedule individually.

5. SERVICE REQUIREMENTS

The Supplier will provide services at the appropriate level based on the complexity of Client need and time required to deliver the Service and in accordance with this clause 5 and the Operational Guidelines.

5.1. Consultation Levels

5.1.1. All consultations are provided by a Medical Practitioner, Nurse Practitioner, Registered Nurse, or Enrolled Nurse and include assessment and treatment. The level of consultation is dependent upon the Client need and complexity as indicated by time required to assess and treat. Any Service Provider providing Services must be acting within their scope of practice.

5.1.2. Services can be delivered via Telehealth, where clinically appropriate. Services delivered by Telehealth must:

5.1.2.1. have Client or authorised representative consent (recorded in the clinical notes), and with the option of an in-person meeting if the Client prefers;

5.1.2.2. be preceded by an initial risk assessment to ensure Client safety;

5.1.2.3. meet the same required standards of care provided through an in-person consultation;

5.1.2.4. have clinical records that meet ACC and professional body requirements;

5.1.2.5. meet the requirements outlined in the standards/guidelines of the New Zealand Medical Council. If there is a difference between the regulatory body statements and what is stated in this Service Schedule, then the Service Schedule conditions take precedence;

5.1.2.6. have both the Client receiving the Telehealth service, and the Service Provider delivering the Telehealth service, physically present in New Zealand at the time the service is provided.

5.1.3. The appropriate consultation level is determined by the time a Medical Practitioner, Nurse Practitioner, Registered Nurse, and/or Enrolled Nurse spends with the Client (excluding triage).

- 5.1.4. In some circumstances the complexity of injury may require multiple Clinicians treating the Client at the same time (excluding performing procedures listed in Part A, clause 3, Table 2). In these cases Clinicians' time is counted cumulatively towards the Consultation level. Clinical records need to clearly reflect the need for multiple Clinicians.
- 5.1.5. Time spent triaging the Client or performing Procedures listed in Part A, clause 3, Table 2 does not count towards the time to determine the appropriate Consultation level.
- 5.1.6. Initial consultations Level 1 – 3 can only be used for a Client's first visit per claim to an individual UCC. Simple or Complex Follow-up Consultations are used for any subsequent visit – either scheduled or un-scheduled.
- 5.1.7. Payment for all Consultations are inclusive of the time required by the Service Provider(s) to provide the assessment, treatment, creation of clinical notes (including Follow-up Plan), health education, self-management and injury prevention advice, and referral for other services.
- 5.1.8. Payment for all Consultations includes materials, consumables, equipment and pharmaceutical items used during treatment and the short-term loan of orthotics and equipment (other than those listed in Part A, clause 3, Table 3).
- 5.1.9. The codes UC14, UCSC, UCSD (whichever is relevant), can be invoiced in addition to the relevant Consultation codes if the Client is:
 - 5.1.9.1. under 14 years of age, or
 - 5.1.9.2. holds a CSC, or
 - 5.1.9.3. is a Dependant of a CSC holder.
- 5.1.10. Clinical records must support the need for initial consultation level 2 or 3 or a complex follow-up consultation.
- 5.1.11. The Supplier will only invoice ACC for one additional payment on top of the appropriate consultation level for Clients under the age of 14 - as per Part A, Table 1.

5.2. Procedures

- 5.2.1. Procedures performed during a consultation that may be invoiced in addition to the relevant consultation are described in Part A, clause 3, Table 2.
- 5.2.2. Procedure codes described in Part A, clause 3, Table 2 may only be invoiced if the treatment meets best practice guidelines.
- 5.2.3. Part A, clause 3, Table 2 the price of the procedure code includes material and time to complete the procedure and time taken for the procedure should not be added to determine the consultation level.
- 5.2.4. When performing Procedures described in Part A, clause 3, Table 2 the Supplier may invoice for an Initial Consultation Level 1 or Simple Follow-up Consultation. An Initial Consultation Level 2 or 3 or a Complex follow-up Consultation may only be invoiced with the Procedures described in Part A, clause 3, Table 2 if the clinical records support the need for the longer Consultation.

