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He Whakaora.
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SERVICE SCHEDULE FOR TRAUMATIC BRAIN INJURY RESIDENTIAL REHABILITATION SERVICE

CONTRACT NO: _____

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING TRAUMATIC BRAIN INJURY RESIDENTIAL REHABILITATION SERVICE

1.1 The Term for the provision of Traumatic Brain Injury Residential Rehabilitation Service ("the Service") is the period from 1 May 2020 ("Start Date") until the close of 31 March 2026 ("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 a maximum of two further periods of two years). Any decision to extend the Term of this Service Schedule will be based on:

1.2.1 the parties reaching agreement on the extension in writing prior to the End Date;

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 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 5)

Facility Address	Geographical Area

3. SERVICE ITEMS AND PRICES (PART B, CLAUSE 15)

Table 1 - Service Items and Prices

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
Inpatient Services				
TRR06	Residential Rehabilitation	Active residential rehabilitation for Clients requiring residential rehabilitation following a Traumatic Brain Injury.	$1,424.61	Per bed day
TRE06	Emerging Consciousness	Provision of neuro rehabilitation and care services focused on returning the Client to consciousness.	$1,424.61	Per bed day
TRR07	Inpatient Botulinum Toxin	Inpatient Botulinum toxin for spasticity management	At cost	Per injection
TRRT6	Travel costs	Travel to undertake a pre-assessment of a Client who is 20km or more from the nearest TBIRR facility irrespective of the client being admitted (or not) to the Service. One round trip only.	Actual and Reasonable	Per client
Inpatient Absences				
TRR11	Home leave trial	Clients absent from TBIRR facility due to undergoing a home leave trial. Up to the first three nights.	$1,424.61	Per bed day
TRR12	Return to acute care	When a Client must return to acute care for treatment or to manage significant complications. Up to the first two nights per episode.	$1,424.61	Per bed day
TRR13	Absent without leave	When a Client is absent from the facility, without prior notice (i.e. AWOL). Up to the first two nights per episode.	$1,424.61	Per bed day

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
TRR10	Bed Retention	When a Client is absent from the facility ACC will pay up to seven days of bed retention for each absence, after which the Client is considered discharged. This bed retention code is used for the balance after the first three nights for Home Leave trial (TRR11), or first two nights for Return to acute care (TRR12), or first two nights for Absent without leave (TRR13). This bed retention code can be used for up to seven days for all other absence types (e.g., notified absences).	$265.71	Per bed day

Note: A bed day is an uninterrupted 24-hour period in which the Client is resident in the facility and occupying a bed at midnight.

Other Services				
TRD01	Day Rehabilitation	A day rehabilitation service delivered to groups and/or individuals, provided by allied health therapists or by therapy assistants under supervision of allied health therapists operating within an interdisciplinary team.	$648.67	Flat rate per day
TRD10	Overnight Stay	A Client, who has attended day rehabilitation may, where necessary, stay overnight. This maybe planned or unplanned. Maximum of five overnight stays within two months.	$265.72	Per night
TRR20	Provider Advice and Support	All of the inputs associated with providing clinical advice and support to family members providing care and support to the Client. service suppliers about a specific Client. Maximum 12 hours over 6 months	$142.22	Per hour
TRR21	Initial Medical Follow-up	An initial medical follow-up with a Client, conducted by a Medical Specialist. A purchase order is not required. One consultation only.	$307.11	Per consultation

Other Services				
TRR22	Subsequent Medical Follow-up	A subsequent medical follow-up with the Client conducted by a Medical Specialist. Up to two consultations only. The first subsequent medical follow-up does not require a purchase order. A second subsequent medical follow-up requires a purchase order.	$200.44	Per consultation
TRRDNA	Client did not attend a Medical Follow-up appointment	When a Client did not attend a scheduled appointment (either in person or via telehealth), without giving at least 24 hours prior notification, a non-attendance fee can be paid. The Supplier will document the non-attendance in the Client's notes. One occurrence only.	40% (onsite/ telehealth) or 60% (offsite)	Per hour or part thereof

4. PRICE REVIEW

4.1 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:

4.1.1 general inflation;

4.1.2 changes in service component costs; and

4.1.3 substantial changes in the market.

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

4.3 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.

5. RELATIONSHIP MANAGEMENT (PART B, CLAUSE 16)

Table 2 - 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/ National Manager

Level	ACC	Supplier
Service management	Portfolio Team or equivalent	National Manager

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

NOTICES FOR ACC TO:

ACC Health Procurement (for deliveries)
Justice Centre
Level 11
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:

_____
_____
_____ (for deliveries)
_____
_____
_____ (for mail)
_____
_____ _____
Marked: Attention: _____ _____, _____
Phone: _____
Mobile: _____
Email: _____

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B. SERVICE SPECIFICATION FOR TRAUMATIC BRAIN INJURY RESIDENTIAL REHABILITATION

1. PURPOSE

1.1 The purpose of Traumatic Brain Injury Residential Rehabilitation Services ("the Service") is to provide specialist residential rehabilitation that will support Clients who have sustained a moderate to severe traumatic brain injury ("TBI") to return to active and meaningful participation in their community and, if appropriate, their place of work in a planned, timely, well supported and sustainable manner.

1.2 The Service will provide a targeted, holistic and interdisciplinary approach to the Client's rehabilitation needs through the development and implementation of an agreed care and rehabilitation plan.

1.3 The Services must be provided in accordance with the Operational Guidelines for Traumatic Brain Injury Residential Rehabilitation which are available on the ACC website.

1.3.1 The Operational Guidelines may be updated from time to time.

1.3.2 If there is a conflict between the Operational Guidelines and this Contract the provisions of the Contract take precedence.

2. SERVICE OVERVIEW

2.1 The Traumatic Brain Injury Residential Rehabilitation Service comprises three key components to support the Client's rehabilitation pathway:

2.1.1 **Emerging Consciousness** - Specialist high intensity residential neurological stimulation rehabilitation for Clients who have a disorder of consciousness in order to maximise their opportunity to return to consciousness through tailored therapies and to preserve their function.

2.1.2 **Residential Rehabilitation** - Specialist high intensity residential rehabilitation that will support Clients to return to participation in their community and, if appropriate, their place of work in a planned, timely, well supported and sustainable manner.

2.1.3 **Day Rehabilitation** - Specialist non-residential rehabilitation, as an alternative to residential rehabilitation, that will support Clients to return to participation in their community and, if appropriate, their place of work in a planned, timely, well supported and sustainable manner.

2.2 The Supplier will use agreed clinical measures, in accordance with clause 9.3, to assess each Client's specific rehabilitation needs.

