

Clinical Records: What you must include for ACC clients

24 MAY 2023

Hosted by

Lindsay Barwick

Provider Monitoring Manager

Bridget Gunn NZRN

Clinical Advisor



**He Kaupare. He Manaaki.
He Whakaora.**

prevention. care. recovery.



► CLINICAL RECORDS: WHAT YOU MUST INCLUDE FOR ACC CLIENTS

Agenda

1

Why your clinical records are important

2

What we need

3

Real example

4

What good looks like

5

Summary

6

Resources

7

Questions

Your clinical records are important

For your profession:

- ✓ You should always meet the clinical records standards of your professional body.

[Acupuncture NZ](#)

[Chiropractic Board](#)

[Osteopathic Council](#)

[Physiotherapy Board](#)

[Podiatry Board](#)

[Chinese Medicine Council - TBA](#)

Your clinical records are important

For your patients:

- ✓ To ensure their safety
- ✓ Optimise their care
- ✓ Providing continuity of care
- ✓ Enable them to access ACC supports



Your clinical records are important

For you:

- ✓ Treatment Injury claims
- ✓ Overtreatment – development of therapist patient reliance
- ✓ Risk of harm



Your clinical records are important

For you:

- ✓ You must be able to demonstrate that the treatment you provided and invoiced for us for meets the legislative criteria.
- ✓ We may recover payment if criteria is not met.



Your clinical records are important

For you – Two key concepts:

Causation:

- ✓ A medico-legal concept which we use to determine whether we can cover a claim and fund the right treatment and support.
- ✓ It means the accident the person experienced meets the legislative description and that the accident has caused an identifiable injury.

Necessary and appropriate:

- ✓ Treatment is required because of the injury
- ✓ Clinically justified, safe and effective – based on best current evidence
- ✓ Delivered only on the number of times needed
- ✓ Delivered only for the duration needed

Your clinical records are important

For ACC:

Determining complex cover for your patient

- ✓ Delayed lodgement
- ✓ Workplace gradual process, infections and disease
- ✓ Mental Injury
- ✓ Treatment injury



Your clinical records are important

For ACC

- ✓ Clinical advisors assist with determining whether treatment or support can be funded by us.
- ✓ We use your records to do this, to support your patient

Additional Treatment

Elective Surgery

Equipment

Extended Home help and Community support

Your clinical records are important

For ACC

- ✓ Clinical advisors assist with determining additional cover.
- ✓ ACC can only provide support for the covered injury.
- ✓ Updating a diagnosis or adding cover for an injury allows us to support your patient access the right support.

A typical presentation for us is that a client has cover for a knee sprain and we receive a request for surgery.

Your clinical records are important

For ACC

- ✓ Clinical records support the need for further treatment (ACC32).

A patient presents following a complex ankle fracture which required surgery.

You are approaching 16 treatments and they haven't met their goals.

Your clinical notes provide us with an understanding of the severity of the injury, the progress made, current function and what further treatment is required to reach their goals.

What ACC needs

- ✓ Claim number (ACC45 or long number)
- ✓ Accident event
- ✓ Injury
- ✓ Causation
- ✓ If using [time-based billing](#) – the time taken to provide direct treatment

- ✓ Treatment
- ✓ Effectiveness
- ✓ Plan
- ✓ Goals/Outcome Measures
- ✓ Legible handwriting

Case study

Bridget is out walking, she rolls her ankle on some uneven ground. She walks home as she is still able to weight bear but her ankle feels quite painful. A few days later she still has some minor swelling and pain in her ankle and receives treatments from her ACC provider. What should your notes include?

Claim number	GHR451
Accident event	Rolled ankle whilst out walking
Injury/Diagnosis	Right lateral ankle sprain.Read Code S550.
Causation	1 week ago rolled ankle/acute injury, c/o minor swelling and pain. No previous problems.
Assessment/Treatment	Describe assessment findings and treatment interventions
Effectiveness	What was the effect of the treatment? Eg Less pain (measure) on wb, decreased swelling (measure), increased dorsiflexion (measure). Tolerated well does not describe how effective a treatment is.
Plan	What are you going to do next? Rv in 1 week is only part of the story. What are you going to review and how are you going to do this? Are you intending to progress/repeat treatment/HEP etc – if so how?
Goals/Outcome measures	SMART. This helps us to understand how well the client is progressing

Good example

2nd follow up visit

Subjective:

Feels as though there has been an improvement in her pain whilst walking, able to walk around 15mins prior to onset of some pain. Not as swollen and not as stiff in morning.