5.3. Consumables

- 5.3.1. Consumables that may be invoiced in addition to the relevant consultation and procedure codes are described in Part A, clause 3, Table 3 – Consumable costs prices.
- 5.3.2. Consumable codes described in Part A, clause 3, Table 3 may only be invoiced if the use of the Consumable meets best practice guidelines.
- 5.3.3. In Part A, clause 3, Table 3 the price of the Consumable code includes only material cost. The time to e.g. fit the Consumable and provide client education regarding the consumable is not included in the Consumable price and can be counted towards determining the appropriate Consultation Level for the visit.

5.4. Extension Request Process

- 5.4.1. There are limits on treatment duration, Consultation numbers and selected Procedure codes. It is expected that presentations to UCCs will be managed within 8 weeks of initial presentation to any UCC and within the trigger numbers for Consultation and Procedure codes. ACC recognises that in exceptional circumstances treatment beyond these limits might be necessary and an exception process has been developed to support this. Details of the extension process are in the Operational Guidelines.
- 5.4.2. If ACC does not approve the extension request under the UCC contract, then the Supplier is able to invoice for the treatment provided under the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003 (Regulations), provided the treatment met all the requirements for such treatment including that it was necessary and appropriate treatment for a covered injury.

5.5. Orthotics

- 5.5.1. Medical Practitioners may prescribe and provide simple orthotics when there is an assessed need; and
 - 5.5.1.1. Provision will support a Client's recovery from injury and return to independence with work or daily living activities, or
 - 5.5.1.2. Provision will support prevention of re-injury or secondary injury.

5.6. Triage

- 5.6.1. Clients will be triaged at each un-scheduled visit to the UCC in line with the Urgent Care Standard approved triage system that the Clinic chooses to use. The cost of triage has been factored into all consultation codes, so the time taken for triage does not contribute to determining consultation levels.

5.7. Rehabilitation

Clinics will contribute to the community-based rehabilitation of Clients by:

- 5.7.1. Providing urgent initial treatment and referring the Client back to their GPT or other provider for on-going treatment and rehabilitation (e.g. physiotherapist, specialist, contracted Nursing Services).
- 5.7.2. Initiating rehabilitation pathways to address the Client's on-going needs (e.g. referral to allied therapy or to ACC for social or vocational rehabilitation).
- 5.7.3. Providing continuity of injury management for specific presentations as agreed with the Client and advised to their GPT via Follow-up Plan.
- 5.7.4. Having early conversations with Clients to:
 - 5.7.4.1. Set expectations for recovery and return to work and normal daily activities,
 - 5.7.4.2. Discuss the importance of early return to work and normal daily activities as a contributor to rapid rehabilitation and recovery; or
- 5.7.5. Being involved in the planning and management of the Client's vocational rehabilitation, in the unusual event that the UCC is providing continuity of care for an injury presentation that cannot be safely managed by the Client's GPT during that time.

5.8. Determination of Capacity to Work

- 5.8.1. Medical Practitioners and Nurse Practitioners will take a 'fitness' rather than a 'sickness' approach to certification to support Clients returning to work and normal daily activities as soon as it is safe to do so.
- 5.8.2. Certification must take into consideration the Client's capacity to perform activities, not the availability of suitable duties.

- 5.8.3. The Medical Practitioner or Nurse Practitioner will assess the Client's capacity to work safely, and recommend:
 - 5.8.3.1. Fit for selected work or fully unfit; and
 - 5.8.3.2. Any modifications to the Client's duties, hours of work or workplace equipment that will enable the Client to recover at work.
- 5.9. Submission of Medical Certificates to ACC
 - 5.9.1. ACC18s (medical certificates) must be submitted electronically to ACC using the eACC18.
- 5.10. Injury Prevention

Clinics will take an active role in injury prevention for Clients by:

 - 5.10.1. Identifying Clients who are at risk of future injuries and providing some immediate recommendations where the opportunity arises. For example:
 - 5.10.1.1. Clients who require falls prevention interventions, for example elderly Clients who had minor falls, but are at risk for a more severe injury (e.g. neck of femur fracture) due to falls in the future
 - 5.10.1.2. Clients who had work accidents due to not using appropriate personal protection equipment
 - 5.10.2. Advising ACC if the Client requires assistance to ensure their safety while recovering from injury. For example:
 - 5.10.2.1. Mobility equipment e.g. walking frames if the Client is weight bearing but might have balance issues due to their injury
 - 5.10.2.2. Other equipment the Client requires to safely participate in their activities of daily living e.g. shower stools and toilet seats
 - 5.10.2.3. Additional interventions/services e.g. home help, child care, transport
 - 5.10.3. Referring the Client to their GPT for follow-up on any identified need for injury prevention interventions that cannot be addressed as part of the episodic care provided by the UCC.
- 5.11. Health Literacy and Self-Management
 - 5.11.1. UCCs will assist the Client to understand:
 - 5.11.1.1. The nature and impact of their injury;
 - 5.11.1.2. How they can actively contribute to their treatment plan in order to support rapid healing;
 - 5.11.1.3. Risks of not following their treatment plan; and
 - 5.11.1.4. How to access care when required
 - 5.11.2. UCCs will assist the Client to self-manage their injury to the extent possible, taking into consideration the Clients understanding of their injury and what is required to look after it as well as the Client's personal circumstances which might impact on their ability to self-manage their injury.
- 5.12. Follow-up Plan
 - 5.12.1. Service providers will include a follow-up plan in medical notes following the first consultation with a Client and after any subsequent consultation if there are changes to the follow-up plan.
 - 5.12.2. The follow-up plan will outline whether the Client was referred back to the GPT or another treatment provider (e.g. to specialist, nursing services or physiotherapy) or if the UCC is planning to continue treatment.
 - 5.12.3. The rationale for continuing treatment at the UCC rather than referring back to the GPT will be documented in the clinical records.

6. SERVICE SPECIFIC QUALITY REQUIREMENTS

6.1. Accreditation

6.1.1. Each individual Clinic facility must be accredited against the Urgent Care standard and continue to meet all requirements of this accreditation framework during the Term of this Service Schedule.

6.2. Responsibilities of the Medical Director Supported by Nursing Service Coordinator:

6.2.1. Each Clinic's Medical Director and Nursing Service Coordinator will conduct internal audits of the quality of clinical record keeping against the requirements outlined in the Urgent Care standard, as well as:

6.2.1.1. Assessing individual Medical Practitioners, Nurse Practitioners, Registered Nurses and Enrolled Nurses on the quality and safety of their practice,

6.2.1.2. Checking that notes following the first consultation include a follow-up plan and that this is updated accordingly if there are changes to the planned treatment.

6.2.2. The Medical Director will ensure that ACC specific induction and orientation is provided to all staff at the Clinic before they commence independent practice or – in the case of administration staff – before they work unsupervised.

6.3. Facility and Staffing Requirements

6.3.1. The Supplier will ensure that each Clinic is open 8am to 8pm every day, including weekends and public holidays. Exceptions from these opening hours need to be approved by ACC. The Supplier will confirm that they have consulted with their local Te Whatu Ora District team, and any other Clinics that may be affected by a change to the Supplier's opening hours, before an exception will be approved by ACC.

6.3.2. The Supplier will ensure that all Service Providers are Registered Nurses, Enrolled Nurses, Nurse Practitioners or Medical Practitioners practicing within their designated scope of practice.

6.3.3. The Supplier will ensure that Clinics have a documented system in place whereby Clinicians can access expert clinical advice to support sound decision making during all opening hours of the Clinic. An appropriate senior Clinician must be available on site or by phone to provide clinical support for clinical staff.

6.3.4. The Supplier will ensure that a Doctor and a Registered Nurse with the following demonstrated competencies, signed off by the Medical Director (for medical personnel) or Nursing Service Coordinator (for nursing staff), will be on duty during all opening hours of the Clinic:

6.3.4.1. Wound care

6.3.4.2. Triage

6.3.4.3. Plastering

6.3.4.4. X-ray interpretation

7. CO-LOCATION WITH GENERAL PRACTICE

7.1. If Clinics are co-located with a general practice, Clinics must have a clear distinction between their urgent care and general practice services. Clinics cannot charge ACC under this service schedule when a Client is accessing the general practice service.