3. SERVICE OBJECTIVES

3.1 ACC will measure the success of the Service based on the following objectives:

3.1.1 All Clients discharged from the Service return to active and meaningful participation in their work and/or community or achieve a measurable improvement in their cognitive and functional abilities that maximises their independence and quality of life.

3.1.2 The Services provided are:

3.1.2.1 Targeted towards achieving the Client's rehabilitation goals;

3.1.2.2 Co-ordinated within the team of health professionals;

3.1.2.3 Planned;

3.1.2.4 Timely; and

3.1.2.5 Supportive of, and encourage the participation of, the Client and their family/whānau.

3.1.3 Clients and their families/whānau are satisfied with the Service.

3.1.4 Clients and their families/whānau are well informed about the impacts of the Client's injury and have the appropriate strategies to manage these impacts.

3.2 Clause 13 (Performance Requirements) sets out how measures of Supplier performance are collected, together with additional Service monitoring requirements.

4. SERVICE ELIGIBILITY CRITERIA

4.1 This Service is for Clients who:

4.1.1 have an accepted ACC claim for personal injury with a clinical diagnosis that indicates a moderate to severe TBI acquired through trauma or hypoxia; and

4.1.2 have been assessed as requiring Traumatic Brain Injury Residential Rehabilitation; and

4.1.3 are aged over 16 or of a suitable maturity to participate in adult rehabilitation services; and

4.1.4 are Medically Stable.

4.2 In addition to the eligibility criteria in clause 4.1, Clients entering the emerging consciousness service component will be in a post coma or minimally conscious state and have been assessed by a medical specialist as having the potential to return to consciousness.

4.2.1 Clients who are in a coma are excluded from the emerging consciousness service component.

4.3 Ventilator dependent Clients can be considered for residential rehabilitation where there is agreement between the Supplier, Acute Services and ACC.

4.4 The primary focus of the Service is rehabilitation following a traumatic brain injury and, therefore, where Clients have sustained other complex injuries in addition to a traumatic brain injury, the Acute Services Specialists in consultation with the Supplier and other rehabilitation suppliers appropriate to the types of injury will determine the most appropriate post-acute rehabilitation service for the Client.

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

5.1 The Service will be provided in the locations specified in Part A Quick Reference Information.

5.2 The Service will be provided in the Supplier's specialised rehabilitation facility. The facility will be an integrated, community focused and age-appropriate facility, specific to the Client group and complexity of injury.

5.2.1 The Supplier's facility must comply with New Zealand Standard NZS 8134:2021, The Health and Disability Services Standards.

5.2.2 The Supplier will ensure the safety of Clients, staff and visitors to the facility through the appropriate use of behavioural and environmental management. Environmental management may include exit alarms, keypad entry or other measures appropriate to the level of service provided.

6. SERVICE COMMENCEMENT

6.1 Clients enter the Service:

6.1.1 From an inpatient hospital when referred by Acute Services; or

6.1.2 From the community, if agreed between ACC and the Supplier. The Client's General Practitioner will be advised of the referral.

6.2 The Supplier will accept all referrals except where:

6.2.1 The Supplier assesses that the Client does not meet the eligibility criteria; or

6.2.2 The Supplier does not have sufficient capacity at that time.

6.3 Where the Supplier is unable to accept a referral, the Supplier will notify ACC within one working day.

6.4 If the referral contains inadequate information, the Supplier will request further details prior to accepting the referral and commencing the Services.

6.5 The Supplier will work closely with Acute Services to determine when the Client meets the eligibility criteria as specified in clause 4.

6.5.1 The Client will be transferred to residential rehabilitation within two working days of meeting the eligibility criteria.

6.5.2 If the Client is not Medically Stable, the Supplier will maintain contact with Acute Services until such a time that the Client:

6.5.2.1 Meets the eligibility criteria for the Service; or

6.5.2.2 Is transferred to an alternative service that is more appropriate for the Client's needs.

6.6 For Clients entering the Emerging Consciousness service the Supplier will ensure that the information listed below is received from Acute Services before commencing the Services:

6.6.1 Client's name, gender, date of birth and contact details;

6.6.2 ACC claim number;

6.6.3 NHI number;

6.6.4 Purpose of the referral;

6.6.5 Injury condition and diagnosis code(s);

6.6.6 Injury details;

6.6.7 Clinical records relating to the injury outlining treatment provided to date; and

6.6.8 Non-injury details which may impact on the management of the covered injury.

7. APPROVAL OF SERVICE

7.1 Emerging Consciousness – Prior Approval Required

7.1.1 When a Client is referred to Emerging Consciousness, the Supplier will notify ACC, in writing, of the referral and request approval no later than five working days prior to the Client entering the Service.

7.1.2 The Supplier will include the following information in the notification to ACC:

7.1.2.1 GCS/PTA score;

7.1.2.2 Wessex Head Injury Matrix score; and

7.1.2.3 Specialist recommendation.

7.1.3 ACC will approve or decline the request in writing within two working days of receiving the request.

7.1.4 A purchase order is not required.

7.2 Clients entering Residential Rehabilitation or Day Rehabilitation following discharge from Acute Services can enter the service without prior approval from ACC.

7.2.1 The Supplier will notify ACC, in writing, of the admission.

7.2.2 A purchase order is not required.

7.3 Day Rehabilitation

7.3.1 When a Client enters Day Rehabilitation the Supplier can provide up to two weeks of rehabilitation without prior approval from ACC.

7.3.2 Any further rehabilitation is subject to a completed rehabilitation plan being submitted by the Supplier to ACC for approval.

7.3.3 On approval of the request, ACC will issue a purchase approval notification and, if appropriate, a purchase order number to the Supplier.

7.4 Referrals from the Community – Approval Required

7.4.1 When a Client is referred to the Service from the community for Residential or Day Rehabilitation, the Supplier will notify ACC, in writing, of the referral and request retrospective approval no later than two working days following the Client's admission to the Service.

7.4.2 The referral will include the recommendation by the Specialist identifying the need for day rehabilitation.

7.4.3 ACC will approve or decline the request within two working days of receiving the rehabilitation plan.

8. SERVICE REQUIREMENTS

8.1 Supporting Transitions

8.1.1 The Supplier will support Client transitions by:

8.1.1.1 Assisting Acute Services staff with the identification and support of all inpatient Clients with moderate to severe TBI as described in the Operational Guidelines; and

8.1.1.2 Liaising with Acute Services to facilitate the Client's transfer from Acute Services to Residential Rehabilitation.

8.2 Key Worker

8.2.1 The Supplier will appoint a key worker to each Client on their referral to the Service. The key worker is responsible for:

8.2.1.1 Co-ordination of the Client's rehabilitation programme; and

8.2.1.2 Communicating with the Client, their family/whanau, ACC and any other parties necessary to the Client's rehabilitation.