Objective:

Knee to wall L=2cm, R=4cm. Swelling measured around malleoli L=20cm, R=22cm. Single leg balance eyes open L 40secs, R 20secs. Hop L = full and painfree, R = full with pain on landing 4/10

Treatment:

Soft tissue massage to foot/ankle/calf x 10mins, seatbelt mobs into D/F grade 4, 3 x 10. Checked HEP – progress balance ex to eyes closed (ensure safe environment) attempt 3 x 30secs. Continue previous exs of knee to wall stretch and heel raises.

Analysis:

Progressing as expected. KTW measured 2.5cm post treatment with less pain on hop landing 2/10

Plan:

Review in 1 week. Re-check Ox measures as above. Repeat mobs if hasn't achieved full ROM. Check whether she has achieved goal of walking for 30mins painfree. ? Discharge with further advice on self management

Activity time – be a clinical advisor

Can you identify:

- ✓ Claim number
- ✓ Accident event
- ✓ Injury
- ✓ Causation
- ✓ Treatment – could this be reproduced?
- ✓ Effectiveness
- ✓ Plan
- ✓ Goals

Example 1

21. Pulled (C) State + pulled (C) 3rd
 row + shoulder h/w
 (A) Cat 3 That T12 (B) Red
 (C) psoas T12 Cat CS (D) 35 Rd.
 Nid clide + wheel w/ 0 w
 T3 at T8 at (C) (D) 112
 (U) 12 CS (A) 7 mnd 1.1-35 Rd
 21 1-1 h. H. 1 h 11 c 611 w
 12 at P1500 L1 (A) T4 w Rd
 (C) 1312.6 C1A0 CSBK

Example 2

Rx No	Treatment	Cod
21	<p>LT ELBOW - was very sore after her rx.</p> <p>① Ice helps. Did it 1 time a day. Was getting better but had a little fall - caught him self up from falling and re-agg the LT ELBOW, + hit his forehead.</p> <p>o: LT FUR muscles proximal side Red rom Radio/ULNAR joint.</p> <p>MS: MR LT FUR / EXT muscles. GFTING LT Biceps, Triceps, LT Lat DORSI, UFI, CES, TUS.</p> <p>LT VCO LT Radio/ULNAR joint.</p>	

Example 3

TREATMENT RECORD

Treatment Number: 1. 60 minutes Practitioner:

Swelling, Pain, sharp Pain in the back with difficulty in stretching out, bowing and turning about.

Examination: Can not sit, stand and walk.

Acupuncture points are mainly selected from the injured area.

Shen shu, Yao yang guan, wei zhong, Huan tiao, zhi bian, gao. cupping on the affected area.

Example 4

Ankle L INJURY ATF physio exercises- hot pools tension high- workboots with very old orthotics with 4 varus 5 varus low heel min topcover (10 years).

ankle pain fluctuates

L ankle swelling at joint line and into PL/achilles.

Reduced L ankle ROM (pain and feels overstrained at 1/4 end range) R WNL

STJ slightly locked

Functional LLD L longer 1cm from hip

Muscle R>L Tight calves and TA

Balance poor clenching toes and R>L

hip drops R>L with upper trunk rotation

feet in footwear with insoles over riding R, L less motion,

feet barefeet R stiff and limpy with speed

Muscle release R calves and TA

massage R PL/PTT/EDL with lymph drainage (strapped for swelling)

Mobilization STJ and Hip for LLD

Leave orthotics for recover and bring in shoes next time for mods

given cues with gait

Example 5 - Practice Management System

Treatment: Education on injury, treatment options and expected outcomes, Activity advice given regarding ADL, work, sports and general activities at home. Deep tissue massage to Tx /Lx x 10, TP's into Tx ms and Fascial planes

Treatment: Education on injury, treatment options and expected outcomes, Activity advice given regarding ADL, work, sports and general activities at home. Deep tissue massage to Tx /Lx x 10, dry needling into QL and glut TECO, L) SIJ MWMs in sup ly, tape jts together, teach crutch walking

Treatment: Education on injury, treatment options and expected outcomes, Activity advice given regarding ADL, work, sports and general activities at home. Deep tissue massage to Tx /Lx x 10, L) SIJ MWMs in sup ly, tape jts together, warning given and understood remove tape if itchy or sore or after 2 days whichever happens first

Treatment: Education on injury, treatment options and expected outcomes, Activity advice given regarding ADL, work, sports and general activities at home. Deep tissue massage to Tx /Lx x 10, Lx rot NAGs in sitting

Treatment: Education on injury, treatment options and expected outcomes, Activity advice given regarding ADL, work, sports and general activities at home. Deep tissue massage to Tx /Lx x 10, Lx rot NAGs in sitting