7.2. Clinics should not induce Clients, who already have a GPT in the area, to enrol with the Clinic's co-located general practice. However, this does not prevent Clients from requesting to enrol with the co-located general practice.

8. CLINICAL SERVICES PROVIDED AT A UCC

- 8.1. If a Specialist provides services under a Clinical Services contract or Elective Surgery contract at a Clinic and Clinic staff provide services that are covered under the Clinical Services contract or the Elective Surgery contract (e.g. plastering, wound dressing or other services usually provided by a specialist's practice nurse), the Clinic may not invoice ACC for these services as they are already covered under the Clinical Services contract or the Elective Surgery contract.

9. SERVICE EXIT

- 9.1. This Service is complete for a Client when:
- 9.1.1. The Client has been referred back to their GPT for on-going care if required (unless the Client represents to the Clinic of their own volition); or
 - 9.1.2. The treatment trigger has been reached (either the 8 week period or the consultation and procedure code trigger numbers); in which case the Client's treatment must be claimed under Regulations or the Client must be referred onward unless otherwise approved by ACC;

Whichever occurs first.

10. EXCLUSIONS

- 10.1. The following Services are not purchased under this Service Schedule but may be purchased under other Service Schedules or Regulations:
- 10.1.1. Diagnostic films/reports.
- 10.2. The Supplier may not provide services to a Client under Regulations if the Clinic has also provided UCC services in respect of the same injury on the same day. (This clause is in addition to clause 8.12 of the Standard Terms and Conditions.)

11. LINKAGES

- 11.1. The Supplier will ensure that linkages are maintained with the following:
- 11.1.1. The Client's GPT
 - 11.1.2. ACC
 - 11.1.3. Client's employers, if applicable
 - 11.1.4. Providers of other services, if applicable.

12. PERFORMANCE REQUIREMENTS

- 12.1. The Supplier's performance will be measured against key performance measures specified in the table below:

#	Objective	Key Performance Measure	Target	Data Source
1	ACC client satisfaction	1a. Wait time to see a decision-making clinician	>80% of clients are satisfied with their experience	ACC Heartbeat Survey
		1b. Understanding of their diagnosis and treatment		
		1c. Level of respect shown from their clinicians		
		1d. Overall visit to the clinic		

#	Objective	Key Performance Measure	Target	Data Source
2	Appropriate medical certification	Percentage of initial medical certificates (ACC45) that are Fit for Selected Work (FFSW)	>30% FFSW	ACC data
3	Appropriate follow-up by General Practice	Percentage of UCC attendances, that have a follow-up consultation, are followed up by General Practice	>40% follow-up by General Practice	ACC data

13. REPORTING REQUIREMENTS

13.1. Annual Reporting

13.1.1. The Supplier will annually report information in accordance with Table 6 on the template provided by ACC for the period from 01 July to 30 June via email (primarycare@acc.co.nz). Reporting needs to be completed for each individual Clinic. Reporting for each reporting period is due to be received by ACC by 1 August after the period being reported on:

Table 6 – Annual Reporting Requirements

Information	Details
Service utilisation	<ol style="list-style-type: none"> Percentage of ACC Clients seen in the UCC during normal business hours / after hours Normal business hours: <ul style="list-style-type: none"> 8am – 5pm Monday to Friday After hours: <ul style="list-style-type: none"> Before 8am / after 5pm Monday to Friday Weekends Public holidays Average wait times during normal business hours / after hours Percentage of patients seen in the UCC who were enrolled / not enrolled with your practice
Triage system audits	<ul style="list-style-type: none"> Dates of internal triage audits Summary of exception report from internal audits (including remedial actions)
Accreditation Certification	<ul style="list-style-type: none"> Expiry date of current accreditation certification against the Urgent Care Standard If a certification audit was completed within the reporting period, details of any corrective actions required
Service Availability	<ul style="list-style-type: none"> Number of days during the reporting period where the UCC was not open for the contracted hours of 8am – 8pm

13.2. Exception Reporting

13.2.1. The Supplier will report information via email to ACC (primarycare@acc.co.nz) within five business days of any event listed in Table 7 that has, or is likely, to occur.