8.3 Rehabilitation Planning

8.3.1 On entering the Service, an interdisciplinary team, in accordance with clause 9.4, will work with the Client, their family/whānau and ACC, to:

8.3.1.1 Develop an individually tailored, culturally appropriate and outcome focused rehabilitation plan;

8.3.1.2 Identify and work towards short and long term functional and participatory goals that will enable the Client to reach their maximum level of independence; and

8.3.1.3 Where the Client was working prior to their injury, vocational rehabilitation will be included in the Client's rehabilitation programme.

8.3.2 ACC will be invited to participate in key planning and review meetings. Attendance may be by videoconference, teleconference or in person. At least 10 working days' notice is required if ACC staff will need to book flights to attend face to face meetings.

8.3.3 The Supplier will submit a rehabilitation plan to ACC within 10 working days of the Client entering the Service. The plan will include the following information:

8.3.3.1 GCS/PTA score;

8.3.3.2 Functional status based on agreed clinical measures;

8.3.3.3 Specialist recommendation;

8.3.3.4 Short and long-term rehabilitation goals;

8.3.3.5 High level indication of therapy activity against each short and long-term goal;

8.3.3.6 Discharge plan;

8.3.3.7 Estimated date of discharge based on the AROC benchmark AN-SNAP class;

8.3.3.8 Supports required for discharge; and

8.3.3.9 Client's place of discharge or transition.

8.3.4 The Supplier will ensure that all short and long-term rehabilitation goals identified in a rehabilitation plan are:

8.3.4.1 Specific;

8.3.4.2 Measurable;

8.3.4.3 Achievable;

8.3.4.4 Relevant;

8.3.4.5 Time specific; and

8.3.4.6 Developed, discussed and agreed with the Client and/or their representative.

8.3.5 The Rehabilitation Plan will support the Client to achieve the maximum level of functional independence and psychosocial wellbeing practicable.

8.3.6 The Supplier will develop and maintain an interdisciplinary team therapy plan that describes the type and amount of therapy to be provided on a weekly basis.

8.3.7 The Supplier will review and update the Client's rehabilitation plan on an ongoing basis in accordance with the Client's progress towards achieving their rehabilitation goals.

8.3.8 Any changes to the Client's progress, service needs, estimated transition dates or required discharge supports will be updated in a rehabilitation plan and submitted to ACC for review.

8.3.9 The Supplier will measure progress towards the Client's goals using agreed clinical measures and will record the progress in clinical notes.

8.3.10 The Supplier will ensure that the Client's family/whanau receive ongoing education relevant to the Client's TBI that will:

8.3.10.1 Support the development of the Client's self-management skills; and

8.3.10.2 Ensure the family and whānau can actively support the Client's rehabilitation programme during their stay and on their return home.

8.3.11 Where the Client is likely to return to their pre-injury employment the Supplier will maintain regular contact with the employer to support the Client's return to work.

8.4 Service Duration

8.4.1 Service duration for Clients in Emerging Consciousness will not exceed 90 days from admission.

8.4.1.1 If the Client gains sufficient consciousness to participate in rehabilitation, then the Supplier will transfer the Client to Residential Rehabilitation or Day Rehabilitation, as appropriate.

8.4.1.2 If the Client has not gained sufficient consciousness to participate in rehabilitation, or is unlikely to make functional gains, the Supplier, in consultation with ACC and the Client's family/whānau, will make a recommendation to ACC for the Client's future care which may include a transfer to alternative services that best meets the Client's needs.

8.4.2 Service duration for Clients in Residential Rehabilitation or Day Rehabilitation will not exceed 180 days from admission.

8.4.3 ACC expects that service duration will reflect optimal AROC AN-SNAP benchmark targets.

8.4.4 Extensions to Residential Rehabilitation or Day Rehabilitation may be made on application to ACC for a period of not more than two weeks per application.

8.5 Service Provision

8.5.1 The Supplier must provide all of the following components as part of the delivery of the Service:

8.5.1.1 At least one pre-admission visit to the Client in Acute Services or a case conference between the Acute Services' and the Supplier's Medical Specialists and a review of clinical notes;

8.5.1.2 An inclusive family program that includes social work, support and guidance to the Client's direct family and whānau; providing education and support throughout the Client's residential and/or day rehabilitation;

8.5.1.3 Active therapy involvement including psychological, behavioural, physical, occupational and speech therapies as required;

8.5.1.4 Treatments (and associated consumables) including, but not limited to, intra-venous antibiotics and serial splinting; in accordance with the Operational Guidelines;

8.5.1.5 Hotel services including hydration and nutrition (includes dietetics and nutritional advice);

8.5.1.6 Personal care services;

8.5.1.7 Nursing services as required;

8.5.1.8 An interdisciplinary team of health professionals in accordance with clause 9.4;

8.5.1.9 Pharmaceutical and laboratory services;

8.5.1.10 Referral to and assessment by other types of Medical Specialists and health professionals related to the Client's personal injury;

8.5.1.11 All medical consumables that are required as a result of the Client's injury;

8.5.1.12 Appropriate medical equipment required to support Clients with complex needs;

8.5.1.13 Equipment for use in the rehabilitation facility;

8.5.1.14 Management of Specialist Equipment;

8.5.1.15 Interpreter and advocacy services;

8.5.1.16 Access to Māori and Pacific Island liaison workers;

8.5.1.17 Transport including transport and accompanying escort to any necessary pre-admission visit/consultations with the Client, return transport of the Client from the residential facility to another facility for tests, assessments or rehabilitation and transport of the Client for all recreational activities;

8.5.1.18 Actual and reasonable travel costs will be met by ACC when travel is undertaken for the purpose of conducting a pre-assessment of a Client who is 20km or more from the nearest TBIRR facility;

8.5.1.19 Any necessary administrative matters including those normally required to allow the Supplier to monitor treatment outcomes, record service outcomes, meet the needs of the National Minimum Data Set and AROC and to allow the Supplier and ACC to evaluate the Services;

8.5.1.20 All incidental services reasonably required to meet the psychological, cultural, spiritual and social needs of Clients while in the Services; and

8.5.1.21 24-hour cover provided by qualified nursing staff.

8.5.2 The Supplier will also provide the following specific requirements to unconscious Clients as part of delivery of the Services:

8.5.2.1 A rehabilitation environment with a structured day rhythm and diverse activities; and

8.5.2.2 An individualised stimulation programme that provides the systematic presentation of diverse sensory and/or cognitive stimulation.

8.6 Service Deferral

8.6.1 There are a number of situations that can interrupt a Client's inpatient rehabilitation and, therefore, the Supplier may be required to defer services for a Client during their rehabilitation.

