

# SERVICE SCHEDULE FOR NURSING SERVICES

CONTRACT NO: «Contract\_Number\_»

## A. QUICK REFERENCE INFORMATION

### 1. TERM FOR PROVIDING NURSING SERVICE

- 1.1. The Term for the provision of Nursing Services is the period from 1 March 2018 (“Start Date”) until 28 February 2021 (“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 24 months 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 Service Schedule either continuing to apply during such extended Term(s) 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 this Service Schedule, even if the Supplier has satisfactorily performed all the Services.

### 2. SPECIFIED AREA (PART B, CLAUSE 4)

Services will be delivered within the following geographic areas:

«TLA\_Information»

### 3. SERVICE ITEMS AND PRICES (PART B, CLAUSE 13)

Table 1 - Service Items and Prices

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
NS01	Short Term Nursing Package	As described in Part B, clause 5.5 Travel costs are included in the packaged price and cannot be invoiced separately	\$386.21	Package Price
NS02	Medium Term Nursing Package	As described in Part B, clause 5.6 Travel costs are included in the packaged price and cannot be invoiced separately	\$877.86	Package Price
NS03	Long Term Nursing Package	As described in Part B, clause 5.7 Travel costs are included in the packaged price and cannot be invoiced separately	\$1,702.71	Package Price

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
NS04	Extended Nursing	As described in Part B, clause 5.8 Travel costs are included in the service item price and cannot be invoiced separately	\$82.53	Per consultation
NS05	Ongoing Nursing	As described in Part B, clause 5.9 Travel costs can be invoiced in accordance with Travel service items below	\$76.03	Per hour
NS06	Treatment of Subsequent Injury	As described in Part B, clause 5.10 Travel costs are included in the service item price and cannot be invoiced separately	\$28.09	Per consultation
NS07	Oversight Consultation by a Designated Provider	As described in Part B, clause 5.11 Travel costs can be invoiced in accordance with Travel service items below if the Designated Provider does not share travel arrangements with the treating nurse	\$83.21	Per consultation
NS10	Medical Consumables per consultation	As described in Part B, clause 5.12	Actual and reasonable cost	Actual and reasonable cost
NS20	Comprehensive Nursing Assessment	As described in Part B, clause 5.13 Travel costs can be invoiced in accordance with Travel service items below	\$456.64	Per Assessment
<p><b>Note: 1. Travel is payable for Ongoing Nursing, Oversight Consultation with Designated Provider and Comprehensive Nursing Assessment.</b></p> <p><b>2. Accommodation is only payable for Comprehensive Nursing Assessment.</b></p>				
NSTD10	Travel Distance	<p>A contribution towards travel:</p> <ul style="list-style-type: none"> <li>• For return travel via the most direct, practicable route; and</li> <li>• Where the return travel exceeds 20km.</li> </ul> <p><b>Note 1:</b> Where the Supplier has no base or facility in the Service provision area, return travel will be calculated between the “start point” and “end point” closest to the Client as agreed by ACC.</p> <p><b>Note 2:</b> ACC does not pay for the first 20km of travel and this must be deducted from the total distance travelled. If travel includes more than one Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>	\$0.63	Per Kilometre

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
NSTT5	Travel Time – first hour	<p>Paid for the first 60 minutes (or less) of total travel in a day where:</p> <ul style="list-style-type: none"> <li>• the travel is necessary; and</li> <li>• the Provider travels via the most direct, practicable route between their base/facility and where the services are provided; and</li> <li>• the distance the Provider travels exceeds 20km return; and/or</li> <li>• the time the Provider travels exceeds 30 minutes</li> </ul> <p><b>Note 1:</b> Where the Supplier has no base or facility in the Service provision area return travel will be calculated between the “start point” and “end point” closest to the Client as agreed by ACC.</p> <p><b>Note 2:</b> If travel includes more than one Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>	\$38.02	Initial hour
NSTT1	Travel Time – subsequent hours	<p>Paid for return travel time after the first 60 minutes in a day paid under NSTT5, where:</p> <ul style="list-style-type: none"> <li>• the travel is necessary; and</li> <li>• the Provider travels via the most direct, practicable route available between their base/facility and where the services are provided; and</li> <li>• additional travel time is required after the first hour of travel</li> </ul> <p><b>Note 1:</b> Where the Supplier has no base or facility in the Service provision area return travel will be calculated between the “start point” and “end point” closest to the Client as agreed by ACC.</p> <p><b>Note 2:</b> The first 60 minutes must be deducted from the total travel time and if travel includes more than one client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>	\$76.03	Subsequent hours

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
NSTT5D	Travel Time – first hour	<p>For a ‘Designated Provider’ only Paid for the first 60 minutes (or less) of total travel in a day where:</p> <ul style="list-style-type: none"> <li>• the travel is necessary; and</li> <li>• the Provider travels via the most direct, practicable route between their base/facility and where the services are provided; and</li> <li>• the distance the Provider travels exceeds 20km return; and/or</li> <li>• the time the Provider travels exceeds 30 minutes</li> </ul> <p><b>Note 1:</b> Where the Supplier has no base or facility in the Service provision area return travel will be calculated between the “start point” and “end point” closest to the Client as agreed by ACC. <b>Note 2:</b> If travel includes more than one Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>	\$41.61	Initial hour
NSTT1D	Travel Time – subsequent hours	<p>For a ‘Designated Provider’ only. Paid for return travel time after the first 60 minutes in a day paid under NSTT5D, where:</p> <ul style="list-style-type: none"> <li>• the travel is necessary; and</li> <li>• the Provider travels via the most direct, practicable route available between their base/facility and where the services are provided; and</li> <li>• additional travel time is required after the first hour of travel</li> </ul> <p><b>Note 1:</b> Where the Supplier has no base or facility in the Service provision area return travel will be calculated between the “start point” and “end point” closest to the Client as agreed by ACC. <b>Note 2:</b> The first 60 minutes must be deducted from the total travel time and if travel includes more than one Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>	\$83.21	Subsequent hours