Table 7 – Exception Reporting Requirements

Information	Details
Reduced opening hours	<p>Clinic is not open from 8am to 8pm or open less than as per approved exception for that Clinic:</p> <ul style="list-style-type: none"> on two consecutive days or; for more than three days in one calendar week or; for one or more day/s a week on two consecutive weeks

Information	Details
	<p>(i.e. this excludes minor “one-off” service discontinuity episodes such as early closure due to sudden staff illness and emergency evacuations)</p> <p>The Supplier must provide:</p> <ul style="list-style-type: none"> • Details of reduction in opening hours • Reason for reduction • Expected date that clinic will resume normal opening hours
<p>Reduced availability of Medical Director or Nurse Service Coordinator</p>	<p>Medical Director and/or Nurse Service Coordinator or appropriate Clinician to perform their roles is not available for the required 20 hours per week.</p> <p>Exception reporting is not required if, for example the usual Medical Director or Nurse Service Coordinator is on annual leave, sick leave or other unplanned leave as long as there is another appropriate Clinician available for 20 hours a week to perform their duties.</p> <p>Exception reporting is only required if no adequately qualified replacement is available and therefore the Clinic does not have sufficient clinical governance and support available. Reporting is required as soon as either one of the two roles is not filled for at least 20 hours per calendar week.</p>
<p>Withdrawal of certification against the UC standard</p>	<p>Auditing bodies may decide to remove certification against the Urgent Care Standard – for example in cases where the Clinic moved to new premises and they do not meet the requirements of the standard.</p>
<p>Occurrence of adverse events</p>	<p>Ensure ACC is advised promptly where high risk incidents or sentinel events occur.</p>

13.3. Audit Reports

13.3.1. Clinics will provide ACC with copies of the exception report and completion report from their audits against the Urgent Care Standard or the Accident & Medical Clinic Standard within 30 days of the report being available – via email (primarycare@acc.co.nz).

13.4. Additional Reporting

13.4.1. Suppliers will provide any additional information to ACC as reasonably requested.

14. RELATIONSHIP MANAGEMENT

14.1. To ensure the continuing effective operation of the service, formal working relationships are to be maintained as defined in Part A, clause 4, Table 5 – Relationship Management.

15. PAYMENT AND INVOICING

15.1. Services prices are defined for this Service in Part A, Section 3, Table 1 - Service Items and Prices Table 2 – Procedure code prices, and Table 3 – Consumable cost prices.

15.2. ACC agrees to pay the prices set out in Part A, Section 3, Table 1 - Service Items and Prices Table 2 - Procedure code prices, and Table 3 – Consumable cost prices.

- 15.3. The Supplier may charge Clients a reasonable co-payment for services only if the Client is informed of the co-payment prior to the start of the Consultation and/or Procedure. ACC will have no liability to the Supplier if the Client refuses to pay a co-payment.
- 15.4. The Service Provider will not charge a co-payment on any Consultation, Procedure or Consumable for a child under 14 years of age. The Service Provider will charge a maximum co-payment on any Consultation, Procedure or Consumable of \$19.50 (incl. GST) for CSC holders, and \$13.00 (incl. GST) for Dependants of CSC holders.
- 15.5. The Service Provider will sight and record the CSC number in the clinical records, when invoicing ACC for CSC related treatment.
- 15.6. If a public holiday falls on a weekend, and is observed on the following Monday or Tuesday, ACC will pay the relevant out of hours Consultation rate for the actual public holiday, and for the Monday or Tuesday when the public holiday is observed.
- 15.7. GST Invoice
 - 15.7.1. The Supplier is entitled to raise a separate GST invoice for each Client following the completion of the consultation.
 - 15.7.2. The GST invoice must be in the form of XML transactions transmitted to ACC either directly or using the SendInvoice application supplied by ACC.
- 15.8. Price of Two or More Procedures
 - 15.8.1. Most Procedures have a 'primary' and 'secondary' service item code.
 - 15.8.2. If multiple Procedures are required on more than one body site as defined in Appendix Two during a Consultation, the total price will be:
 - 15.8.2.1. The relevant Consultation price; plus
 - 15.8.2.2. All applicable Procedures calculated using the 'primary code' for the procedure.
 - 15.8.3. If multiple Procedures are required on a single body site as defined in Appendix Two during one Consultation, the total price will be:
 - 15.8.3.1. The relevant Consultation price; plus
 - 15.8.3.2. The price of the most expensive Procedure (or if the prices of Procedures are equal, choose either one) calculated using the 'primary code' for the procedure; plus
 - 15.8.3.3. The price of each of the other Procedure(s) calculated using the 'secondary code' for the procedure
 - 15.8.3.4. Procedures in Table 2 with no Secondary Service Item code and Consumable service items in Table 3 are always charged at the full price.
- 15.9. ACC will not pay for a Service where the invoice for the Service is not received within 12 months of the date the Service was provided, or the date cover was granted by ACC, whichever is the later date.

