



SERVICE SCHEDULE FOR SPINAL CORD INJURY REHABILITATION SERVICE

CONTRACT NO: _____

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING SPINAL CORD INJURY REHABILITATION SERVICE

- 1.1 The Term for the provision of Spinal Cord Injury Rehabilitation Service is the period from 1 July 2024 (“Start Date”) until the close of 30 June 2027 (“End Date”) 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 two further Terms of two years each. 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 the performance of the Services by the Supplier; and
 - 1.2.3 all other provisions of this Contract either continuing either continuing to apply during such extended Term 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 the Service Schedule, even if the Supplier has satisfactorily performed all the Services.

2. SPECIFIED AREA AND SERVICE LOCATION (PART B, CLAUSE 3)

- 2.1 The Supplier will provide the following services via two specialist units in the specified areas.

Auckland Region Spinal Unit

Far North District, Whangarei District, Kaipara District, Rodney District, North Shore City, Waitakere City, Auckland City, Manukau City, Papakura District, Franklin District, Thames-Coromandel District, Hauraki District, Waikato District, Matamata-Piako District, Hamilton City, Waipa District, Otorohanga District, South Waikato District, Waitomo District, Taupo District, Western Bay of Plenty District, Tauranga City, Rotorua District, Whakatane District, Kawerau District, Opotiki District, Gisborne District.

Burwood Spinal Unit

North Island

Hastings District, Napier City, Central Hawkes Bay District, New Plymouth District, Stratford District, South Taranaki District, Ruapehu District, Whanganui District, Rangitikei District, Manawatu District, Palmerston North City, Tararua District, Horowhenua District, Kapiti Coast District, Porirua City, Upper Hutt City, Lower Hutt City, Wellington City, Masterton District, Carterton District, South Wairarapa District.

South Island

Tasman District, Nelson City, Marlborough District, Kaikoura District, Buller District, Grey District, Westland District, Hurunui District, Waimakariri District, Christchurch City, Selwyn District, Ashburton District, Timaru District, MacKenzie District, Waimate District, Chatham Islands Territory, Waitaki District, Central Otago District, Queenstown-Lakes District, Dunedin City, Clutha District, Southland District, Gore District, Invercargill City.

3. FUNDING AND SERVICE ITEM PRICING (PART B)

Bulk Funding

- 3.1 Except as otherwise specified in this Part A, ACC will fund the Supplier to deliver the Service outlined in Part B Service Specification via Bulk Funding for all services not otherwise specified in this Section A.
- 3.2 ACC will:
- 3.2.1 fund the Supplier based on a financial year 1 July to 30 June;
 - 3.2.2 confirm the annual Bulk Funding in writing by 1 April each year for a start of 1 July; and

- 3.2.3 pay the Bulk Funding in 12 equal monthly instalments on receipt of the appropriate invoice and the Monthly Report described in Part B, clause 11.2.
- 3.3 The Supplier may apply to ACC for additional funding:
 - 3.3.1 in exceptional circumstances such as a natural disaster or incident of national significance; or
 - 3.3.2 if there is higher than expected Client volume and/or Service complexity.
- 3.4 ACC will consider the supplier's application by:
 - 3.4.1 comparing the Supplier's evidence against the expectations for funding including volume and cost per claim; and
 - 3.4.2 assessing the cause of the exception.
- 3.5 ACC will acknowledge receipt of an application within 5 Business Days.

Treatment Injury

- 3.8 The Supplier may invoice ACC (separately to Bulk Funding) when the:
 - 3.8.1 patient who received a treatment injury was not an ACC Client at the time of the injury; or
 - 3.8.2 additional ACC Cover was given was for a treatment injury that required this Spinal Cord Injury Rehabilitation Service; and
 - 3.8.3 ACC Client's initial covered injury was such that this Spinal Cord Injury Rehabilitation Service would not have been required.
- 3.9 The Supplier may invoice for the services as described in Table 1 below which were delivered up to the day the supplier is notified of the client's ACC cover.
- 3.10 All services delivered after notification are covered under Bulk Funding.

Table 1 – Spinal Services Item and Price:

Note: The following services items relate to services delivered prior to the date the supplier was notified that treatment injury cover had been given. See Appendix A – Monthly Report and the Spinal Operational Guidelines for a more detail.

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
SSAR01	SCI Inpatient Rehabilitation	The Client was admitted from Acute Services to	\$2,585.98	Per day

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
	Level 1 - Treatment Injury	inpatient rehabilitation with an <i>initial</i> spinal injury requiring intensive active rehabilitation and where additional resources and speciality support was required due to the patient having one or more of the diagnoses described in Part B, clause 4.2.		
SSAR02	SCI Inpatient Rehabilitation Level 2 - Treatment Injury	The Client was admitted from acute services to inpatient rehabilitation with an initial spinal injury requiring intensive active rehabilitation.	\$2,236.82	Per day
SSAR03	SCI Inpatient Rehabilitation Level 3 - Treatment Injury	The Client was readmitted for spinal cord injury for rehabilitation.	\$1,889.80	Per day
SRC01	SCI Remote Contact Screening Reassessment - Treatment Injury	A designated member of the Spinal Unit interdisciplinary team contacted the Client to complete a Structured Interview.	\$ 273.96	Per assessment
SRC02	Spinal Cord Injury Outpatient Reassessment - Treatment Injury	An assessment completed by an interdisciplinary team in an outpatient setting by an interdisciplinary team (includes Spinal Clinical Specialist and at least two other members - allied health and/or nurse).	\$2,648.43	Per assessment
SRC03	SCI Inpatient Reassessment (Three Days) Package - Treatment Injury	The Client received a comprehensive assessment at the Spinal Unit inpatient facility.	\$4,840.15	Per package
SRC04	Spinal Cord Injury Reassessment – Outreach Clinic - Treatment Injury	A reassessment at a designated Spinal Unit Outreach Clinic conducted by an interdisciplinary team (includes Spinal Clinical Specialist and at least two other members- allied health and/or nurse).	\$2,648.43	Per assessment