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
NSTA1	Air travel	Air travel when a Provider is: <ul style="list-style-type: none"> <li>• requested by ACC to travel to an outlying area that is not the Service Provider’s usual area of residence or practice to deliver Services; and</li> <li>• air travel is necessary and has been approved by ACC.</li> </ul> <b>Note:</b> ACC will only pay for actual and reasonable costs and receipts must be retained and produced if requested by ACC. If more than one Client (ACC and/or non-ACC) receives services then invoicing is on a pro-rata basis.	Actual and reasonable cost	Per trip
NST6	All other Travel	Costs for return travel by ferry, taxi, rental car, public transport and parking when: <ul style="list-style-type: none"> <li>• return travel is via the most direct, practicable route; and</li> <li>• the return travel exceeds 20km.</li> </ul> <b>Note 1:</b> Where the Supplier has no base or facility in the Service provision area return travel will be calculated between the “start point” and “end point” closest to the Client as agreed by ACC. <b>Note 2:</b> ACC will only pay for actual and reasonable costs and receipts must be retained and produced if requested by ACC. If more than one Client (ACC and/or non-ACC) receives services then invoicing is on a pro-rata basis.	Actual and reasonable cost	Per trip

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
NSAC	Accommodation	Payable when a Designated Provider has been requested by ACC to complete a Comprehensive Nursing Assessment in an outlying area that is not the Designated Provider's usual area of residence or practice and overnight accommodation is necessary. ACC will pay actual and reasonable accommodation costs of up to a maximum of \$229.50 plus GST per day with prior ACC Coordinator approval and receipts provided. Hotels – Maximum of \$153.00 + GST per night. Meal and Incidental allowances – actual and reasonable up to a maximum of \$76.50 + GST per 24 hour period where overnight stay is required. No reimbursement of alcohol, including mini-bar expense.	Actual and reasonable cost to a maximum of \$229.50	Per night

#### Price Reviews

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:

- (a) general inflation
- (b) changes in service component costs
- (c) substantial changes in the market.

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

If ACC provides a price increase, the Supplier must agree any adjustment in writing. The price increase will take effect from a date specified by ACC.

**4. RELATIONSHIP MANAGEMENT STANDARD TERMS AND CONDITIONS, CLAUSE 11)**

**Table 2 - Relationship Management**

<b>Level</b>	<b>ACC Branch Network</b>	<b>Supplier</b>	<b>Frequency</b>
Client	ACC Claims Owner/Team Manager	Coordinator or Operational contact	As required
Branch	Branch Manager	Operational contact	As required
Region	Area Leader and local Engagement & Performance Manager (EPM)	Service Manager	As required
National	EPM assigned as Nursing Services Champs and Community Rehabilitation Services Portfolio Team	Service Manager	As required
Account Management	Processing Centre	Operational contact	As required

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

**NOTICES FOR ACC TO:**

ACC Health Procurement (for deliveries)  
 Justice Centre  
 19 Aitken Street  
 Wellington 6011  
 P O Box 242 (for mail)  
 Wellington 6140  
 Marked: "Attention: Procurement Specialist"  
 Phone: 0800 400 503  
 Email: health.procurement@acc.co.nz

**NOTICES FOR SUPPLIER TO:**

«Vendor\_Name\_Legal»  
 «Vendor\_Name\_Trade»  
 «Physical\_Address\_1» (for deliveries)  
 «Physical\_Address\_2»  
 «Physical\_City»  
 «Postal\_Address\_1» (for mail)  
 «Postal\_Address\_2»  
 «Postal\_City» «Postal\_Code»  
 Marked: "Attention: «Contractual\_First\_Name» «Contractual\_Surname»,  
 «Contractual\_Position»  
 Phone: «Contractual\_Phone»  
 Mobile: «Alternative\_Number»  
 Fax: «Contractual\_Fax»  
 Email: «Contractual\_Email»

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## **B. SERVICE SPECIFICATIONS FOR NURSING SERVICES**

### **1. PURPOSE**

- 1.1. ACC wishes to purchase Nursing Services.
- 1.2. The purpose of the Service is to:
  - 1.2.1. Provide Clients with timely access to quality, evidence-based Nursing Services for injury related needs.
  - 1.2.2. Provide treatment for the injury related needs of Clients whose needs are unable to be managed by their General Practice Team. A Client cannot be reasonably managed by their General Practice Team when:
    - 1.2.2.1. The Client is physically unable or unsafe to attend their General Practice Team, and/or
    - 1.2.2.2. The referral states that the General Practice Team or other referrer has determined the level of injury complexity is best managed by this Service, and/or
    - 1.2.2.3. The Client requires service provision outside of the General Practice Team's practice hours.
- 1.3. This Service Schedule (Part 2) is to be read in conjunction with the Nursing Services operational guidelines available on ACC's website (as updated from time to time).