8.6.2 Table 3 below lists the situations in which services can be deferred and describes the actions required:

Table 3 – Service Deferral

Situation	Notify	Invoice	Review/Discharge
The Client has a planned absence from the facility for a Home Trial	The Supplier will seek agreement from ACC prior to the absence beginning as per clause 8.7.	Invoice the agreed bed day rate for up to a maximum of three nights per admission. Invoice the remaining absences at the bed retention rate	Discharge the Client if they are away from the facility for longer than the approved absence and advise ACC and the Client of alternative rehabilitation options
The Client returns to acute care due to significant complications	The Supplier will: Notify ACC within two working days of the Client's return to acute care Maintain liaison with the Client and their family/whanau, Acute Services and ACC until the Client is able to re-enter the service or be referred to another more appropriate service	Invoice up to the first two nights at the agreed bed day rate per episode. Invoice the remaining days the Client is absent, up to seven days in total, at the bed retention rate.	Discharge the Client if the absence is longer than seven days
The Client is absent from the facility without prior arrangement (AWOL).	The Supplier will: Notify the relevant authorities immediately if there is a risk to the	Invoice up to the first two nights at the agreed bed day rate per episode.	Discharge the Client if the absence is longer than seven days and advise ACC

Situation	Notify	Invoice	Review/Discharge
	safety of the Client or the public Take the appropriate actions to return the Client to the facility Notify ACC within 24 hours.	Invoice the remaining days the Client is absent, up to seven days in total at the bed retention rate.	and the Client of alternative rehabilitation options.
The Client is present in the rehabilitation facility but cannot participate in rehabilitation due to: Ill health; or, Substance abuse; or, Disruptive, abusive or violent behaviour due to mental health reasons.	The Supplier will: Notify ACC immediately via email Refer to mental health services if appropriate	Invoice the agreed bed day rate	Review the Client on a daily basis. Advise ACC of alternative rehabilitation options if the Client is unable to participate in rehabilitation for more than seven days
The Client is absent from the facility at short notice to attend to family / whanau responsibilities - such as weddings or holidays or a regular planned absence such as weekend leave or a single night away- for up to seven days.	The Supplier will notify ACC immediately via email.	Invoice at the bed retention rate	Discharge the Client if the absence is longer than seven days and advise ACC and the Client of alternative rehabilitation options
The Client does not attend a scheduled Day Rehabilitation session.	The Supplier will: Liaise with the Client and their family/whanau to encourage participation in day rehabilitation Notify ACC immediately via email.	No payment is made when the client did not attend.	Discharge the Client if the absence is longer than seven days and advise ACC and the Client of alternative rehabilitation options

8.7 Home Trials

8.7.1 Home trials will begin as soon as practicable in the Client's rehabilitation. The Supplier will negotiate the frequency and duration of these visits with the Client, the Client's family/whānau and ACC.

8.7.2 The first three days of the initial home trial will be paid at the full day rate. The Supplier will arrange and provide all supports and services during this time.

8.7.3 Any additional days of the initial home trial, and any subsequent home trials, will be paid at the bed retention rate.

8.7.4 The Supplier will advise ACC of any required supports and services, such as attendant care, temporary ramps / housing modifications and equipment, 5 working days prior to the start of the trial to allow ACC sufficient time to arrange the supports.

8.8 Transition or Discharge Planning

8.8.1 Transition or discharge planning begins from the date the Client is admitted to the Service and becomes more detailed during the Client's rehabilitation.

8.8.2 The Supplier will include transition or discharge information in the Client's rehabilitation plan.

8.8.3 Preparation for discharge will include at least one visit to the Client's home by members of the interdisciplinary team to ensure that an effective, safe and sustainable discharge can be achieved. Where the Supplier determines that a safe discharge can be achieved without a home visit by members of the interdisciplinary team then this will be discussed and agreed with ACC.

8.8.4 The Supplier will work with the Client, their family/whānau, ACC and Social Rehabilitation Assessment suppliers, as appropriate, to ensure the early identification of any additional short term supports that the Client will require for a safe, planned transition to an alternative service / service component or a discharge to a home environment.

8.8.4.1 Support requirements may include attendant care, community rehabilitation, temporary and / or permanent housing modifications and rehabilitation equipment.

8.8.4.2 Support requirements must be identified to ACC in accordance with the timeframes identified in Table 4.

8.8.4.3 Where additional community based assessments will be required to determine the Client's long term needs, the Supplier will notify ACC at least 5 working days prior to the Client's discharge.

8.8.4.4 ACC will arrange and fund the identified supports and/or assessments.

8.8.5 The Supplier may also refer the Client to a Training for Independence – Te Ara Pō provider in the area the Client is being discharged to, if considered appropriate. In doing so, the Supplier must notify ACC.

8.8.6 The Supplier will work closely with ACC and community rehabilitation suppliers to facilitate transition and ongoing rehabilitation for the Client following their discharge.

8.8.7 The Supplier will complete and submit a discharge report to ACC within 10 working days of the Client's discharge from the Service.

8.8.7.1 The discharge report may be completed on the Supplier's own template, including the information requirements set out in the Operational Guidelines.

8.8.8 Where a Client requires ongoing care in a long term residential facility, the Supplier will advise ACC of the requirement. ACC will liaise with the Supplier, the Client, the Client's family/whānau and suppliers of residential services to identify the most appropriate facility for the Client.

8.8.8.1 ACC will make a referral to the supplier of residential services.

8.8.8.2 ACC will advise the Supplier when the referral has been accepted.

8.8.8.3 The Supplier will manage the transfer of the Client to the residential facility.

8.8.9 During discharge planning, the Supplier may recommend the Client has a medical follow-up after discharge when the Client has:

8.8.9.1 Medical symptoms that need monitoring beyond what can be reasonable managed by the Client's General Practitioner.

8.8.9.2 Potential instability in their discharge to the community.

8.8.9.3 A need to review medications or perform assessments / tests that maybe outside the scope of the Clients General Practitioner or inpatient treatment.