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
SRC05	Virtual Case Review - Treatment Injury	Prior to ACC cover being approved the Spinal Clinical Specialist consulted with the patient and/or GP/clinical.	\$508.39	Per service
SRC06	Virtual Clinical Conference - Treatment Injury	Conference via appropriate communication technology with community provider with a Spinal Clinical provider and includes: Conference time (at least one hour) All administration and ancillary matters.	\$310.98	Per service
SRC07	Multi-disciplinary Reassessment Initial Clinic - Treatment Injury	Prior to ACC cover being approved the patient had an initial consultation for a specific issue with the Spinal Clinical Specialist and, as required, at least one other clinical professional at the Supplier's Spinal Unit Outpatient facility.	\$876.86	Per service
SRC08	Multi-disciplinary Reassessment Follow-up Clinic - Treatment Injury	Prior to ACC cover being approved the patient had a follow-up consultation for a specific issue with the Spinal Clinical Specialist and, as required, at least one other clinical professional at the Supplier's Spinal Unit Outpatient facility.	\$672.50	Per service
SRC10	Specialist Initial Assessment - Treatment Injury	An initial consultation with the Client for a specific or general issue at the Supplier's Spinal Unit Outpatient facility by the Spinal Clinical Specialist.	\$436.00	Per assessment
SRC11	Specialist Follow-up Assessment - Treatment Injury	A follow-up consultation with the Client for a specific or general issue at the Supplier's Spinal Unit Outpatient facility by the Spinal Clinical Specialist.	\$261.60	Per assessment
SRC12	Allied Health / Nursing Outpatient Assessment - Treatment Injury	The Client received a single discipline assessment or treatment from one profession as needed.	\$146.12	Per service

Bariatric Comorbidity Top-up Funding

- 3.11 When there is more than one ACC Client who meets the Bariatric comorbidity definition in the facility on the same day, and additional resources are required, the Supplier can, as a top-up to the overall service provision, invoice ACC for the second ACC Client only for each day there is two or more clients in the facility.

Table 2 – Spinal Services Item and Price:

Service Item Code	Service Item Description	Service Item Definition	Price (excl GST)	Pricing Unit
SRC98	SCI Inpatient Bariatric Top-up	A service top-up when there is more than one client inpatient on the same day and additional resources are required for the facility. Invoice for the second client only.	\$2,615.09	Per day

Specialist Imaging and Treatment

- 3.12 ACC will pay the following service item fee for each Client who received the examinations in preparation for or during the Reassessment Service.
- 3.13 The Supplier does not require a purchase order.

Table 3 – Spinal Services Item and Price:

Service Item Code	Service Item Description	Service Item Definition	Price (excl GST)	Pricing Unit
SRA25	Radiology co-payment reimbursement	Reimbursement of imaging co-payment fees paid to a community radiologist in preparation for a Reassessment Clinic held away from the Supplier's base.	At Cost	Per procedure

Specialist Urology

- 3.14 ACC will pay the following service item fees for each Client who received the following treatment and examinations during the Reassessment Service.
- 3.15 The Supplier may invoice for a combination of procedures provided to a Client where they deemed clinically necessary on the same day.
- 3.16 The Supplier does not require a purchase order.

Table 4 – Spinal Services Item and Price:

Service Item Code	Service Item Description	Service Item Definition	Price (excl GST)	Pricing Unit
SRA10	Cystometry	Study of the bladder efficiency (emptying and filling) using urodynamics machine, without video.	\$579.04	Per procedure
SRA11	Video Cystogram/ Residual urine	Video imaging technique to determine bladder function using urodynamics machine. VCMG – Video-cysto-metro-gram	\$1,710.97	Per procedure
SRA30	Flexible Cystoscopy	Study of the bladder using a flexible cystoscope (fiberoptic scope with a lens) Magnified images from the scope camera are displayed on a screen.	\$1,140.85	Per procedure
SRA31	Flexible Cystoscopy with Dilation	Study of the bladder efficiency with dilation.	\$1,986.00	Per procedure
SRA32	Flexible Cystoscopy with Botox	Study of the bladder using flexi scope with Botulinum Toxin injected into bladder wall. Paralyzes the bladder to reduce urgency and urge incontinence. Usually includes Study of the bladder efficiency with 300 units of Botulinum Toxin.	\$3,419.20	Per procedure
SRA40	Supra-Pubic catheter Insertion	Insertion of a supra-pubic catheter into the bladder.	\$666.04	Per procedure
SRA45	Supra-pubic catheter change	Changing the supra-pubic catheter.	\$1,067.34	Per procedure
SRA35	Urethral Dilation	Dilation of the urethra	\$504.01	Per procedure
SRA33	Flexible Cystoscopy with Biopsy	Study of the bladder using a flexible cystoscope (fiberoptic scope with a lens) Magnified images from the scope camera are displayed on a screen. Biopsy is taken via the scope.	\$1,328.05	Per procedure
SRA36	Removal of 1st SPC Dressing	Removal of the first supra pubic catheter dressing.	\$281.63	Per procedure

Service Item Code	Service Item Description	Service Item Definition	Price (excl GST)	Pricing Unit
SRA37	Indwelling Catheter insertion or change	Insertion or changing of an indwelling catheter.	\$825.16	Per procedure
SRA38	Bladder scan with post-void residual flowrate assessment	Ultrasound or bladder scan including an assessment of the post-void residual flowrate.	\$397.21	Per procedure
SRA39	Bladder Scan or Ultrasound	Ultrasound or bladder scan excluding flowrate assessment.	\$355.22	Per procedure

Invoicing ACC

- 3.17 The Supplier will submit Bulk Funding (Part A, clause 3.1 – 3.2) invoices via email to spinal@acc.co.nz.
- 3.18 The Supplier will submit the following claim-based invoices to ACC online:
- 3.18.1 Treatment Injury (Part A, clause 3.8 – 3.9)
 - 3.18.2 Bariatric Comorbidity Top-Up (Part A, clause 3.11)
 - 3.18.3 Specialist Imaging and Treatment (Part A, clause 3.12 – 3.13)
 - 3.18.4 Specialist Urology (Part A, clause 3.14 – 3.17)

Price Review

- 3.19 ACC will review funding when, at ACC's sole discretion, we consider that a review is necessary. The factors ACC may take into account during a review include, but are not limited to:
- 3.19.1 general inflation
 - 3.19.2 changes in service component costs such as employment agreements, government policy and legislation
 - 3.19.3 substantial changes in the market.
- 3.20 If ACC finds that the factors we take into account have not had a significant impact on service costs, the funding will remain unchanged.
- 3.21 If ACC provides a funding increase, the Supplier must agree any adjustment in writing. The funding increase will take effect from a date specified by ACC.