### **2. SERVICE OBJECTIVES**

- 2.1. ACC will measure the success of this Service based on the following objectives:
  - 2.1.1. Client centred: The Service Provider will assess the Client's needs, and develop a treatment plan in partnership with the Client. The Client will receive a high quality, effective service and be discharged from the service when the injury has resolved sufficiently enough as to be managed by the General Practice Team or, where the Client is unable to attend the General Practice Team, is unlikely to need further treatment.
  - 2.1.2. Flexible: The Services are provided to Clients in the most appropriate environment.
  - 2.1.3. Cost effective: Services are only delivered for the treatment of a covered injury and where the Nursing Service is the most clinically appropriate Service to meet the Client's needs.
  - 2.1.4. The Supplier will provide Services that meet the Client's needs in the most cost effective manner possible (e.g. where clinically appropriate using longer lasting high cost consumables thereby reducing the number of visits required).
- 2.2. Interaction with Cost of Treatment Regulations
  - 2.2.1. ACC requires the Supplier to treat a Client for the duration they meet the eligibility criteria for Nursing Services in accordance with this Service Schedule. All Clients that meet the eligibility criteria (as described in clause 3.1) must be treated under this Service Schedule.
  - 2.2.2. The Supplier cannot provide services under the Nursing Services contract and then undertake additional nursing care through Cost of Treatment Regulations or, vice versa for the same injury except in cases outlined in 2.2.4.

- 2.2.3. Where the Client requires nurse led care for a separate injury on the same claim, that they receive Nursing Services for, then the Supplier can invoice for treatment of the separate injury under Cost of Treatment Regulations (e.g. outpatient fracture clinic under Cost of Treatment Regulations on the same claim as Nursing Service for wound management).
- 2.2.4. Where a Community Nurse discovers a new injury caused by a new accident while treating a Client either for a health-related issue or under this contract for a previous injury, where
  - 2.2.4.1. the provider is a Registered Nurse, and
  - 2.2.4.2. the injury falls within her scope for ACC claims lodgement, and
  - 2.2.4.3. the injury requires nurse level treatment (not just first aid that a Client would usually not seek treatment for)
- 2.2.4.4. they can lodge the claim and treat the injury on this occasion under Cost of Treatment Regulations and still invoice under the Nursing Services contract for future treatment after receiving a referral for the new injury.
- 2.2.5. In the cases described in clause 2.2.4 the Supplier must ensure the Client's General Practice Team is aware of the new injury and must obtain a referral from the Client's General Practice Team in accordance with clause 3.2.3.

### **3. SERVICE COMMENCEMENT**

#### **3.1. Eligibility**

- 3.1.1. Clients must have an accepted ACC claim and the Services must be directly related to the covered injury. The Supplier will ensure that all Nursing Services provided are for the purpose of directly treating the Client's covered personal injury. ACC will not pay the Supplier for time spent with a Client who does not fulfil the criteria listed in this clause 3.1.1.
- 3.1.2. A Client's injury related needs cannot be reasonably managed by their General Practice Team (as described in clause 1.2).

#### **3.2. Referral**

- 3.2.1. Clients can only access these Services if they have been referred by one of the following:
  - 3.2.1.1. A medical practitioner, Nurse Practitioner, or a Registered Nurse under the supervision of a medical practitioner or Nurse Practitioner.
  - 3.2.1.2. ACC Claims Management staff.
  - 3.2.1.3. Self referral where a Client lives in a rural nursing services area either permanently or temporarily (e.g. tourist or visitor), as defined in clause 5.15.
- 3.2.2. Clients must be given a choice of Supplier for provision of Nursing Services post discharge from a District Health Board (DHB). The options given to the Client may include the discharging DHB along with the other approved Suppliers in the region. In this case, DHBs need to be able to provide evidence that Client's were given a choice of Supplier. If the Supplier is a DHB, ACC may request confirmation of Client choice.
- 3.2.3. In the cases described in clause 2.2.4 the Supplier needs to ensure the Client's General Practice Team is aware of the new injury. If in the opinion of the treating nurse, the Client requires Nursing Services treatment for their new injury, the Supplier needs to seek a referral from the Client's General Practice Team before starting treatment under the Nursing Services contract. The General Practice Team does not have to see the Client in order to refer into the Nursing Services, if they have received sufficient information from the treating nurse to support a referral into Nursing Services.
- 3.2.4. When the Supplier receives the referral, they will ensure that the details listed below are received before commencing this Service:

- 3.2.4.1. Client's name, gender, date of birth and contact details;
  - 3.2.4.2. ACC claim number;
  - 3.2.4.3. NHI number;
  - 3.2.4.4. Purpose of the referral;
  - 3.2.4.5. Injury condition and diagnosis code(s);
  - 3.2.4.6. Injury details;
  - 3.2.4.7. Clinical record relating to the injury outlining treatment provided to date; and
  - 3.2.4.8. Relevant non-injury details which may impact on the management of the covered injury.
- 3.2.5. If the referral contains inadequate information, the Supplier will request further details prior to accepting the referral and commencing the Services.
- 3.2.6. The Supplier will accept all referrals except where:
- 3.2.6.1. The Supplier assesses that the Client does not meet the eligibility criteria; or
  - 3.2.6.2. There is a conflict of interest in accepting the referral; or
  - 3.2.6.3. The Supplier does not have sufficient capacity at that time.
- 3.3. Documentation and Clinical Records
- 3.3.1. The Supplier will maintain detailed clinical records. Clinical records will comply with the standards detailed in the ACC Treatment Provider Handbook, the standards set by the Nursing Council of New Zealand and any applicable legislation.
- 3.3.2. The Supplier will complete an Initial Assessment and Treatment Plan for all Clients and make these available to ACC on request.
- 3.3.3. The Supplier may use their own Initial Assessment and Treatment Plan template following ACC approval. Any changes to the templates must be approved by ACC. The Initial Assessment and Treatment Plan must contain a level of information that provides evidence based rationale for treatment (e.g. in accordance with TIME wound assessment tool or NZ Wound Care Society Venous Ulcer Assessment and Management Guidelines).
- 3.3.4. The Supplier's template for Initial Assessment and Treatment Plan must include:
- 3.3.4.1. the reason for referral for Services,
  - 3.3.4.2. identification of service level (including likely number and frequency of consultations),
  - 3.3.4.3. in case of wound management, a comprehensive wound assessment for all wounds,
  - 3.3.4.4. the accident and diagnosis details,
  - 3.3.4.5. treatments to date,
  - 3.3.4.6. health status,
  - 3.3.4.7. co-morbidities,
  - 3.3.4.8. medications and past history that may be relevant to the covered injury, and
  - 3.3.4.9. any acknowledged underlying health factors that may impact on the recovery of the Client from the covered injury.