8.8.10 Transition and discharge notification requirements are detailed in Table 4.

Table 4 – Transitions

Transition / Discharge from:	Transition / Discharge to:	Supports required by Client	Notification required
TBIRR Emerging Consciousness	TBIRR Residential Rehabilitation	n/a	Supplier updates the rehabilitation plan and notifies ACC.
TBIRR Emerging Consciousness / Residential Rehabilitation	Long term residential care	Specialist Equipment	Supplier updates and re-submits a rehabilitation plan with the current discharge details to ACC five working days prior to transfer date.
TBIRR Emerging Consciousness / Residential Rehabilitation / Day Rehabilitation	Discharge to home environment	Supports required for less than six months post discharge i.e. short term equipment	Supplier updates and re-submits a rehabilitation plan to ACC at least 10 working days prior to discharge date, clearly identifying short term supports that are required for a safe discharge in accordance with clause 8.8.
TBIRR Emerging Consciousness / Residential Rehabilitation / Day Rehabilitation	Discharge to home environment	Supports required for longer than six months post discharge i.e. housing modifications, equipment.	Supplier updates and re-submits a rehabilitation plan with the current discharge details to ACC at least 20 working days (whenever possible, depending on length of stay) prior to transfer date, clearly identifying supports that are required for a safe discharge in accordance with clause 8.8

8.9 Post Discharge Clinical Advice and Support

8.9.1 The Supplier will provide up to 12 hours of clinical advice over six months post discharge to:

8.9.1.1 community services suppliers who are providing ACC funded rehabilitation or care services to the Client; and/or

8.9.1.2 the Client and their family and whānau providing care and support to the Client.

8.10 Post Discharge Medical Follow-ups

8.10.1 Where identified as a clinical need in the Client's discharge plan, the Supplier may provide without prior approval:

8.10.1.1 One Initial Medical Follow-up consultation by a medical specialist with the Client within the first 12 months of discharge from inpatient rehabilitation.

8.10.1.2 One Subsequent Medical Follow-up consultation by a medication specialist as required by clinical need.

8.10.1.3 Each medical follow-up will be 30 minutes or longer with the Client.

8.10.1.4 The consultation may be delivered via Telehealth, where clinically appropriate.

8.10.2 A second subsequent medical follow-up is available when a Client has an injury related clinical need and prior approval from ACC is obtained. The second subsequent medical follow-up must be used within 24 months of the Client's discharge from inpatient rehabilitation.

8.10.3 The Supplier will provide ACC and the Client's General Practitioner with a summary of the medical follow-up consultation including the Client's:

8.10.3.1 Health and wellbeing;

8.10.3.2 Prescriptions confirmed via the GP;

8.10.3.3 Social and living arrangements; and

8.10.3.4 needs or supports that require ACC follow up.

9. SERVICE SPECIFIC QUALITY REQUIREMENTS

9.1 In addition to the requirements specified in Part 1 of this Service Schedule, the Supplier will meet the following requirements in providing the Services.

9.2 Standards and Service Guidelines.

9.2.1 The Supplier will:

9.2.1.1 Ensure that FIM Accreditation is maintained for the term of this Service Schedule;

9.2.1.2 Ensure the quality requirements for Australasian Rehabilitation Outcomes Centre (AROC) membership and data submission are met; and

9.2.1.3 Ensure that all outcome measures implemented during the delivery of the Service are based on international best practice in traumatic brain injury rehabilitation in accordance with clause 9.3.

9.3 Clinical Measures

9.3.1 The Supplier will measure functional ability using standardised scales that are internationally recognised as best practice for TBI rehabilitation including:

9.3.1.1 Glasgow Coma Scale ("GCS");

9.3.1.2 Westmead Post Traumatic Amnesia scale ("PTA");

9.3.1.3 Functional Independence Measure ("FIM");

9.3.1.4 Functional Assessment Measure ("FAM");

9.3.1.5 Overt Behaviour Scale ("OBS");

9.3.1.6 Goal Attainment Scale ("GAS"); and

9.3.1.7 Wessex Head Injury Matrix ("WHIM").

9.3.2 Appendix 1 outlines the clinical measures.

9.3.3 These standardised scales may change from time to time and ACC and the Supplier will agree on which of the scales are most appropriate to use.

9.4 Staff

9.4.1 The Supplier must have an interdisciplinary team who have appropriate specialty, experience and qualifications to deliver outcome focused, Client centred, assessment and rehabilitation services. The team must include all of the disciplines described in Table 5, below.

Table 5 – Provider Qualifications

Service Provider	Qualification & Registration	Experience
Rehabilitation / Medical Specialist (Programme Leader)	Must have current vocational registration in any of the following: Rehabilitation Medicine Neurology Internal Medicine with a special interest in traumatic brain injury	Must have a minimum of three years' full time equivalent experience post vocational qualification in acquired or traumatic brain injury management
Clinical Neuropsychologist	Must have completed a university based graduate or postgraduate course in Clinical Neuropsychology Must be a registered Psychologist in New Zealand with a Clinical Scope of Practice and a current Annual Practicing Certificate with the New Zealand Psychologist Board.	Must have a minimum of two years' full time post qualification experience in supervised neuropsychological assessments and rehabilitation. Must be able to demonstrate knowledge of, and competency to use and interpret,

Service Provider	Qualification & Registration	Experience
	Must be a current member of at least one of the following: New Zealand Psychological Society; or, NZ College of Clinical Psychologists; or, An International Neuropsychological Society acceptable to ACC	neuropsychological tests to assess executive, attention, memory, language and spatial functioning and have an appropriate knowledge of the relevant neurophysiology and issues involved in neuropsychological assessment Must have arrangements in place for ongoing supervision with an appropriately qualified and experienced supervisor. Interns and those under provisional status must meet the criteria set by ACC and be approved by ACC.
Psychologists	Must be a registered Psychologist in New Zealand and a current Annual Practicing Certificate with the New Zealand Psychologist Board. Must be a current member of at least one of the following: New Zealand Psychological Society; or, NZ College of Clinical Psychologists; or an international professional body acceptable to ACC.	Must have a minimum of two years' full time post registration qualification experience in acquired or traumatic brain injury rehabilitation. Interns and those under provisional status must meet the criteria set by ACC and be approved by ACC.
Registered nurses Nurse specialists Occupational therapists Physiotherapists Speech-language therapists Social workers Dietitian	Must have current registration with the relevant professional body and a current Annual Practicing Certificate, where appropriate.	Must have: A minimum of two years' full time post qualification experience in acquired or traumatic brain injury rehabilitation; or, Training and supervision in brain injury until the provider has gained two years' experience. The supervisor must be a suitably qualified health professional with a minimum of five years'

Service Provider	Qualification & Registration	Experience
		experience in acquired or traumatic brain injury.
Key Worker	Must have current registration with the relevant professional body and a current Annual Practicing Certificate, where appropriate.	The key worker role may be fulfilled by any of the above listed health professionals who are experienced in communication and coordination with: the interdisciplinary team the Client, family and whanau other providers and suppliers ACC the Client's employer, the Client's General Practitioner any other party necessary to the rehabilitation of the Client Must have a minimum of two years' experience in providing similar co-ordination and key worker role in a health setting.
Care, Rehabilitation or Therapy Assistant	Have or be working towards NZ Certificate in Health and Wellbeing (Rehabilitation Support) (Level 4).	Experience in residential brain injury rehabilitation providing similar services or is in training under the guidance of suitably qualified staff.