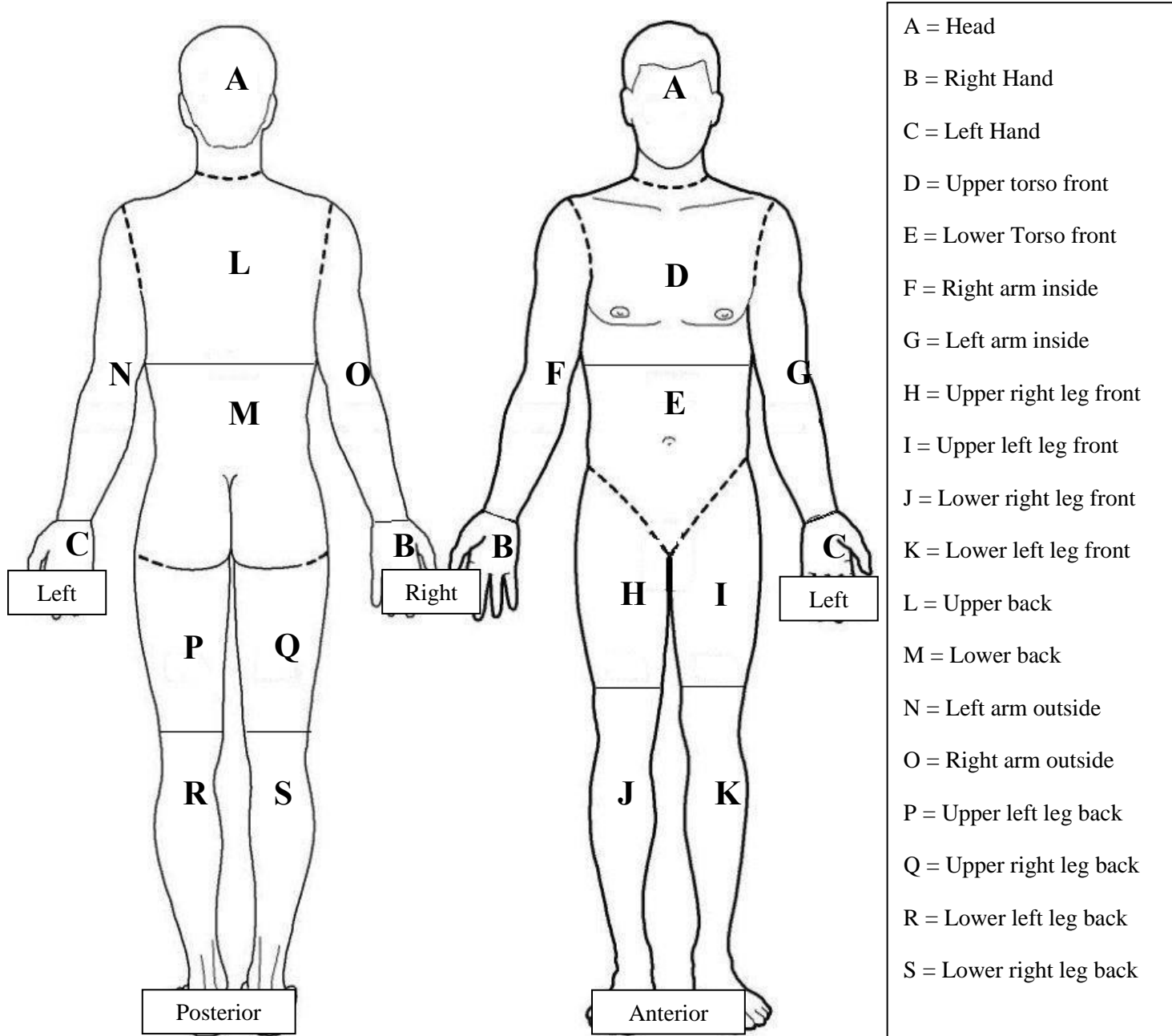
16. DEFINITIONS AND INTERPRETATION

Term	Definition
Clinic or UCC	A clinic operated by the Supplier providing Urgent Care Clinic services that has been accredited against the Urgent Care standard and is specified in Part A, clause 2.
Clinician	A Medical Practitioner, Registered Nurse, Enrolled Nurse, or Nurse Practitioner.
Consultation	Services performed by an Enrolled Nurse, Registered Nurse, Nurse Practitioner and/or a Medical Practitioner at an Urgent Care Clinic within their scope of practice. Consultations may include triage, assessment, treatment, follow up care and certification of fitness for work.
Community Services Card (CSC)	Clients who hold an active CSC card are entitled to a reduced co-payment for all consultations, procedures, and consumables as specified.
Dependant	A Client aged between 14-17 years who is reliant on a CSC card holder. Dependents aged under 14 will be charged at “under 14” rates
Enrolled Nurse	A nurse who is or is deemed to be registered with the Nursing Council of New Zealand as a practitioner of the profession of nursing whose scope of practice permits the performance of enrolled nursing functions and who provides treatment under the direction and delegation of a suitably qualified health professional.
Follow-up Plan	A plan included in the clinical notes that outlines where Clients have been referred to and if the UCC is planning to continue treatment.
General Practice Team	The General Practice where a Client is enrolled as a patient.
Medical Director	A Medical Practitioner with qualifications, experience and responsibilities as defined in the Urgent Care standard and holding this position within a contracted Clinic.
Medical Practitioner	A person registered as a medical practitioner under the Health Practitioners Competence Assurance Act 2003.
Nurse Service Coordinator	A Registered Nurse with qualifications, experience and responsibilities as defined in the Urgent Care standard and holding this position within a contracted Clinic.