- 3.4. The Supplier will adhere to the following timeframes:

**Table 3: Service Timeframes**

<b>Requirement</b>	<b>Standard Timeframe</b>	<b>Urgent Timeframes</b>
Accept or decline a referral	Within one business day of receiving the referral	By close of business on the date of receipt of a referral
Complete the Initial Assessment & Commence Treatment	Within two business days of receiving the referral	Within one business day of receiving the referral
Submit the ACC179, Initial Assessment and relevant documents where a Long Term or Extended Nursing package is required to meet the Client's needs	Within three business days of identifying the need	N/A
Submit the ACC179 and other relevant documents for Subsequent Injury or transfer from another Supplier	Within five business days of identifying the change in circumstances	N/A

#### **4. SPECIFIED AREA (PART A, CLAUSE 2)**

- 4.1. The Service will be provided by the Supplier for Clients in the geographical areas as specified in Part A, Clause 2.
- 4.2. The Service can be provided to a Client in their home, at a clinic, or in another appropriate community location (e.g. school or Client workplace).
- 4.3. The Supplier will provide the service in the Client's preferred service location (clinic or Client's home) – provided the preferred service location is clinically safe for the Client and there are no significant Health and Safety concerns for the treating nurse.
- 4.4. Where the reason for referral is the complexity of the injury and not the Client's ability to attend the General Practice Team and there are no other access issues (e.g. availability of transport), the Supplier can choose to deliver services in an outpatient clinic or appropriate community location within reasonable travel distance and time for the Client.
- 4.5. The Supplier may use telephone or other technology-based monitoring of Clients' recovery as long as these are appropriate. However, only face to face consultations count towards the numbers of visits in a package and can be invoiced for under Extended Nursing or Ongoing Nursing.
- 4.6. The service delivery methods must be aligned with the Initial Assessment and Treatment Plan as agreed with the Client.

#### **5. SERVICE REQUIREMENTS**

- 5.1. This Service Schedule includes the following Services:
  - 5.1.1. Short Term Nursing Package of Care
  - 5.1.2. Medium Term Nursing Package of Care
  - 5.1.3. Long Term Nursing Package of Care
  - 5.1.4. Extended Nursing
  - 5.1.5. Ongoing Nursing
  - 5.1.6. Treatment of Subsequent Injury
  - 5.1.7. Oversight Consultation by a Designated Provider
  - 5.1.8. Comprehensive Nursing Assessment.

- 5.2. The Supplier will identify the most appropriate service level based on the Initial Assessment and Treatment Plan. Unless prior ACC approval has been obtained, only one package of care can be invoiced per claim number.
- 5.3. The treatment timeframes and number of face to face consultations determine the appropriate package of care and use of Extended Nursing consultations. The Supplier must:
  - 5.3.1. Ensure the package of care begins on the date of the initial assessment, which must be a face to face consultation.
  - 5.3.2. Assess and determine the timeframe needed for treatment.
  - 5.3.3. Assess and determine the number of expected face to face consultations.
  - 5.3.4. Ensure the number of face to face visits meet the minimum consultations within the identified package of care. In the event that the minimum consultations are not required, the Supplier will invoice under a shorter package of care.
  - 5.3.5. Ensure they advise ACC immediately where the Client requires Long Term Nursing or Extended Nursing.
- 5.4. The initial assessment, Doppler assessments, travel and Low Cost Consumables are included in the Short, Medium and Long Term Package prices and Extended Nursing consultation fee. High Cost consumables may be invoiced where required on top of the packages and consultation fees.
- 5.5. Short Term Nursing Package
  - 5.5.1. Is for eligible Clients who require face to face consultations for 13 or fewer calendar days.
  - 5.5.2. Does not require prior ACC approval.
  - 5.5.3. Requires the Supplier to complete clinical records as detailed in clause 3.3 and make them available at ACC's request.
  - 5.5.4. Allows a maximum of 25 face to face consultations.
- 5.6. Medium Term Nursing Package
  - 5.6.1. Is for eligible Clients who:
    - 5.6.1.1. Require face to face consultations for a period of 14 calendar days to 42 calendar days; and
    - 5.6.1.2. Require a minimum of six face to face consultations. The Supplier cannot invoice for this package of care if fewer than six face to face consultations were completed. In this case the Supplier will invoice under the Short Term Nursing Package.
  - 5.6.2. Allows a maximum of 25 face to face consultations.
  - 5.6.3. Does not require prior ACC approval.
  - 5.6.4. Requires the Supplier to complete clinical records as detailed in clause 3.3 and make them available at ACC's request.
- 5.7. Long Term Nursing Package
  - 5.7.1. Is for eligible Clients who:
    - 5.7.1.1. Require face to face consultations for a period of 43 calendar days to 105 calendar days; and
    - 5.7.1.2. Require a minimum of 12 face to face consultations. The Supplier cannot invoice for this package of care if fewer than 12 face to face consultations were completed. In this case the Supplier will invoice under the appropriate shorter package.