9.4.2 The Supplier must also have access, as required, to Medical Specialists with other scopes of practice.

9.4.3 The Supplier will keep ACC informed of any changes to the senior clinical team that may have an impact on the delivery of services as described in this Service Schedule. The Supplier will outline the steps being taken to address the changes and mitigate any associated risks.

9.4.4 The interdisciplinary team will meet weekly to:

9.4.4.1 Discuss and record Clients' progress towards goals;

9.4.4.2 Review and evaluate the volume and quality of the therapy and care services provided;

9.4.4.3 Plan Clients' rehabilitation needs;

9.4.4.4 Update Client discharge plans if necessary.

9.4.5 The Supplier will record minutes of the weekly team meetings and these will be available to ACC on request.

9.4.6 The team will engage other specialist staff as appropriate.

9.4.7 All team members will have a shared philosophy based on rehabilitation principles.

9.4.8 The Supplier will ensure that all staff receive ongoing education and training in neuro-rehabilitation service delivery and will keep a record of ongoing staff education and training which must be made available to ACC on request.

9.5 Psychology Interns

9.5.1 For the purposes of this clause, the following definitions apply:

9.5.2 **"Psychology Intern"** means a student engaged in a Psychology Board accredited post-graduate diploma, master or doctoral course of studies, to achieve full registration in the Clinical Psychologist, Psychologist, Neuropsychologist or Counselling Psychologist scopes of practice, but who does not as yet have the necessary clinical experience.

9.5.3 **"Supervisor"** means a supervisor of a Psychology Intern that meets all the following requirements:

9.5.3.1 Is registered with the New Zealand Psychologists Board as a Psychologist, Clinical Psychologist, Neuropsychologist, or Counselling Psychologist scope of practice.

9.5.3.2 Holds a current Annual Practicing certificate with the NZ Psychologists Board; and

9.5.3.3 Is a current member of at least one of the following:

9.5.3.3.1 New Zealand Psychological Society, or

9.5.3.3.2 NZ College of Clinical Psychologists; or

9.5.3.3.3 An international professional body acceptable to ACC; and

9.5.3.4 Is an approved ACC named service provider with at least 2 years of clinical experience.

9.5.3.5 Is approved by the Psychology Intern's university to provide supervision for Psychology Interns.

9.5.3.6 Is allocated to no more than two Psychology Interns during each clinical practicum.

9.5.4 Psychology Services to ACC clients may be provided by Psychology Interns if a Supervisor is co-located on-site at the relevant service location during the ACC client's treatment session.

9.5.5 The Supplier may only invoice ACC in relation to these services in accordance with clause (6.5.6).

9.5.6 The Supplier acknowledges and agrees that it may invoice ACC for the supervisor's time only when and to the extent the supervisor has been physically present providing direct supervision to the Psychology intern during the ACC client's treatment session. In these circumstances, the Supplier may invoice ACC under the supervisor's provider ID number utilising the psychology intern code in the applicable service schedule.

9.5.7 For all other circumstances, including where the Supervisor is co-located in the building but not physically present providing direct supervision during the appointment, the Supplier will not claim, and ACC will not fund Psychology Services provided by Psychology interns.

9.5.8 The Supplier must ensure its record-keeping includes what, if any, Psychology Services are provided to ACC clients by a Psychology Intern.

9.5.9 The Supplier must ensure that the following requirements are met in all circumstances where a Psychology Intern is providing Psychological Services:

9.5.9.1 The Psychology Intern must adhere to the New Zealand Psychologists Board's standards of ethical conduct and clinical and cultural competence as well as any best practice guidelines adopted and endorsed by the board, (these standards are required by the Health Practitioners Competence Assurance Act 2003) including:

9.5.9.1.1 Core competencies for the Practice of Psychology in New Zealand;

9.5.9.1.2 Code of Ethics for Psychologists Working in Aotearoa/New Zealand;

9.5.9.1.3 Cultural Competencies for Psychologists Registered Under the Health Practitioners Competence Assurance Act (2003) And Those Seeking to Become Registered.

9.5.9.2 The Psychology Intern must have a Supervisor. The Psychology Intern may have a second nominated Supervisor to provide supervision if the primary Supervisor is not on site. The Psychology Intern must ensure that their named Supervisor/s is or are co-located on-site and available when undertaking clinical work with ACC clients.

9.5.9.3 Each Supervisor meets all requirements included in the definition of that term above.

9.5.9.4 The Supervisor/s are registered with the NZ Psychologists Board in the same scope, in which the Psychology Intern is undertaking their internship.

9.5.9.5 The Psychology Intern may only see ACC clients under one Supplier contract.

9.5.10 If the Supplier is hosting a Psychology Intern that will or may provide Psychological Services, the Supplier must provide to ACC:

9.5.10.1 An application – (ACC 8344 Psychology intern application form), the Psychology Interns annual practicing certificate, academic transcript;

9.5.10.2 An induction plan including how the Supplier is going to introduce and educate the Psychology Intern about the Psychological Services;

9.5.10.3 Details of the Psychology Intern's supervision plan and arrangements including:

9.5.10.3.1 The Supervisor/s details;

9.5.10.3.2 Frequency and model of supervision as determined by the Psychology Intern's university;

9.5.10.3.3 Informed consent process for clients; and

9.5.10.3.4 Acknowledgement signed by the Supervisor/s.

9.5.11 All clinical work undertaken by the Psychology Intern will be overseen by the Supervisor/s, who will maintain responsibility for the client's care at all times.

9.5.12 That the Supervisor/s will be co-located on-site when the Psychology Intern is undertaking clinical work with ACC clients, and

9.5.12.1 Note that the Supervisor of a Psychology Intern will check and co-sign each report and clinical record completed by the Psychology Intern. The Supervisor/s is responsible for ensuring that the standard of each assessment and treatment provided is at least equivalent to that of a qualified psychologist.

9.6 Quality Forums

9.6.1 Ongoing improvement is key to this Service and the Supplier is required to attend regular supplier group meetings to:

9.6.1.1 Agree appropriate clinical measures, benchmarks and data set for performance monitoring of the Service;

9.6.1.2 Review performance data from AROC, ACC and individual suppliers;

9.6.1.3 Discuss potential service improvements and emerging research on best practice.

9.7 Stakeholder Satisfaction Survey

9.7.1 Continuous improvement is essential to ensure that the Service is meeting the needs of Clients and, therefore, the Supplier will conduct stakeholder satisfaction surveys every six months to identify areas of improvement. The following key stakeholders will be surveyed:

9.7.1.1 Health New Zealand – Te Whatu Ora Acute Services;

9.7.1.2 ACC Client Services Staff;

9.7.1.3 Residential support suppliers such as slow stream rehabilitation, rest homes, and home for life; and

9.7.1.4 Community services suppliers such as Home & Community Support and Training for Independence.

9.7.2 Results from these surveys will be used to assess whether the Supplier is achieving the service objectives related to stakeholder satisfaction.