4. RELATIONSHIP MANAGEMENT (PART B, CLAUSE 16)

Table 8 - Relationship Management

Level	ACC	Supplier	Frequency of meeting
Client	Recovery Team / Recovery Team Member	Individual staff or operations contact	As required
Contract Management	Engagement & Performance Manager	Operations contact	Quarterly and as required
Service Management	Portfolio Team	Operations contact/ACC Contracts/Revenue Manager	As required

5. ADDRESSES FOR NOTICES (STANDARD TERMS AND CONDITIONS, CLAUSE 23)

NOTICES FOR ACC TO:

ACC Health Procurement (for deliveries)
 Justice Centre
 Level 10
 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 (COUNTIES MANUKAU DISTRICT) TO:

 _____ (for deliveries)

 _____ (for mail)

 Marked: Attention: _____, _____
 Phone: _____
 Mobile: _____
 Email: _____

NOTICES FOR SUPPLIER (CANTERBURY DISTRICT) TO:

(for deliveries)

(for mail)

Marked: Attention: _____, _____

Phone: _____

Mobile: _____

Email: _____

TABLE OF CONTENTS

A.	QUICK REFERENCE INFORMATION	1
B.	SERVICE SPECIFICATION FOR SPINAL CORD INJURY REHABILITATION SERVICE	12
1.	PURPOSE	12
2.	SERVICE OBJECTIVES.....	12
3.	SERVICE LOCATION OR SPECIFIC AREA (PART A CLAUSE 2).....	13
4.	SERVICE COMMENCEMENT.....	13
5.	SERVICE REQUIREMENTS	16
6.	SERVICE SPECIFIC QUALITY REQUIREMENTS	21
7.	SERVICE EXIT	22
8.	EXCLUSIONS.....	22
9.	LINKAGES.....	23
10.	PERFORMANCE REQUIREMENTS	24
11.	REPORTING REQUIREMENTS.....	24
12.	DEFINITIONS AND INTERPRETATIONS.....	25
	APPENDIX A – MONTHLY REPORT SERVICE CODE DEFINITIONS.....	28
	APPENDIX B – CLINICAL CRITERIA FOR TRANSFER FROM ACUTE TO NON-ACUTE INPATIENT REHABILITATION	33

B. SERVICE SPECIFICATION FOR SPINAL CORD INJURY REHABILITATION SERVICE

1. PURPOSE

- 1.1. The purpose of Spinal Cord Injury Rehabilitation Service (the Service) is to provide rehabilitation and support to Clients who have sustained a Spinal Cord Injury (SCI) to return to and sustain maximum independence and meaningful participation in their community.
- 1.2. The Supplier will achieve this by:
 - 1.2.1. providing specialist non-acute inpatient rehabilitation and community reassessment services.
 - 1.2.2. being a source of specialist knowledge about spinal cord injuries for
 - 1.2.2.1. Clients and their families/whānau and
 - 1.2.2.2. other providers who deliver services to people with spinal cord injuries.

2. SERVICE OBJECTIVES

Inpatient Rehabilitation Service

- 2.1. ACC will measure the success of the Inpatient Rehabilitation Service based on the achievement of the following objectives:
 - 2.1.1. Clients achieve an improvement in their function;
 - 2.1.2. Clients discharge safely to the appropriate accommodation agreed with the Client and ACC;
 - 2.1.3. Clients are satisfied with the Services provided; and
 - 2.1.4. High quality, clinically appropriate, timely and cost-effective services are provided.

Reassessment

- 2.2. ACC will measure the success of the Reassessment Service based on the following objectives:
 - 2.2.1. Clients have received a comprehensive evaluation of their health and function;
 - 2.2.2. Clients have received the required treatment and advice;
 - 2.2.3. Clients have been referred for further treatment and rehabilitation services, where required.

Sector Support

- 2.3. ACC will measure the success of the Service based on the following objective:
 - 2.3.1. Knowledge of spinal cord injury, its diagnosis, treatment and consequences is shared appropriately.

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

- 3.1. The Service will be provided in the locations specified in Part A, clause 2.1 National Spinal Services Coverage Area.
- 3.2. Inpatient Rehabilitation Services will be provided in the Supplier's specialised rehabilitation facilities or other locations so long as active rehabilitation is being delivered to the Client. The facility must be integrated, community focused and age appropriate specific to the Client group and complexity of injury.
- 3.3. The Supplier's facilities must comply with New Zealand Standard NZS 8134:2021, The Health and Disability Services Standard.
- 3.4. Reassessment services will be provided either at the Supplier's inpatient/outpatient facilities where it does not impact on the Client's safety and at the Client's discretion, or at Outreach Clinics held in regional locations throughout the designated area in Part A, clause 2 with National Spinal Services Coverage Area.
- 3.5. Where necessary and appropriate, aspects of the Reassessment Services may be provided in the Client's home, workplace, or other appropriate community location.

4. SERVICE COMMENCEMENT

Eligibility – Inpatient Rehabilitation

- 4.1. This Service is for a Client who:
 - 4.1.1. has a Spinal Cord Injury; and
 - 4.1.2. is aged 15 years or over; or
 - 4.1.3. is under 15 years as clinically appropriate; and
 - 4.1.4. is medically stable and able to participate in rehabilitation; and
 - 4.1.5. has been approved to enter the Service by a Specialist or Specialist Registrar.
- 4.2. This Supplier will also accept a Client who meets the criteria in clause 4.1 above and has additional diagnoses or complex comorbidities such as:
 - 4.2.1. Unstable tracheostomy;
 - 4.2.2. Moderate to Severe Brain Impairment;

- 4.2.3. Significantly visually impaired;
 - 4.2.4. Significantly hearing impaired;
 - 4.2.5. Burns (See clause 4.5);
 - 4.2.6. Mental Health condition (See clause 4.6);
 - 4.2.7. Bariatric as defined in Definitions and Interpretations.
- 4.3. The Supplier's clinical teams have the discretion to decide the best clinical course of action for ACC Clients.
 - 4.4. ACC may investigate or review any clinical or funding decision for appropriateness under ACC Legislation, policy and procedure which may impact on the funding of this service.
 - 4.5. The Supplier must comply with the criteria for the specialist clinical management of burn injuries determined by the Australian and New Zealand Burns Association Clinical Practice Guidelines (ANZBA 2014).
 - 4.6. As classified under DSM-5 and diagnosed by a specialist as unstable or variable, and where that condition increases the time spent with the Client by the Spinal Unit team members significantly.

Admission Process – Inpatient Rehabilitation Service

- 4.7. A Client may enter the Service:
 - 4.7.1. from an inpatient hospital when the Client is deemed clinically stable in accordance with criteria specified in Appendix B and where they are referred by an Acute Services Specialist; or
 - 4.7.2. following elective surgery where a period of inpatient rehabilitation is required; or
 - 4.7.3. from the community where clinically necessary.
- 4.8. The Supplier will accept all Clients who meet the criteria in Clauses 4.1 and 4.2 except where:
 - 4.8.1. The Supplier assesses that the Client does not meet the eligibility criteria; or
 - 4.8.2. The Supplier does not have sufficient capacity.
- 4.9. The Supplier will work closely with Acute Services to:
 - 4.9.1. determine when the Client meets the eligibility criteria;
 - 4.9.2. ensure the Client is transferred to the Supplier's rehabilitation services as soon as practicable; and
 - 4.9.3. ensure ACC is aware of the Client.

