

Residential care

Nurses working in residential care settings

When someone living in a residential facility has an accident resulting in an injury we cover, it's important that a claim is lodged. This enables us to pay you for any appropriate treatment received from your registered nurses, and enables our kiritaki (clients) to receive the right level of support.

In this guide, we will walk you through everything you need to know about working in residential care settings.

Registering as a provider

To lodge claims and get paid for services, you'll need to register with us as a healthcare provider, and the facility you work at needs to have an ACC vendor ID if they don't already.

You'll find more information about getting registered and your responsibilities as an ACC provider on our website.

Register with us as a health provider (acc.co.nz)

Lodging a claim

Residents who have an accident resulting in an injury requiring treatment will need to have a claim lodged. It's important you understand what we can cover before lodging a claim. Minor injuries requiring simple first aid should not be lodged.

Lodging a claim for a patient (acc.co.nz)

Pressure injuries

Pressure injuries can develop quickly in people who are sitting or lying for long periods, especially those in residential care.

ACC covers pressure injuries that are caused:

- as a direct consequence of another ACC covered injury e.g. spinal cord injury
- by a work-related gradual process
- by medical treatment from a registered health professional (treatment injury).

When lodging claims for pressure injuries, include information about the stage of the pressure injury.

Helping prevent pressure injuries (acc.co.nz)

Paying for your services

Injury-related treatment you provide to kiritaki will be funded under a Residential Support Service contract or the Cost of Treatment Regulations.

Paying you for your services (acc.co.nz)

Kiritaki who need residential care due to covered injury are funded by us under a contract, or by letter of agreement with the facility. Nursing care and standard consumables, such as wound dressings, are included in the daily bed rate.

If a resident's care is funded privately or via the Ministry of Health, we can contribute to two parts of covered treatment services under the Cost of Treatment Regulations:

1. A consultation rate

This includes:

- treatment for minor injuries such as superficial burns or grazes
- minor procedures e.g.: dressing or suture removal

2. Specific treatments or procedures

Procedure codes can be invoiced when an injury requires a significant amount of treatment.

• MW codes are used when an open wound is closed using a material such as glue, Steri-Strip, or sutures. This payment also includes the cleaning or anaesthetising of the wound before closure and the administration of a tetanus booster vaccine if needed. MB codes are used when managing a significant abrasion, or a wound that can't be closed but needs significant cleaning or dressing.

Procedure codes can be changed at a later consultation where another procedure is needed to manage the same wound.

www.acc.co.nz/assets/provider/ACC1520-Med-pract-nurse-pract-and-nurses-costs.pdf

Managing more complex care

If a resident needs additional care because of their injury, or they are not recovering as you'd expect. You can directly refer to other services, including radiology, allied health, medical specialist and specialist nursing.

Our nursing services (district nurses) can provide wound care, consumables, and advice for complex and slow to heal wounds.

If the resident's care is funded under our Residential Support Services contract, you should contact us in the first instance.

Referring a patient for rehabilitation (acc.co.nz)

Contact us

0800 222 776 (Monday to Friday 8:00am to 6:00pm). Email: business@acc.co.nz

Learn more

acc.co.nz/for-providers