9.8 Client Satisfaction Survey

9.8.1 The Supplier will conduct a satisfaction survey for each Client on discharge from the Service.

9.8.2 Results from these surveys will be used to assess whether the Supplier is achieving the service objectives related to Client satisfaction.

9.9 Quality Assurance

9.9.1 The Supplier will ensure compliance to the requirements outlined in this schedule through regular quality assurance monitoring activities.

9.9.2 The quality assurance monitoring activities will include:

9.9.2.1 Checking that the rehabilitation plan is current, reflecting the Client's clinical status and rehabilitation needs.

9.9.2.2 Completing AROC data.

10. SERVICE EXIT

10.1 This Service is complete for a Client when:

10.1.1 ACC Client Services Staff, in consultation with the Supplier, agree that the Client no longer requires the Service as a result of having achieved their rehabilitation goals/outcomes;

10.1.2 The Client voluntarily exits the service. The Supplier will notify the Client's family / whānau immediately and the ACC Client Services Staff within one working day of this occurring. The Supplier will maintain liaison with the Client and family/whanau for a period of seven days to ensure that the Client has made a final decision to not re-enter the Service;

10.1.3 The Client has not regained consciousness after 90 days at the facility;

10.1.4 An independent assessment obtained by ACC identifies that the Client no longer needs the Service;

10.1.5 The Client is discharged from the Service following service deferral in accordance with clause 8.8; or

10.1.6 The Client dies.

11. EXCLUSIONS

11.1 The following services are not purchased under this service schedule but may be purchased under other service schedules or under Regulations.

11.1.1 Acute and elective secondary care services;

11.1.2 In-reach treatments such as splinting provided in Acute Services;

11.1.3 Diagnostic imaging services;

11.1.4 Pharmaceuticals that are not related to an ACC claim;

11.1.5 Outpatient and community services such as Concussion Services are not covered by this Service Schedule;

11.1.6 Long term equipment for independence or orthotics required post discharge;

11.1.7 Vocational rehabilitation services;

11.1.8 Dentistry;

11.1.9 Optometrist;

11.1.10 Podiatry;

11.1.11 Audiology;

11.1.12 Travel and accommodation for Clients' families/whānau;

11.1.13 Housing modifications.

12. LINKAGES

12.1 The Supplier will maintain linkages with a number of services to ensure that:

12.1.1 Clients experience smooth transitions between related services; and

12.1.2 Concurrent services are appropriately co-ordinated to achieve required outcomes.

12.2 The services referred to in clause 12.1 include (without limitation):

12.2.1 Drug and alcohol services;

12.2.2 Mental health services;

12.2.3 Education sector;

12.2.4 Māori health providers;

12.2.5 Other appropriate ethnic and cultural groups;

12.2.6 Government departments and agencies such as Police, Work and Income, Ministry of Social Development, Kāinga Ora, Ministry of Health, Ministry of Justice;

12.2.7 Disability consumer groups such as Brain Injury New Zealand (BINZ)

12.2.8 Community based rehabilitation providers;

12.2.9 ACC's range of disability support services;

12.2.10 ACC Concussion Services;

12.2.11 Australasian Rehabilitation Outcome Centre (AROC);

12.2.12 Health New Zealand – Te Whatu Ora trauma centres, National Trauma Network, spinal units and Acute Services.

13. PERFORMANCE REQUIREMENTS

13.1 The Supplier's performance against the key Service Objectives as outlined in clause 3 will be measured as shown in Table 6 – Performance Measurement against Key Objectives.

Table 6 – Performance Measurement

Objective	Performance measure	Frequency	Target	Data Source
All Clients discharged from the Service return to active and meaningful participation in their work and/or community; or achieve a measurable improvement in their cognitive and functional abilities that maximises their independence and quality of life.	Clinical measures show an improvement in functional ability and participatory goals from admission to discharge date.	On discharge	100% of Clients show a measured improvement	AROC Reporting
	Average FIM gain, Maximum, minimum & median FIM change by ANSNAP class.	Six monthly	Within 10% of AROC benchmark	Residential rehabilitation – AROC data
The Services provided are planned, timely, Client centric and supportive of the Client and their family/whanau.	A completed rehabilitation plan is received by ACC within 10 working days of a Client's admission to the Service	Quarterly	100%	Supplier reporting
	Clients transferred from Acute Services within the agreed target based on AN-SNAP class.	Bi-annual	95%	AROC data
	Average length of stay compared to other suppliers and historical trends.	Bi-annual	Within 10% of AROC benchmark	AROC data
	Proportion of Clients discharged from residential and day rehabilitation within 60 days	Annual	75% of Clients discharged within 60 days	ACC data
	Proportion of Clients discharged from residential and day rehabilitation within 180 days.	Annual	95% of Clients discharged within 180 days	ACC data
Clients and their families/whānau feel informed, supported and satisfied with the Service.	Clients and their families/whanau indicate that they are satisfied or very satisfied with the Service.	Annual	85%	Client satisfaction surveys in accordance with clause 9.7

13.2 In addition, the Supplier's performance against the Service requirements for unconscious Clients will be measured as shown in Table 7.

Table 7 – Performance Measurement for Emerging Consciousness

Objective/KPI	Performance measure	Target	Data Source
Clients achieve a return to a level of consciousness that enables them to participate in residential rehabilitation.	The proportion of minimally conscious Clients that regain consciousness.	50%	Supplier reporting

14. MEASUREMENT AND REPORTING REQUIREMENTS

14.1 The Supplier will:

14.1.1 Implement the agreed standardised measures based on international best practice for traumatic brain injury rehabilitation services as described in Appendix 1;

14.1.2 Participate in the refinement of the adjunct data set for TBI and collection of data for AROC; and

14.1.3 Collaborate with stakeholders involved in the collection of TBI data and ensure data compatibility for measures used.