- 4.10. If the Client does not meet the criteria because they are not medically stable nor able to participate in rehabilitation, the Supplier will maintain contact with Acute Services until the Client:
- 4.10.1. Meets the eligibility criteria for the Service; or
 - 4.10.2. Is transferred to an alternative service that is more appropriate for the Client's needs.
- 4.11. The Supplier will notify ACC that a Client has been admitted to the Inpatient Rehabilitation Service within 10 Business Days of the admission by sending an ACC1375 Inpatient Rehabilitation – Notice of Admission form.
- 4.12. ACC will acknowledge the receipt of the form within five Business Days.

Eligibility – Reassessment Service

- 4.13. This Service is for Clients who:
- 4.13.1. meet the eligibility criteria in this Service; and
 - 4.13.2. have had inpatient rehabilitation in one of New Zealand's Spinal Rehabilitation Units; or
 - 4.13.3. have been referred from the community or ACC; and
 - 4.13.4. have been accepted by the Supplier.

Admission Process - Reassessment Service

- 4.14. The Reassessment Service begins once a Client meets the eligibility criteria defined in this Service Specification.
- 4.15. The Supplier will notify ACC and the Client of the first reassessment in writing either via the Inpatient Rehabilitation Discharge Report or via email. The notice will include:
- 4.15.1. The type of reassessment - Inpatient, Outpatient or Outreach Clinic; and
 - 4.15.2. If the reassessment is to be an Inpatient Reassessment, an overview of modalities may be used, noting that these modalities may change dependent on the Client's needs.
- 4.16. If ACC co-ordination is required to arrange for supporting services, the Supplier will notify ACC at least three weeks prior to the appointment.

5. SERVICE REQUIREMENTS

INPATIENT SERVICES

Rehabilitation

- 5.1. The Supplier will provide high quality, seven day a week specialist spinal cord injury inpatient rehabilitation that reflects current best practice.
- 5.2. The Supplier will provide:
 - 5.2.1. A close clinical relationship with Acute Services to ensure:
 - 5.2.1.1. the accurate diagnosis of the Client's injuries;
 - 5.2.1.2. appropriate treatment and clinical management;
 - 5.2.1.3. advice on rehabilitation in the acute setting;
 - 5.2.1.4. timely transfer of the Client to the rehabilitation setting;
 - 5.2.2. a medical specialist experienced in the rehabilitation of Clients with spinal cord injuries to provide assessments and clinical guidance.
 - 5.2.3. An interdisciplinary team that:
 - 5.2.3.1. coordinates the rehabilitation programme and ensures the delivery of effective and efficient therapy and care;
 - 5.2.3.2. ensures the Client and family understands the rehabilitation programme and can make informed decisions;
 - 5.2.3.3. communicates with ACC, service suppliers and equipment suppliers as required;
 - 5.2.3.4. evaluates, monitors and updates the Client's Discharge Plan;
 - 5.2.3.5. works with the Client and their family/whānau to develop Rehabilitation Plan that has individually tailored, culturally appropriate and outcome focused goals;
 - 5.2.3.6. delivers active therapy that involves psychological, behavioural, physical, occupational and speech therapies as required; and
 - 5.2.3.7. provides social work, support and guidance to the Client's direct family and whānau; providing education and support throughout the Client's rehabilitation.

Hospital Services

- 5.3. The Supplier will provide:
 - 5.3.1. Hotel services including hydration and nutrition (includes dietetics and nutritional advice);
 - 5.3.2. Beds with the appropriate pressure management regimes to prevent pressure injuries;
 - 5.3.3. Hoists, walkers and other essential equipment;
 - 5.3.4. Nursing services include wound management and treatment protocols that promote effective healing;
 - 5.3.5. Personal care services;
 - 5.3.6. Diagnostic investigations including any routine laboratory tests;
 - 5.3.7. Provision of specialist urological procedures;
 - 5.3.8. Pharmaceutical and laboratory services;
 - 5.3.9. Referral to and assessment by other types of Medical Specialists and health professionals related to the Client's spinal cord injury;
 - 5.3.10. All medical consumables that are required for the Client's ACC covered injury;
 - 5.3.11. Appropriate medical equipment required to support Clients with complex needs;
 - 5.3.12. Assessment for, and availability of a range of equipment that assists Clients to achieve their rehabilitation outcome such as wheelchair and seating assessment;
 - 5.3.13. Management of Specialist Equipment;
 - 5.3.14. Interpreter and advocacy services;
 - 5.3.15. Access to cultural liaison workers;
 - 5.3.16. Security services to ensure client safety; and
 - 5.3.17. Any necessary administration including those normally required to allow the Supplier to monitor treatment outcomes, record service outcomes and meet the needs of the National Minimum Data Set.
- 5.4. The Supplier will work alongside the Spinal Injury Vocational Service Provider (where applicable) to support the Client's vocational goals.
- 5.5. The Supplier will ensure ACC is:
 - 5.5.1. invited to participate in Goal Setting meeting when ACC supports are likely to be required. ACC attendance may be by teleconference or in person. To enable participation the Supplier will notify ACC at least 5 business days prior to the meeting; and

- 5.5.2. notified of any changes to the Client's Rehabilitation Plan that may impact on any arrangements or services managed by ACC such as assessments and specifications for services and supports required on discharge.
- 5.6. The Supplier will measure the Client's progress towards their goals using the clinically appropriate measurement tools.
- 5.7. The Supplier will provide transport including:
 - 5.7.1. Any necessary pre-admission visits/consultations with a Client receiving Acute Services.
 - 5.7.2. Return transport of the Client from the Supplier's facility to another facility for tests, assessments or rehabilitation, or structured group recreational activities where they form part of the Client's rehabilitation plan.
 - 5.7.3. Pre-discharge home visits by members of the Supplier's interdisciplinary team where the Client lives Locally.

Home Leave Trials and Client Travel

- 5.8. The Supplier may arrange a Home Leave Trial when it is necessary for
 - 5.8.1. a Client to achieve their rehabilitation outcome; and
 - 5.8.2. the planning of a safe and durable discharge.
- 5.9. If a Client lives Locally to the Spinal Unit, the number of Home Leave Trials is at the Supplier's discretion. ACC must be advised of the number and frequency of these trials.
- 5.10. If the Client needs to travel by air to their home location then only one Home Leave Trial of up to seven days' duration is allowed.
- 5.11. ACC is responsible for all travel costs for Home Leave Trials.
- 5.12. ACC will, where necessary, assist the Supplier with arranging Home Leave Trial such as travel, support, equipment etc.
- 5.13. The Supplier is not responsible for providing or paying for travel when a Client and their family travels from and returns to the Supplier's rehabilitation facility for social activities not specified in the Client's Rehabilitation Plan or as part of their rehabilitation programme.