- 5.7.2. Allows a maximum of 25 face to face consultations.
  - 5.7.3. Requires ACC's prior approval. ACC may require a Comprehensive Nursing Assessment to support its decision making.
  - 5.7.4. The Supplier will request this package as soon as the need becomes apparent. This may occur at the initial assessment or during the course of treatment under another package.
  - 5.7.5. The Supplier will submit to ACC the clinical records (Initial Assessment and Treatment Plan, and notes) with an ACC179 Nursing Services Notification Form (refer to ACC website).
  - 5.7.6. The Supplier may immediately commence the Service but can only invoice under a Long Term Nursing Package once approval is obtained from ACC and the Service is completed.
  - 5.7.7. Where ACC declines the request for a Long Term Nursing Package, the Supplier will invoice for a Short or Medium Term Nursing Package in accordance with clauses 3.1, 5.5 and 5.6.
- 5.8. Extended Nursing
- 5.8.1. Is for eligible Clients who require further Nursing Services once 25 face to face consultations have been completed or the Client has received Nursing Services for more than 105 days, or as otherwise approved by ACC for Clients whose treatment needs do not fit the packages of care.
  - 5.8.2. Requires ACC's prior approval. ACC may require a Comprehensive Nursing Assessment to support its decision making.
  - 5.8.3. As soon as it becomes apparent that a Client will require more than 25 face to face consultations to meet the injury related need, the Supplier will seek approval from ACC for Extended Nursing consultations.
  - 5.8.4. The Supplier will submit the clinical records (Initial Assessment and Treatment Plan, and notes) with an ACC179 Nursing Services Notification Form. The Supplier must indicate the number of treatments and the period needed to meet the Client's needs.
  - 5.8.5. The Supplier, who has completed 25 face to face consultations, may invoice for the appropriate package of care depending on the period over which the 25 consultations have been provided. From the 26th face to face consultation or the 106<sup>th</sup> day of service delivery (which is deemed to be the first day of Extended Nursing treatment), Suppliers can invoice ACC under Extended Nursing (NS04). The Supplier must only deliver up to the ACC approved number of consultations. Not all of the pre-approved consultations may be required in each case. The Supplier will only invoice for the number of consultations delivered.
  - 5.8.6. If the Client needs further Nursing Services after the first approved number of treatments, the Supplier will submit a further request for Extended Nursing for approval. The Supplier will submit all additional clinical records with an ACC179 Nursing Services Notification Form. The Supplier must indicate both the number of treatments required and the period for which the Client requires the Services to meet their injury related need.
  - 5.8.7. Where ACC has approved Extended Nursing for a Client who has not been treated under a package of care, the Supplier cannot invoice for a package of care but will invoice on a 'per consultation' basis (NS04) only.
  - 5.8.8. Where ACC declines the request for an Extended Nursing Package, the Supplier will invoice for a Short, Medium or Long Term Nursing Package in accordance with clauses 3.1, 5.5, 5.6 and 5.7.

## 5.9. Ongoing Nursing

- 5.9.1. This Service is for Clients who have ongoing, potentially permanent, nursing needs. Clients accessing this service have usually suffered a serious injury, but other Clients with ongoing nursing needs are also eligible for Ongoing Nursing.
- 5.9.2. Requires an ACC referral however the Supplier can make a recommendation to ACC if they have identified a Client with a permanent nursing need.
- 5.9.3. The Supplier will notify ACC that the referral has been accepted, or that more information is required, within one working day of receipt of the referral.
- 5.9.4. Upon initial referral, the Supplier will complete an Initial Assessment and Treatment Plan. Thereafter, a reviewed assessment and treatment plan will be completed in line with the Client's needs, or at ACC's request, at least annually.
- 5.9.5. Consumables for this Service must be provided by ACC's consumable supplier and delivered to the Client's home.
- 5.9.6. Clinical records are to be completed and available to ACC on request.
- 5.9.7. The Supplier will be entitled to invoice for travel time and distance as provided in Part A Quick Reference Information, clause 3 (except as provided in clause 5.9.10).
- 5.9.8. Where a Client is receiving Ongoing Nursing and has a Consequential Injury (e.g. pressure injuries), the need for Nursing Services for the Consequential Injury will be assessed by the Supplier and treatment needs identified (refer to operational guidelines).
- 5.9.9. Where a Client develops a pressure injury, the need for Nursing Services will need to be identified in an Initial Assessment and Treatment Plan. The pressure injury must be assessed and classified using a validating tool in line with best practice<sup>1</sup>. An ACC179 identifying the package of care required will be completed by the Supplier and submitted to ACC for approval. An ACC45 is not required to be completed in the case of Consequential Injuries under Ongoing Nursing. In the event of a Consequential Injury not healing in an expected timeframe, the Supplier will request ACC to approve an Oversight Consultation by their Designated Provider (or conduct an Oversight Consultation without prior approval if it is the first Oversight consultation on the claim). ACC may request a Comprehensive Nursing Assessment be undertaken.
- 5.9.10. Where a Client is receiving Ongoing Nursing and services for a Consequential Injury, they are to be delivered concurrently.
- 5.9.11. The Supplier is entitled to charge for Ongoing Nursing and an additional Service on the same day in accordance with clauses 5.3 to 5.8 inclusive. The Supplier cannot charge for travel in this circumstance as travel is included in the package and Extended Nursing prices.

## 5.10. Treatment of Subsequent Injury

- 5.10.1. Nursing Services for a Subsequent Injury cannot commence unless a referral has been received by the Supplier as per clause 3.2 or exceptions in clause 3.2 are met.
- 5.10.2. Suppliers will complete the ACC179 with an updated treatment plan incorporating the Subsequent Injury and submit to ACC.
- 5.10.3. A Supplier can invoice for a Subsequent Injury on the same visit as a visit to treat the original covered injury. The Supplier will invoice ACC for the Subsequent Injury (NS06) detailing the second ACC claim number.
- 5.10.4. An original covered injury may resolve while the Subsequent Injury still requires ongoing treatment. When the Subsequent Injury becomes the only injury being treated, the Client's needs will be reassessed and the appropriate package identified at that time.