Treatment: Education on injury, treatment options and expected outcomes, Activity advice given regarding ADL, work, sports and general activities at home. Deep tissue massage to Tx /Lx x 10, Lx rot NAGs in sitting

Treatment: Education on injury, treatment options and expected outcomes, Activity advice given regarding ADL, work, sports and general activities at home. Deep tissue massage to Tx /Lx x 10, Lx rot NAGs in sitting

Treatment: Education on injury, treatment options and expected outcomes, Activity advice given regarding ADL, work, sports and general activities at home. Deep tissue massage to Tx /Lx x 10, Lx rot NAGs in sitting

Treatment: Education on injury, treatment options and expected outcomes, Activity advice given regarding ADL, work, sports and general activities at home. Deep tissue massage to Tx /Lx x 10, Lx rot NAGs in sitting

Example 6 – Practice Management System

11/06 Subjective: I/M pain cont, trouble sleeping, has to be on back and then wakes. Seeing acupuncturist on Sat. decreased mobility. decreased loading. ant thigh tightness

02/07 Subjective: Not getting any relief from acupuncture sessions, has seen GP and having US next Wed (ARG). I/M pain cont, trouble sleeping, has to be on back and then wakes. decreased mobility and decreased loading. ant thigh tightness

09/07 Subjective: Not getting any relief from acupuncture sessions, had US (ARG). I/M pain cont, trouble sleeping, has to be on back and then wakes. decreased mobility and decreased loading. ant thigh tightness

16/07 Subjective: Tolerated hip hitch ex. Not getting any relief from acupuncture sessions, had US (ARG). I/M pain cont, trouble sleeping, has to be on back and then wakes. decreased mobility and decreased loading. ant thigh tightness

23/07 Subjective: Tolerated ecc hip abd ex at home, doing daily. Has stopped acupuncture this week. Had US (ARG). I/M pain cont, trouble sleeping, has to be on back and then wakes. decreased mobility and decreased loading. ant thigh tightness

30/07 Subjective: Tolerated ecc hip abd ex at home, doing daily. Has stopped acupuncture this week. Had US (ARG). less pain cont, trouble sleeping, has to be on back and then wakes. decreased mobility and decreased loading. ant thigh tightness

06/08 Subjective: R hip less sore than previously, tolerating ecc hip abd ex at home, doing daily. Has stopped acupuncture. Had US (ARG). less pain cont, trouble sleeping, has to be on back and then wakes. ant thigh tightness less

03/09 Subjective: increased LBP over lockdown for several days, unable to sleep but could function through the day. Pain relief didn't help, only Shahkti matt. More settled now. Stopped R hip ex as a result. R hip less sore than previously, had added a concentric set and was tolerating. Had US (ARG). less pain cont, trouble sleeping, has to be on back and then wakes. ant thigh tightness less

What good looks like

Date:15/02/23

Claim number: XY00909

Injury: R MCL Sprain

Accident event: Twisted R knee during taekwondo

S Feels each day his knee is improving, is limping a lot less when doing small steps, still thinks it is partly a confidence issue with avoiding full extension. Has had good adherence to exercises and feels his limping increases after due to muscular fatigue. Has also been incorporating stretches to ease into flexion and extension of the knee, also found light traction of the knee quite easing. He wanted to trial taping tonight for his knee, discussed taping and injury recovery.

O Grade 1 Effusion Minimal tenderness over mediolateral joint line Tightness over medial R hamstring Mild tightness over R quad Knee ROM Knee Flexion: R = 130° L = 145° MMT Quad Strength L = 5/5 R = 4/5 no pain Hamstring Strength L = 5/5 R = 4/5 no pain

Rx TEVC. STM Prone 10min - Hamstring Region STM Supine 5min - Knee Region Knee Flexion Fulcrums x10 Grade 3/5 Passive Knee Extension Stretch x10 Grade 4/5 Education: Discussion on taping vs brace and recovery. Discussed returning to taekwondo tonight to work on foot work, advised to take it slow and avoid kicking movements, discussed avoiding pivot movements for the time being.

WG, VC, Rigid Taping Medial Knee

HEP: (Daily and as often as he can) - Terminal Knee Extension Prone Lying 3x15 - Seated Leg Extension 3x20 - Banded SLR 3x10 - SL Glute Bridge 3x10 each

A Knee Flexion 140 post tx. Tolerated session well. Displays decreased self-efficacy in active movements and feels that he will need taping and bracing when he returns to sport for confidence.

P – R/V 1/52


Resources for you

ACC PROVIDER QUICK GUIDES
Understanding causation 1 of 2

The core of causation


Read time: 3 mins

Before deciding on cover, we need to be confident it's more likely than not the person's injury was caused by their accident. This means our client can get appropriate support for their recovery as soon as possible.