Discharge Plan

- 5.14. The Supplier will:
 - 5.14.1. Begin planning the Client's discharge from the date of admission.
 - 5.14.2. Include Client centred discharge goals in the Client's Rehabilitation Plan.

- 5.14.3. Identify all the supports that the Client will require including but not limited to:
 - 5.14.3.1. any assessments best done in the community;
 - 5.14.3.2. interim mobility equipment such as a wheelchair;
 - 5.14.3.3. attendant care;
 - 5.14.3.4. community rehabilitation;
 - 5.14.3.5. temporary and/or permanent housing modifications;
 - 5.14.3.6. other equipment.
- 5.14.4. Update ACC with a Discharge Plan with sufficient time to allow for the arrangement of support services prior to discharge.
- 5.15. The Supplier, if considered appropriate, may refer a Client to a Training for Independence Provider located in the area the Client is being discharged. The Supplier will notify ACC via the Discharge plan.
- 5.16. On receiving a Discharge Plan, ACC will:
 - 5.16.1. Acknowledge the receipt of the Discharge Plan; and
 - 5.16.2. Action all requests in the Discharge Plan within two Business Days or as otherwise agreed with the Supplier.

Client Reports

- 5.17. The Supplier will complete ACC1375 Inpatient Rehabilitation – Notice of Admission form when a Client is admitted to the Suppliers inpatient rehabilitation unit.
- 5.18. The Supplier will provide ACC with a detailed Discharge Plan outlining the Client's service and support needs on discharge.
- 5.19. The Supplier will complete a Discharge Report when the Client is discharged from inpatient rehabilitation that summarises the rehabilitation provided, and the outcome achieved.
- 5.20. The Supplier will notify ACC if there is an incident that is clearly outside of accepted rehabilitation practices and/or presents an unacceptable risk to the safety and security of the Client or another party and/or has the potential to become high profile or attract media or advocacy group attention.

REASSESSMENT SERVICES

- 5.21. The Supplier will provide high quality Reassessment Services to assess and treat Clients with a spinal cord injury in a way that reflects best clinical practice.

- 5.22. The Supplier will:
 - 5.22.1. comprehensively assess the Client's health and functional status by providing the relevant Service components described in Appendix A. In summary these include:
 - 5.22.1.1. Specialist initial and follow up assessment;
 - 5.22.1.2. Multidisciplinary team assessments;
 - 5.22.1.3. Single disciplinary assessments.
 - 5.22.2. identify any other Assessments that the Client may need and either:
 - 5.22.2.1. deliver those assessments where the assessment is available within this Service Specification and is within the coverage areas specified in this agreement; or
 - 5.22.2.2. notify ACC of the need for an Assessment by providing a clinical report or other notification.
 - 5.22.3. provide specialist urology procedures as described in Part A clause 3.12 – 3.14 and Table 3.
- 5.23. The Reassessment Services will be delivered at the Supplier's inpatient facility, outpatient clinic, outreach clinic or via telehealth or at the Client's residence.
- 5.24. The Supplier will determine which Service and delivery method is most appropriate to meet the Client's needs.
- 5.25. The Supplier will notify ACC by providing a clinical report or other notification where further services maybe required or if there may be consequences that impact on the Client's wellbeing.
- 5.26. The Supplier will provide a copy of the Assessment Report and any relevant Ancillary Report(s) to the Client, the Client's GP and ACC.
 - 5.26.1. The Assessment Report, signed by the provider, will include the following information:
 - 5.26.1.1. Client details;
 - 5.26.1.2. Assessment details;
 - 5.26.1.3. Any recommendation for further assessment(s);
 - 5.26.1.4. Any recommendation for treatment or rehabilitation.
- 5.27. The Supplier will ensure providers conducting any assessments meet the professional and experience requirements specified clause 6.1.
- 5.28. The Supplier will ensure that Services delivered are correctly invoiced.
- 5.29. The Supplier will continue to provide clinical and non-clinical advice to service providers, Clients and their family/whānau and to organisations either in person or via telehealth.

6. SERVICE SPECIFIC QUALITY REQUIREMENTS

- 6.1. The Supplier must ensure that its staff have the requisite qualifications and experience outlined in the following table.

Table 9: Summary of Service Provider Qualifications and Experience

Service Provider	Qualification & Registration	Experience
Medical Specialist	Current vocational registration in and practising within Rehabilitation Medicine - Fellow of the Australasian Faculty of Rehabilitation Medicine or Internal Medicine with a focus on spinal cord and associated specialties.	Have an interest and proven work experience in spinal rehabilitation.
Key Worker	The key worker role can be fulfilled by any of the medical, nursing or allied health professionals who are experienced in coordinating an interdisciplinary team.	A minimum of two years' experience in a rehabilitation environment providing similar role with an interest in rehabilitation.
Registered Nurse Practice Nurses	Current registration with their relevant professional body and a current Annual Practicing Certificate, where appropriate.	A minimum of two years' experience in spinal rehabilitation or be gaining experience in spinal rehabilitation with supervision until the provider has gained two years' experience. The Supplier will ensure the supervisor is a suitably qualified health professional that meets the requirement of the provider's profession.
Allied Health Occupational Therapist Physiotherapist Speech Language Therapist Social Worker	Current registration with their relevant professional body and a current Annual Practicing Certificate, where appropriate.	A minimum of two years' experience in spinal rehabilitation or be gaining experience in spinal rehabilitation with supervision until the provider has gained two years' experience. The Supplier will ensure the supervisor is a suitably qualified health professional that meets the requirement of the provider's profession.
Support Worker / Health Care Assistant		A minimum of two years' experience in support and rehabilitation or be gaining experience in spinal rehabilitation with supervision until the provider has gained two years' experience.

Standards

- 6.2. The Supplier will, and will ensure that its staff will, comply with all relevant standards of practice, including any relevant standards issued by a responsible authority under the Health Practitioners Competence Assurance Act 2003, and any standards issued by other relevant professional bodies.

Australasian Rehabilitation Outcomes Centre

- 6.3. The Supplier will participate in the Australasian Rehabilitation Outcomes Centre (AROC) dataset as a monitoring and feedback process focused on improving service quality and Client outcomes.
- 6.4. The Supplier will participate in a joint quality forum with ACC annually to discuss the AROC results with the intention of focusing on value-based health services and quality initiatives.