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<sup>1</sup> Please refer to the [Guiding Principles for Pressure Injury Prevention and Management in New Zealand](http://www.acc.co.nz) available on [www.acc.co.nz](http://www.acc.co.nz)

- 5.10.5. Where the Client receives Subsequent Injury treatment for multiple claims at the same time, the injury that they have received Subsequent injury treatment for longest transfers into a package of care.
- 5.11. Oversight Consultation by a Designated Provider
- 5.11.1. Is an oversight consultation carried out by the treating Supplier's Designated Provider in the Client's home, in the presence of the treating nurse and the Client, with the intention that the Designated Provider will provide the treating nurse with additional support in the management of injuries which are lacking progress in recovery.
- 5.11.2. Does not require ACC prior approval for the first Oversight Consultation per claim. The second and subsequent Oversight Consultations require prior approval from ACC. Suppliers can request prior approval from the ACC Case Owners via email or phone.
- 5.11.3. The Designated Provider will usually be an employee or consultant of the treating Supplier. In exceptional circumstances, Oversight Consultations can be completed by another Supplier's Designated Provider on the treating Supplier's behalf. In this case the treating Supplier will invoice for the Oversight Consultation and reimbursement to the other Supplier will be arranged between the two Suppliers. The treating Supplier will be responsible for providing the report outlined in 5.11.4 to ACC.
- 5.11.4. The Supplier will, within three business days of the Oversight Consultation being completed, send the Designated Provider's clinical records (as detailed in clause 3.3) to ACC. These notes will cover the following:
- 5.11.4.1. Reason why the Oversight Consultation was required
- 5.11.4.2. Current status of the Client's injury and recovery
- 5.11.4.3. Changes to the treatment plan following the Oversight Consultation and rationale for the changes or rationale why the treatment plan was not changed.
- 5.11.5. At no extra cost to ACC, if required, the Supplier will answer specific questions around the treatment, progress and recovery timeframe.
- 5.11.6. The Supplier can invoice for this consultation over and above the package of care or other service the Client is being treated under.
- 5.11.7. The Supplier will be entitled to invoice for travel time and distance as provided in Part A, Quick Reference Information, clause 3 for the Designated Provider (except where the Designated Provider shares travel arrangements with the treating nurse).
- 5.12. Consumables
- 5.12.1. Consumables are medical items (that are not pharmaceuticals) which are required for the treatment of an injury.
- 5.12.2. Low Cost Consumables are built into prices for packages of care, extended nursing and subsequent injury treatment. ACC will not be charged any additional fee for the provision of Low Cost Consumables in combination with these services.
- 5.12.3. ACC will deliver High Cost Consumables directly to the Client or will reimburse the Supplier for High Cost Consumables.
- 5.12.4. Consumables will be considered High Cost Consumables when all of the following criteria have been met:
- 5.12.4.1. The Supplier uses the type and quantity of Consumables which are necessary and appropriate for the covered injury and are reflective of clinical best practice.
- 5.12.4.2. The Supplier's Designated Provider has reviewed the treatment plan and has either provided rationale, or has supported the treating nurse's rationale, for the Consumables selection.
- 5.12.4.3. The Supplier invoices for the Consumables on a 'per consultation' basis.



- 5.12.4.4. The total cost of Consumables is more than \$25.00 (excluding GST) per consultation, with each Unit having a minimum cost of \$10.00 (excluding GST).
  - 5.12.4.5. The invoice details the date of consultation, product/s, Units, actual cost and Designated Provider Number.
  - 5.12.5. Where the Supplier elects to have the High Cost Consumables delivered directly to the Client via ACC's Consumables Supplier, an ACC178 Consumables Order Form (refer to ACC website) will be submitted to ACC.
  - 5.12.6. High Cost Consumables cannot be bulk ordered for a period longer than 1 month, but can be ordered on a recurring order which will be delivered monthly.
  - 5.12.7. Consumables for Ongoing Nursing (NS05) must be provided by ACC's Consumables Supplier and delivered to the Client's home.
- 5.13. Comprehensive Nursing Assessment
- 5.13.1. A Comprehensive Nursing Assessment is an independent and objective clinical assessment identifying the Client's specific treatment and rehabilitation needs and identifying options to address these needs.
  - 5.13.2. ACC will send a referral to a Secondary Supplier when a Comprehensive Nursing Assessment is required. A Comprehensive Nursing Assessment may be used to:
    - 5.13.2.1. inform ACC's decisions on requests for Extended Nursing or a Long Term Nursing package; or
    - 5.13.2.2. determine the most appropriate clinical pathway to manage an injury that is not responding to the current treatment plan within expected timeframes; or
    - 5.13.2.3. support the development of the treatment plan where a Client has multiple, complex injuries; or
    - 5.13.2.4. provide recommendations for specialist reviews.
  - 5.13.3. Comprehensive Nursing Assessments are to be completed by a Designated Provider. The Supplier will not be able to complete a Comprehensive Nursing Assessment with a Client they are currently treating. ACC supports the original treating nurse attending the consultation when the Secondary Supplier's Designated Provider undertakes a Comprehensive Nursing Assessment.
  - 5.13.4. The Supplier will return any referral for a Comprehensive Nursing Assessment to ACC if it contains inadequate information, and request further details before accepting the referral.
  - 5.13.5. The following information is to be included in a Comprehensive Nursing Assessment report:
    - 5.13.5.1. Details of the Client's accident and diagnosis.
    - 5.13.5.2. The progress made to date including the types and durations of assessments and treatments carried out to date.
    - 5.13.5.3. Current health status.
    - 5.13.5.4. Co-morbidities and past history that may be relevant to the treatment of the covered injury (e.g. history of slow healing wounds).
    - 5.13.5.5. Medications.
    - 5.13.5.6. Natural supports and strengths.
    - 5.13.5.7. Details of the ongoing causation of the presenting condition and relevance to the covered injury.
    - 5.13.5.8. Recommendations for ongoing management/treatment and any further investigations required.
    - 5.13.5.9. Comprehensive wound assessment for all wounds.