Defining causation

Causation is a medico-legal concept which we use to determine whether we can cover a claim and fund the right treatment and support. It means the accident the person experienced meets the legislative description and that the accident has caused an identifiable injury. A temporal association between an injury and an accident is often necessary, but not sufficient evidence of causation. If a patient has symptoms following an accident, doesn't automatically mean the accident caused an injury.



Causation in a clinical context

When thinking about causation, you should consider and document the following:

- What is the accident?
- What was the mechanism of the injury? e.g. an uncontrolled fall
- What were the initial consequences as described by the patient?
- How are the presenting symptoms related to the injury?
- Are there any pre-existing issues and how might this impact their recovery?

ACC Your responsibilities as an ACC provider | ACC New Zealand

Your responsibilities

Watch time 03:31

Watch on YouTube

ACC Understanding causation | ACC New Zealand

Understanding causation

Watch time 03:48

Watch on YouTube

ACC ACC New Zealand 2.80K subscribers | ACC New Zealand

What ACC covers

Watch time 03:08

Watch on YouTube

ACC PROVIDER QUICK GUIDES
Understanding causation 1 of 2

Working together

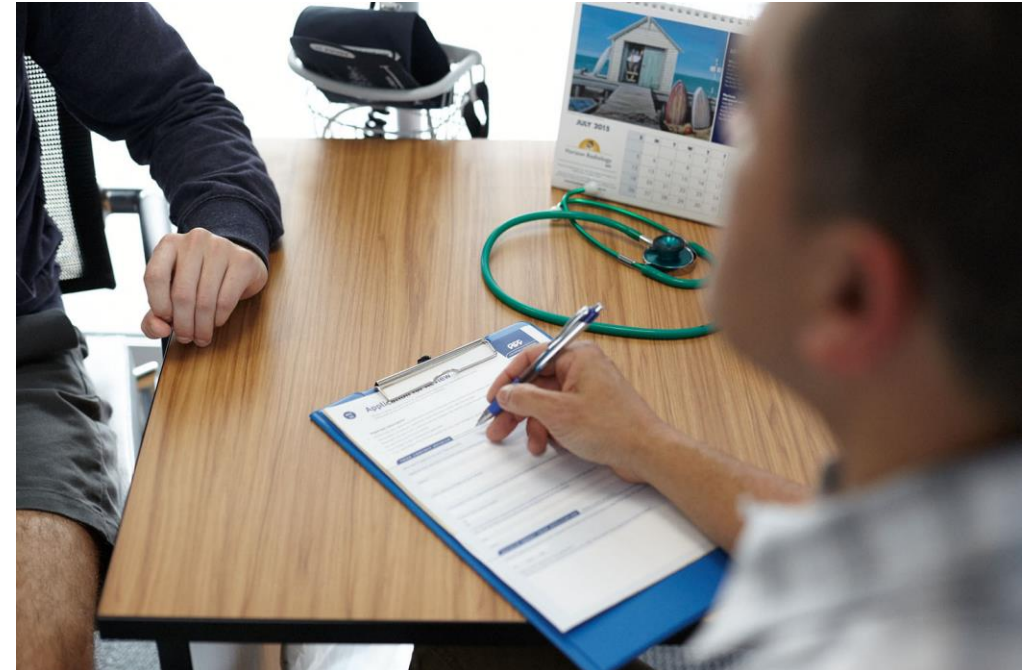
A handbook for providers working under the Cost of Treatment Regulations



Other resources

[Office of the Privacy Commissioner | E-learning](#)

[Health Information Privacy Code](#) – storage, security, retention and disposal of health information.



Wrap up

- ✓ We are all trying to help our clients.
- ✓ We want to ensure our clients are getting safe and effective treatment.
- ✓ We want clients to have access to the support they require in a timely manner.
- ✓ To avoid any delays, your clinical notes are really helpful to give us the information we need to enable this.

Hopefully this webinar has given you some insights into what we need and why we need it.

Just 4 extra bits for ACC!

- ✓ Claim number
- ✓ Injury
- ✓ Accident event
- ✓ Causation

Questions

What's next?

We want your feedback.

We want to make sure future webinars are engaging, helpful and informative for you and other health providers.

Please click on the survey link in the chat and share your feedback for today's webinar.

You'll receive an email with a link to the recording of this webinar, where you can also download slides.

Provider help and general enquiries:
Call 0800 222 070 (Mon to Fri 8am to 6pm)
providerhelp@acc.co.nz

Find out more at:
acc.co.nz/health-providers

Thank you