7. SERVICE EXIT

- 7.1. The Service is complete when the Client:
 - 7.1.1. no longer needs services under this Service Specification;
 - 7.1.2. discharges him/herself from the facility;
 - 7.1.3. refuses to participate or comply within any instructions and is discharged from the unit;
 - 7.1.4. is admitted to acute services for longer than five consecutive days;
 - 7.1.5. moves into the other Spinal Unit's region;
 - 7.1.6. cannot be contacted and the Supplier has notified ACC;
 - 7.1.7. leaves New Zealand permanently;
 - 7.1.8. dies.

8. EXCLUSIONS

- 8.1. The following services are not delivered under this Service Specification:
 - 8.1.1. Acute secondary care services i.e. medical, paediatric and surgical services;
 - 8.1.2. Dentistry;
 - 8.1.3. Podiatry;
 - 8.1.4. Community rehabilitation services;
 - 8.1.5. Outpatient clinical services not covered under the SCI Reassessment Service;
 - 8.1.6. ACC pre-approved escort or transport costs;

- 8.1.7. ACC pre-approved accommodation costs for a caregiver;
- 8.1.8. Vocational Rehabilitation Services;
- 8.1.9. Long term equipment required for independence;
- 8.1.10. Surgical services including implants and prostheses and the immediate post-operative stay;
- 8.1.11. Fixed wing air travel for the transfer of Clients on mechanical ventilation to another facility or the Client's home during Inpatient Rehabilitation;
- 8.1.12. ACC's Social Rehabilitation Assessments, including but not limited to:
 - 8.1.12.1. Support Needs Assessment
 - 8.1.12.2. Social Rehabilitation Needs Assessment;
 - 8.1.12.3. Housing;
 - 8.1.12.4. Integrated Rehabilitation;
 - 8.1.12.5. Assistive Technology
 - 8.1.12.6. Wheelchair and Seating;
 - 8.1.12.7. Education Support;
 - 8.1.12.8. Transport for Independence Assessments (including Highly Specialised Transport for Independence Assessments);
 - 8.1.12.9. The transport for a Client to participate in personal recreational activities.

9. LINKAGES

- 9.1. The Supplier will maintain linkages with other services to ensure that:
 - 9.1.1. Clients experience smooth transitions between related services; and
 - 9.1.2. Concurrent services are appropriately co-ordinated to achieve required outcomes; and
 - 9.1.3. Clients are referred onto or given information regarding services as required.

10. PERFORMANCE REQUIREMENTS

10.1. The Supplier's performance will be measured against the performance measures set out in the following table:

Table 10 – Service Monitoring

Objective	Clause	Performance measure	Target	Data Source
Inpatient Services				
Clients achieve improvement in their function	2.1.1	Change in functional independence score for Clients	80%	AROC data discussed at the quality forum
Clients discharge safely to their Usual Accommodation	2.1.2	80% of Clients discharge to their Usual Accommodation	80%	AROC data discussed at the quality forum
Clients satisfied with the Services provided	2.1.3	Aggregated results of Client satisfaction surveys.	80%	Supported by discussion at the quality forum
		Supplier report based on the District wide Patient Satisfaction Survey Report, Health Services Consumer Research.		
High quality, clinically appropriate, timely and cost-effective services are provided.	2.1.4	Period analysis of post-discharge costs, readmissions, etc		AROC and ACC data
Reassessment Services				
Clients receive comprehensive assessment of their health and functional status and if required appropriate advice/referral for treatment and rehabilitation services	2.2.1	Reassessment modalities and outcomes are documented in a Recommendations Report which is submitted to ACC and if appropriate the Client's GP, within the specified timeframes	100%	ACC Supported by discussion at the quality forum

11. REPORTING REQUIREMENTS

Client Reporting

11.1. The Supplier will provide the following Client reports to ACC:

- 11.1.1. ACC1375 Inpatient Rehabilitation – Notice of Admission;
- 11.1.2. Discharge Plan;
- 11.1.3. Discharge Report;
- 11.1.4. Reassessment Report.

Service Reporting

- 11.2. The Supplier will submit a monthly report that details the services delivered to Clients in the previous month using the MS Excel spreadsheet template provided by ACC.
- 11.3. Service descriptions are described in Appendix A to this Service Specification and further outlined in detail in the Spinal Rehabilitation Operational Guidelines available on ACC website www.acc.co.nz.

12. DEFINITIONS AND INTERPRETATIONS

- 12.1. In this Service specification, unless the context otherwise requires:

Term	means
Acute Services	the provision of acute treatment at a Te Whatu Ora hospital or trauma centre.
Admission	the process by which a Client is admitted to the Supplier's facility; and "Admitted" and "Admit" have a corresponding meaning.
Allied Health	a therapist who is registered and holds a current annual practising certificate under the relevant Health Professional Authority.
AROC	the Australian Rehabilitation Outcomes Centre.
Assessment	an Assessment in accordance with this Service Specification identifying the Client's injury related needs for social rehabilitation and providing advice to ACC about options for addressing these needs.
Assessment Report	the Assessment Report provided on the template provided by ACC from time to time.
Bariatric	a Client who: weighs 150 kilograms or more has a Body Mass Index (BMI) of 40 or more or who has large physical dimensions a lack of mobility or other conditions that make moving and handling difficult. (Robertson, 2010 cited in ACC 2012)
Equipment	any item likely to assist in restoring a Client to independence.
Face to Face	When Service provision involves the Client and the Provider directly engaging with each other (compared to a Provider working to support the Client but not with the Client, for example by talking with the Client's family or other clinicians). Face to Face interactions can be in person or remotely such as through Telehealth.
Formal Discharge Report	a report developed following a Client's rehabilitation at the time the Client exits the Service and which contains the information outlined in the Operational Guideline.