- 5.13.6. The Service ends when the Comprehensive Nursing Assessment has been submitted to ACC and ACC has not requested further information within 10 business days.
- 5.13.7. The Supplier will adhere to the following timeframes:

**Table 4: Comprehensive Nursing Assessment Service Timeframes**

Requirement	Standard Timeframe	Urgent Timeframes
Accept or decline a referral	Within one business day of receiving the referral	By close of business on the date of receipt of a referral
Contact the Client to explain the assessment process, answer any Client questions, confirm whether the Client requires a support person and arrange a suitable time and venue to undertake the assessment	Within two business days of receiving the referral	By close of business on the date of receipt of a referral
Complete the Comprehensive Nursing Assessment	Within seven business days of receiving the referral	Within three working days of receiving the referral
Submit the Comprehensive Nursing Assessment report to ACC	Within ten business days of receiving the referral	Within five working days of receiving the referral
Submit a revised Comprehensive Nursing Assessment, if the first report does not meet the required standard	Within five business days of notification by ACC that the Comprehensive Nursing Assessment report does not meet the required standard	Within 48 hours of notification by ACC that the Comprehensive Nursing Assessment report does not meet the required standard

- 5.13.8. The Supplier will be entitled to invoice for travel time and distance as provided in Part A Quick Reference Information, clause 3 (except as provided in clause 5.9.10).
- 5.14. Negative Pressure Injury Therapy
- 5.14.1. The Supplier will comply with ACC's operational guidelines for Negative Pressure Injury Therapy.
- 5.15. Rural Nursing Services
- 5.15.1. Rural Nursing Services are defined by the location of the treating nurse, that is, where the Rural Nurse's base is at least 50 km or 30 minute drive from the nearest medical centre which has a doctor in regular attendance (e.g. Public Hospital Accident & Emergency department or GP clinic).
- 5.16. DHB Services
- 5.16.1. A Supplier which is a DHB may not invoice for Services under this Service Schedule in the following situations:
- 5.16.1.1. The nurse treatment/procedure is timed to support a medical specialist appointment; or
- 5.16.1.2. Where the follow up occurs in a Nurse clinic and is referred from the Emergency Department or an outpatient clinic for routine procedures that could be managed by the General Practice Team (i.e. simple wounds, suture removal, cast changes). In this case, the DHB may invoice under Cost of Treatment Regulations for the nurse treatment.

## **6. SERVICE SPECIFIC QUALITY REQUIREMENTS**

- 6.1. In addition to the requirements specified in the Standard Terms and Conditions, the Supplier will ensure the following requirements are met.
- 6.2. ACC is committed to purchasing Nursing Services from Suppliers who can demonstrate that they deliver quality services.
- 6.3. The Services will be delivered by a Nurse Practitioner, Registered Nurse or Enrolled Nurse (working within their scope of practice), as designated on their Annual Practising Certificate, with the degree of professional skill, care and diligence expected of an appropriately qualified person experienced in providing the same or similar services.
- 6.4. Initial Assessments and treatment plans must be completed by a Registered Nurse or Nurse Practitioner.
- 6.5. The Supplier will ensure that all Service Providers have a current Annual Practising Certificate issued by the Nursing Council of New Zealand (or any subsequent registration authority created under the Health Practitioners Competence Assurance Act 2003). The Annual Practising Certificate will have no restrictions or conditions that would negatively impact on their ability to provide the prescribed care, enabling the Service Provider to meet all the quality requirements of this Service Schedule.
- 6.6. The injuries of all Clients receiving the Services will be managed in a way which maximises healing and recovery. This will include:
  - 6.6.1. Accurate assessment of injuries and co-existing factors which may impact on recovery.
  - 6.6.2. Appropriate and effective treatment and evaluation.
  - 6.6.3. Appropriate education about caring for the injury.
  - 6.6.4. Appropriate injury prevention advice to minimise re-injury or complications.
  - 6.6.5. Clinical records which comply with the standards set out in the ACC Treatment Provider Handbook and the standards set by the Nursing Council of New Zealand.
- 6.7. The Supplier will hold auditable records of the professional development activities undertaken by their Service Providers.
- 6.8. Designated Providers
  - 6.8.1. The Supplier must have at least one ACC approved Designated Provider and will have enough Designated Providers on staff to ensure their treating nurses have access to Designated Provider support during all hours of operation of the service and their Designated Providers are able to fulfil all expectations under this Service Schedule.
  - 6.8.2. Designated Providers are Registered Nurses or Nurse Practitioners whom ACC recognises as having the skill and ability to complete Comprehensive Nursing Assessments, Oversight Consultations and make decisions about high-cost Consumables in accordance with this Service Schedule, without requiring prior approval from ACC.
  - 6.8.3. The Designated Provider also has a role in ensuring clinical quality, providing oversight and supporting the nurses delivering nursing services.
  - 6.8.4. The Supplier will ensure that, in addition to the above, Designated Providers meet the following criteria:
    - 6.8.4.1. Has a current Annual Practising Certificate with no known conditions/restrictions on their practice and is not undergoing any formal or informal competency review/investigation; and