Nurse Practitioner	A person who meets the definition of nurse practitioner in the AC Act i.e.: Is or is deemed to be registered with the Nursing Council of New Zealand as a practitioner of the profession of nursing whose scope of practice permits the performance of nurse practitioner functions; and holds a current practising certificate.
Operational Guidelines	Operational guidelines provided by ACC and updated from time to time to assist the Supplier in complying with the terms and conditions of this Service Schedule.
Registered Nurse	A person who meets the definition of nurse in the AC Act i.e.: Is or is deemed to be registered with the Nursing Council of New Zealand as a practitioner of the profession of nursing whose scope of practice permits the performance of general nursing functions; and holds a current practising certificate.
Regulations	Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003.
Simple Orthotic	An “off the shelf” or ready made orthotic or an orthotic that does not need to be custom made or require a technical specialist to fit and adjust.
Trigger Number	Trigger numbers are a system prompt in ACC’s invoicing system to highlight the need for more medical information prior to ACC releasing payments for additional services.
Urgent Care Standard	Urgent Care Standard 2015 – accreditation framework that is mandatory for all contracted UCs.

17. APPENDICES

APPENDIX ONE – BODY SITE MAP FOR BURNS AND ABRASION PROCEDURE CODES (UC20 & UC21)

UC20 and UC21 can be invoiced once per body site as defined on the body map below. If all significant burns or abrasions on one affected body site added together cover up to 4 square cm, Procedure code UC20 is applicable. If the total area of significant burns or abrasions is 4 square cm or more Procedure code UC21 can be invoiced.



APPENDIX TWO – BODY SITE MAP FOR MULTIPLE PROCEDURES

This map of injury sites details what is defined as one injury site for the purpose of determining whether to use the secondary procedure code for the second and subsequent procedure codes on the same injury site.