Term	means
Functional Independence Measure (FIM) score	is a basic indicator of severity of disability. The functional ability of a patient changes during rehabilitation and the FIM™ instrument is used to track those changes. Functional change is a key outcome measure of rehabilitation episodes.
Inpatient day stay	refers to uninterrupted inpatient stay within the Spinal Unit, with a Client occupying a hospital bed at midnight in order to be deemed an Inpatient.
Inpatient Reassessment	an assessment where the Client is admitted to the Supplier's spinal unit facility.
In-person	the provider and client are physically present in the same room.
Interdisciplinary	professionals from a range of disciplines are working together as equal stakeholders to address the Client's rehabilitation needs.
Local or locally	within one-hour travel by road.
Medical Staff	physicians employed by the Supplier who are fellows of the Australasian Faculty of Rehabilitation Medicine and/or Medical Staff who hold a vocational registration which is acceptable to ACC.
Operational Guidelines	a document produced by ACC in consultation with the Supplier, to reflect the processes and procedures that should be followed in delivery of these Services.
Outpatient Reassessment	an assessment at the Supplier's spinal unit outpatient facility.
Outreach Clinic	a Reassessment Service conducted away from the Supplier's facility.
Registered Nurse	a nurse who is registered with and holds a current annual practising certificate from the Nursing Council of New Zealand.
Reassessment	an Assessment completed with a client who has previously had this type of Assessment.
Rehabilitation	the delivery of a programme of care that includes assessment, goal setting, therapy and reassessment to maximise the Client's function across all life domains.
Rehabilitation Plan	a plan that documents the Client's goals, therapy goals, any barriers that may impact on the Client's recovery. It also includes a plan for the discharge of the Client and becomes more specific as the rehabilitation progresses.
Structured Interview	a predetermined set of questions to gather information from the Client on their health and wellbeing.
Telehealth	the use of information or communication technologies to deliver health care when clients and care providers are not in the same physical location. For this Service Specification, Telehealth relates to real-time videoconferencing interactions and

Term	means
	<p>telephone consultations. Telehealth excludes electronic messaging e.g. texts and emails.</p> <p>A telehealth consultation is to replace an in-person visit so it does not include a quick triage or check-in phone calls (unless specified).</p>
Trial or Trialling equipment	<p>the Client uses a piece or pieces of Equipment for a set period of time under the guidance of the Service Provider to establish the suitability of the Equipment to address the Client's identified needs.</p>
Usual Accommodation	<p>where a patient returns to their pre-impairment form of accommodation or a form of accommodation that allows for greater independence.</p>

APPENDIX A – MONTHLY REPORT SERVICE CODE DEFINITIONS

The Supplier will submit a monthly report that details the services delivered in the previous month. The report should not include any Services that were invoiced to ACC using service item codes via ACC’s SendInvoice process.

Inpatient Service Codes and Descriptions

Service Code	Service Description	Unit
SSAR01	<p>SCI Inpatient Rehabilitation – Level 1</p> <p>Client is admitted from acute with initial spinal injury requiring intensive active rehabilitation and where additional resources and speciality support is required due to the Client having one or more of the following diagnoses:</p> <ul style="list-style-type: none"> • SCI11 - Unstable Tracheostomy (Part B Clause 4.2.1) • SCI12 - Moderate to Severe Brain Injury (Part B Clause 4.2.2) • SCI13 - Significantly visually impaired (Part B Clause 4.2.3) • SCI14 - Significantly hearing impaired (Part B Clause 4.2.4) • SCI15 - Burns Injury requiring significant oversight from burns specialist and/or team (Part B Clause 4.2.5) • SCI16 - Mental Health condition that is unstable or variable (Part B Clause 4.2.6) • SCI17 - Bariatric as defined in Definitions and Interpretations (Part B Clause 4.2.7) 	Per Day
SSAR02	<p>Inpatient Rehabilitation – Level 2</p> <p>Admitted from Acute with initial spinal cord injury requiring intensive active rehabilitation programme.</p>	Per day
SSAR03	<p>Inpatient Rehabilitation – Level 3</p> <p>Readmission of a Client with spinal cord injury for rehabilitation for Pre and post elective surgery</p> <p>Continuation after an admission under the Reassessment Service</p> <p>On referral from the community</p>	Per day
SSAR04	<p>Inpatient Readmission</p> <p>Pre and post elective surgery where the client has complexity requiring additional resources greater than is delivered under SSAR03.</p> <p>See the operational guideline for more detail.</p>	Per day

Reassessment Service Codes and Descriptions

Service Code	Service Description	Unit
SRC01	<p>SCI Remote Contact Screening Reassessment</p> <p>A designated member of the Spinal Unit interdisciplinary team contacting the Client to complete with them the Structured Interview. This service may include:</p>	

Service Code	Service Description	Unit
	<ul style="list-style-type: none"> Updating of the clinical records and database Remote contact interview Document the Client's medical, functional and psychosocial outcome status and whether or not a more detailed Reassessment is indicated. 	
SRC02	<p>Spinal Cord Injury Reassessment - Outpatient</p> <p>Conducted by an interdisciplinary team (includes Spinal Clinical Specialist and at least two other members - allied health and/or nurse).</p> <p>Conducted at the Spinal Unit Outpatient facility. Service will include:</p> <ul style="list-style-type: none"> Clinical interview General Medical examination Special investigations All administration and ancillary matters associated with the Reassessment including the completion of a report to ACC where ACC funded services are required. 	
SRC03	<p>SCI Inpatient Reassessment (Three Days) Package</p> <p>Conducted at the Spinal Unit Inpatient facility. Service will include:</p> <ul style="list-style-type: none"> Package: Three days hospital bed stay (inclusive of all hospital bed stay costs) Clinical interview General Medical examination Special investigations All administration and ancillary matters associated with the Inpatient Reassessment including the completion of a report to ACC where ACC funded services are required. 	Per Unit
SRC04	<p>Spinal Cord Injury Reassessment – Outreach Clinic</p> <p>Conducted by an interdisciplinary team (includes Spinal Clinical Specialist and at least two other members- allied health and/or nurse).</p> <p>Interdisciplinary Team Members travel off site (from the spinal unit to an outreach location).</p> <p>Reassessment conducted at a designated Spinal Unit Outreach facility. Service will include:</p> <ul style="list-style-type: none"> All pre-clinic co-ordination Clinical interview General Medical examination Special investigations All administration and ancillary matters associated with the Outreach Reassessment including the completion of a report to ACC where ACC funded services are required. 	Per Unit
SRC05	<p>Virtual Spinal Specialist Case Review</p> <p>Spinal Clinical Specialist's time to</p>	Per Service