14.2 The Supplier will provide reports to ACC, in accordance with Table 8 – Reporting Requirements.

Table 8 – Service Reporting Requirements

Report	Information required	How reported	Frequency
Annual Report	Number of Clients who received service	Number	Annually, within one month of the end of the financial year (30 June)
	Age, gender, ethnicity	Percentage	
	Average Length of Stay	Number	
	Referral origin	Percentage	
	Transition, in reach, outreach	Number	
	Highlights and achievements for past year	Description	
	Cultural capability	Description	
	Health and Safety issues	Description	
	Workforce development	Description	
	Service Satisfaction Surveys (Client and Family/Whanau, DHB, ACC, Residential/Community Provider)	Summary of results for each target group surveyed	

Report	Information required	How reported	Frequency
	Quality improvement initiatives	Summary	
	Research	Summary	
AROC	AROC data for each client	Entered into AROC database	At Client discharge
Certification audits	Outcome of any certification audits, including any corrective actions and the outcome of those actions, during the life of the contract.	Suppliers to notify Engagement and Performance Manager	Following completion of audit

14.2.1 Exception Reporting

14.2.2 The safety of Clients, staff and any other party at the Supplier's facility is paramount and, therefore, the Supplier will record and report any incidents that:

14.2.2.1 are outside of accepted rehabilitation practices;

14.2.2.2 present an unacceptable risk to personal safety or security; or

14.2.2.3 have the potential to become high profile or attract media or advocacy group attention.

14.2.3 The Supplier will notify ACC verbally within 24 hours of an exception occurring and will follow up with a written report within two working days.

14.3 Record Keeping

14.3.1 The Supplier will maintain records of services and rehabilitation delivered to Clients as part of the Service. This includes:

14.3.1.1 Detailed rehabilitation plans;

14.3.1.2 Individual Client records; and

14.3.1.3 Client discharge reports.

14.3.2 These records must be made available to ACC on request.

Table 9 – Service Record Keeping Requirements

Report	Information required	When
Rehabilitation Plan	Detailed rehabilitation plan in accordance with clause 8.3	Within 10 working days of a Client being admitted to the Service
Client clinical notes	Detailed clinical notes are to be kept for each Client showing treatment and rehabilitation provided by each professional, progress made towards Client goals, any barriers to	Client clinical notes are regularly updated

Report	Information required	When
	achieving rehabilitation goals, attainment of rehab goals and outcomes.	
Discharge reports	Detailed discharge information which gives clear indication of the Client's needs prior to discharge in accordance with Table 3.	Within 10 working days of a Client being discharged from the Service

15. PAYMENT AND INVOICING

15.1 Services prices are defined for this Service in Part A, Table 1 - Service Items and Prices.

15.2 ACC agrees to pay the prices set out in Part A, Table 1 - Service Items and Prices.

16. DEFINITIONS AND INTERPRETATION

Term	Means
Acute Service(s)	the provision of acute treatment at a District hospital or trauma centre.
Equipment	a re-useable aid that is required for the day-to-day care and rehabilitation of the Client and will remain at the facility after the Client is discharged.
Hotel Services	standard meals, power, heating, accommodation, but excludes individual purchases such as telephone calls, toiletries, personal items such as clothing;

Medically Stable	that the Client meets the following criteria:
	• Medically ready for rehabilitation that will significantly improve their functioning
	• Absence of any condition which requires intensive monitoring, for example:
	  ○ to depressurise an intra-cranial haemorrhage; or,
	  ○ to arrest potentially catastrophic haemorrhage from a ruptured aneurysm, spleen or liver.
	• Absence of any life-threatening condition requiring intensive monitoring, for example:
	  ○ No significant infection
	  ○ No raised intra-cranial pressure
	  ○ No cerebrospinal fluid leak
	  ○ The airway is secure and the Client can control respiration; or where the Client is not in control of their airway

Term	Means
	admission, the Client is subject to an agreement by the Acute Service, the Supplier and ACC. ○ Fractures firmly fixed either internally or externally (where appropriate) ○ No medical issues requiring daily clinical input from a specialist clinical team, or medical issues which are considered subordinate to the Client's rehabilitation needs ○ No uncontrolled or unstable epilepsy, unstable level of consciousness/unstable psychiatric conditions ○ People with stabilised epilepsy, cognitive disturbance and/or psychiatric conditions may be suitable provided that the other criteria are met • Where the above clinical conditions are met, transfer to non-acute care may be suitable for people with the following conditions: ○ Patients feeding by mouth, naso-gastric tube or percutaneous gastrostomy, ○ Patients requiring intra-venous antibiotics via PICC line, ○ Patients requiring continuous ambulatory peritoneal dialysis (CAPD) or haemodialysis and who are stable with specialist provider support.
Operational Guidelines	the document produced by ACC and updated from time-to-time to reflect the processes and procedures that should be followed in support of this Service.
Significant Complication	a Client receiving the Services has developed a medical complication or unrelated illness that requires readmission to Acute Services e.g. pneumonia, pulmonary embolism, myocardial infarction, further emergency surgery, acute psychiatric illness.
Specialist Equipment	Client specific equipment that the Client will retain post discharge, for example, equipment to manage long term respiratory needs and power wheelchairs for long term use.
Trainees	qualified clinical professionals that are gaining relevant experience in residential neurological rehabilitation and are under continuous supervision.

17. APPENDICES

Appendix 1 – Clinical Measures

Clinical Outcome measures are helpful to provide objective information on a Client's impairment, activity and participation restrictions. They can be used to set goals, measure progress as well as to identify specific problems. Most of the measures below are global measures. Impairment specific such as spasticity measures, walking measures may also be used to objectively record a Client's progress.

ACC may request the Supplier to complete a specific assessment at any time.

Measurement tool	Acronym	Emerging Consciousness	Residential Rehab	Day Rehab
Glasgow Coma Scale	GCS	P	P	P
Wessex Head Injury Matrix	WHIM	P		
Modified Oxford Post Traumatic Amnesia Scale	MOPTAS		P (Or Westmead PTA)	P (Or Westmead PTA)
Westmead Post Traumatic Amnesia Scale	Westmead		P (or MOPTAS)	P (or MOPTAS)
Functional Independence Measure	FIM		P	P
Functional Assessment Measure	FAM		P	P
Overt Behavioural Scale	OBS		P	P
Agitated Behaviour Scale	ABS		P	P
Goal Attainment Scale	GAS		P	P
Measurement tool	Acronym	Comments		
Galveston Orientation and Amnesia Test	GOAT	Measures orientation to person, place, and time, and memory for events preceding and following the injury.		
Lawtons Activities of Daily Living	Lawtons	Measures Client self-management and therapy requirements		
Mayo Portland Adaptability Index	MPAI	Measure that covers Activity and Participation		
Neurobehavioural Functioning Inventory	NFI	Covers depression, memory, attention, communication, aggression and motor issues. An alternative could be the Overt Behaviour Scale but this does not include all of the areas covered by the NFI.		
Sydney Psychosocial Reintegration Scale	SPRS	Measure looking at community integration, including vocational and non-vocational		

Measurement tool	Acronym	Emerging Consciousness	Residential Rehab	Day Rehab
		activities, interpersonal relationships and ability to live independently.		
Quality of Life Measure (SeQOL, BICROs, QOLIBRI)	SEQoL	A measure of quality of life		