Service Code	Service Description	Unit
	<ul style="list-style-type: none"> • review of relevant clinical information • provide any post discharge follow-up with the client • provide a written Plan of Care with the plan sent to the referring clinician, the Client and ACC if required. <p>The service includes</p> <ul style="list-style-type: none"> • All associated administration and ancillary matters including recording on the patient management system. • May include tele health with client, care givers or GP/clinical professional including. 	
SRC06	<p>Virtual Clinical Conference</p> <p>Conference via appropriate communication technology between a client and/or community provider and a Spinal Clinical provider and includes:</p> <ul style="list-style-type: none"> • Conference time (at least one hour) • All administration and ancillary matters including recording on the patient management system. 	Per Service
SRC07	<p>Multi-disciplinary Reassessment Initial Clinic</p> <p>Consultation with the Client for a specific issue at the Supplier's Spinal Unit Outpatient facility by the Spinal Clinical Specialist and, as required, at least one other of the following professions:</p> <ul style="list-style-type: none"> • Physiotherapist • Occupational therapist • Speech language therapist • Nurse <p>The service includes:</p> <ul style="list-style-type: none"> • All pre and post co-ordination • Follow-up and post discharge support with the Client • A report that provides detail to support any recommendations including the Client's medical, functional and social outcome status • All associated administration and ancillary matters. 	Per Service
SRC08	<p>Multi-disciplinary Reassessment - Follow-up Clinic</p> <p>Consultation with the Client for a specific issue at the Supplier's Spinal Unit Outpatient facility by the Spinal Clinical Specialist and, as required, at least one other of the following professions:</p> <ul style="list-style-type: none"> • Physiotherapist • Occupational therapist • Speech language therapist • Nurse <p>The service includes:</p> <ul style="list-style-type: none"> • All pre and post co-ordination • Follow-up and post discharge support with the Client • A report that provide detail to support any recommendations including the Client's medical, functional and social outcome status • All associated administration and ancillary matters. 	Per Service

Service Code	Service Description	Unit
SRC09	<p>Multi-disciplinary Allied and Nursing Reassessment - Follow-up Clinic Consultation with the Client for a specific issue at the Supplier's Spinal Unit Outpatient facility by two or more of the following professions:</p> <ul style="list-style-type: none"> • Physiotherapist • Occupational therapist • Speech language therapist • Nurse <p>The service includes:</p> <ul style="list-style-type: none"> • All pre and post co-ordination • Follow-up and post discharge support with the Client • A report that provides sufficient detail to support any recommendations including the Client's functional and social outcome status • All associated administration and ancillary matters. 	
SRC10	<p>Specialist Initial Assessment An initial consultation with the Client for a specific or general issue at the Supplier's Spinal Unit Outpatient facility by the Spinal Clinical Specialist.</p> <p>The service includes:</p> <ul style="list-style-type: none"> • All pre and post co-ordination • Follow-up and post discharge support with the Client • A report that provide detail to support any recommendations including the Client's medical, functional and social outcome status • All associated administration and ancillary matters. 	Per Service
SRC11	<p>Specialist Follow-up Assessment A follow-up consultation with the Client for a specific or general issue at the Supplier's Spinal Unit Outpatient facility by the Spinal Clinical Specialist.</p> <p>The service includes:</p> <ul style="list-style-type: none"> • All pre and post co-ordination • Follow-up and post discharge support with the Client • A report that provide detail to support any recommendations including the Client's medical, functional and social outcome status • All associated administration and ancillary matters. 	Per Service
SRC12	<p>Allied Health / Nursing Outpatient Assessment and/or Treatment Single discipline assessment and/or treatment from one profession as needed</p> <ul style="list-style-type: none"> • Physiotherapist • Occupational therapist • Speech language therapist • Nurse <p>Conducted at the Spinal Unit Outpatient facility, the Client's home or residence or other appropriate location.</p>	Per Service

Service Code	Service Description	Unit
	<p>The service includes:</p> <ul style="list-style-type: none"> • A single discipline assessment • All pre and post co-ordination • Follow-up and post discharge support with the Client • A report that provides detail to support any recommendations including the Client's medical, functional and social outcome status • All associated administration and ancillary matters. 	
SRS00	<p>Other unspecified service A rehabilitation service provided to the Client that does not meet any of the descriptions above.</p>	Per service
SRCT	<p>Reassessment Service Outreach Travel Travel costs for the clinical team to travel to the outreach clinic, including airfares, accommodation, room rental, meals etc. Collective cost of each outreach clinic or group of clinics delivered in one outreach trip. The service date is the first day of service for each location.</p>	Per trip

APPENDIX B – CLINICAL CRITERIA FOR TRANSFER FROM ACUTE TO NON-ACUTE INPATIENT REHABILITATION

1. PURPOSE OF CLINICAL CRITERIA

The clinical criteria are intended to:

- 1.1. Provide a framework for assessing when a person's needs are no longer considered acute and when the person is suitable for transfer to a rehabilitation service;
- 1.2. Clarify funding responsibility for funders and providers; and
- 1.3. Contribute to greater consistency of decision making.

2. CONDITIONS FOR TRANSFER

There are three conditions that must be met before a patient can transfer from acute to non-acute ACC funded services:

- 2.1. The person is clinically stable and likely to improve, as well as there being no life-threatening condition that would require emergency surgery or intensive monitoring; and
- 2.2. The clinical team responsible for Discharge from acute services and the rehabilitation team agree to the transfer; and
- 2.3. The person has been accepted or is likely to be accepted as an ACC Client.

3. GENERIC CRITERIA

The person's condition is medically stable and likely to improve, and injured person is medically stable when the following conditions are met:

- 3.1. Absence of any life-threatening condition which would require emergency surgery, for example:
 - to depressurise an intra-cranial haemorrhage; or
 - to arrest potentially catastrophic haemorrhage from a ruptured aneurysm, ruptured spleen or liver.
- 3.2. Absence of any life-threatening condition requiring intensive monitoring, for example:
 - No significant infection;
 - No raised intra-cranial pressure;
 - No cerebro-spinal fluid leak;
 - No naso-gastric drainage.

- 3.3. Airway secure and patient can control respiration or can only control respiration with routine assistance from machine/people where this assistance is subordinate to rehabilitation needs.
- 3.4. Airway secure, excluding patients with acute, short term tracheostomy who have just come off a ventilator; the tracheostomy must be removed or be stable before medical stability is achieved.
- 3.5. Fractures firmly fixed either internally or externally which allow the Client to move the affected limb to participate in rehabilitation, strengthening of that limb.
- 3.6. No issues requiring daily clinical input from the (non-rehabilitation) specialist clinical team or with issues requiring daily medical input but which are subordinate to rehabilitation needs.
- 3.7. Where the above clinical conditions are met, transfer to active rehabilitation care may be suitable for people with the following conditions:
 - Patients feeding by mouth, naso-gastric tube or percutaneous gastrostomy;
 - Patients requiring IV antibiotics with or without central line;
 - Patients requiring CAPD, or haemodialysis, and who are stable with this management.

4. SPECIFIC CLINICAL CRITERIA

4.1. People with spinal cord injury

No pressure areas or ulcers requiring surgical intervention. People with pressure areas that require significant time on bed rest may be suitable, provided they are able to be mobilised and participate in active rehabilitation. The person is able to tolerate a semi-upright posture for up to one hour a day.

4.2. Clinician agreement to transfer care

The clinician responsible for acute care (who may be a discipline-specific specialist) agrees to Discharge with reference to this framework **and** the clinician who is to continue non-acute care agrees to accept (that is, take over responsibility).