- 6.8.4.2. Has demonstrated post graduate experience of not less than three years full time work in the assessment and treatment of injury related conditions; and
  - 6.8.4.3. Has demonstrated post graduate experience working with people in their own homes for no less than three years full time work; and
  - 6.8.4.4. Provides clinical assessment and treatment services to Clients as a regular component of their role; and
  - 6.8.4.5. Is readily accessible to the nursing staff who are treating Clients under this contract. In this regard, accessibility may be in the form of clinical governance, assessment, treatment or supervision.
  - 6.8.4.6. Has or is undertaking post graduate education at NZQF Level 8 (minimum post graduate certificate) in relevant nursing specialties including but not limited to Advanced Pathophysiology, Advanced Pharmacology, Professional Nursing Practice, Nursing People with Long Term Conditions, Wound Management, Pain Management, Evidence-Based Practice, Primary Health Care Nursing, Advanced Rural Nursing and Health Promotion; and
  - 6.8.4.7. Participates in annual professional development directly related to their sphere of practice (e.g. wound care / aged care / nutrition / infection control); and
  - 6.8.4.8. Maintains membership with a relevant professional organisation (e.g. New Zealand Rural GP Network, New Zealand Wound Care Society, New Zealand Nurses Organisation, New Zealand College of Primary Health Care Nurses).
- 6.8.5. Designated Providers need to be approved by ACC. The Supplier may at any time during the Term of this Service Schedule make a request to ACC via completion of the Designated Provider Application form to:
- 6.8.5.1. add a person to the list of Designated Providers where that person meets the minimum requirements;
  - 6.8.5.2. remove or substitute a person on the list when the Designated Provider is unavailable for reasons of ill health, poor performance, parental leave or resignation.
- 6.8.6. ACC may, at its sole discretion, accept or decline nominations from the Supplier for Designated Providers, and/or remove a Designated Provider who no longer meets the requirements in this Service Schedule, by providing written notification to the Supplier.
- 6.8.7. Applicants that do not meet the above criteria can be reviewed and approved by ACC on a case by case basis.
- 6.8.8. The Supplier will advise ACC immediately if a Designated Provider no longer meets the above criteria.

## **7. SERVICE EXIT**

- 7.1. This Service is complete for a Client when:
- 7.1.1. The Client no longer meets the eligibility criteria for the Service (see clause 3.1), or
  - 7.1.2. The Client has recovered from the injury, or
  - 7.1.3. The Client no longer wishes to receive the Service.

## **8. EXCLUSIONS**

- 8.1. Clients will not be eligible for the Service if:
- 8.1.1. Their needs can be reasonably met by the Client's General Practice Team and they have the mobility and supports to access that service, or

- 8.1.2. The treatment is not related, or no longer related, to the original covered injury, or
- 8.1.3. They are admitted to hospital as an inpatient, for the duration of their admission.

## 9. LINKAGES

- 9.1. In order to ensure that a co-ordinated Service is delivered to the Client, the Supplier will maintain linkages with all concurrent treatment and rehabilitation services provided to the Client.
- 9.2. The Supplier will maintain effective relationships and linkages with the Client’s General Practice Team and ACC funded community based services, for example, Home and Community Support Services and those other agencies where a Client is already receiving services (such as Ministry of Health Disability Services or a District Health Board) and the covered injury creates a need for additional support.
- 9.3. Where a Client is transferring to an alternative location or Supplier, the original Supplier will provide a copy of the Client’s clinical notes to the Client with verbal instructions for these clinical notes to be presented to the Secondary Supplier.

## 10. PERFORMANCE REQUIREMENTS

- 10.1. ACC will review a Supplier’s performance by analysing data from the ACC database, service quality audits, complaints records, and other monitoring information available to ACC.
- 10.2. ACC will compare Suppliers against their own performance, performance of other Suppliers and overall national performance.
- 10.3. ACC will measure the Supplier’s performance as shown in Table 5 below, which may be amended at ACC’s discretion by way of variation.

**Table 5 –Performance Measurement**

Result	Performance measure	Data Source	Frequency
How well is the Supplier doing?	<ul style="list-style-type: none"> <li>• 100% of initial assessments, treatment plans and clinical records meet the criteria<sup>2</sup>.</li> <li>• 100% accurate invoicing.</li> <li>• 100% of clinical records evidence the involvement of the Designated Provider in the choice of consumables including the rationale.</li> <li>• 100% of clinical records evidence that the Supplier is actively engaging with the Client’s family/whanau, General Practice Team, and other service providers (e.g Home and Community Health Services) where appropriate.</li> <li>• 100% of referrals have come from the appropriate source.</li> </ul>	ACC led Supplier audits.	To be determined but no more frequent than six monthly

<sup>2</sup> Clinical records must show the history obtained, the examination undertaken, how the Client’s treatment plan (Client participation, assessment of service need) was formulated, and the rationale for home based (or alternative) treatment. This information must be presented in an appropriate format. The clinical records need to record the service outcomes to allow the Supplier to evaluate the Service.

Result	Performance measure	Data Source	Frequency
Did the Supplier make a difference?	<ul style="list-style-type: none"> <li>Improved outcomes for Clients can be reflected in shorter treatment timeframes. Supplier's performance will be measured by a movement of the distribution of the packages of care towards shorter timeframes. Baseline Distribution<sup>3</sup>: Short Term: 35% Medium Term: 44% Long Term: 11% Extended: 10%</li> <li>90% of initial assessments accurately reflect the service level required (ie. package of care).</li> </ul>	ACC data  ACC led audits	Quarterly  To be determined but no more frequent than six monthly

## 11. REPORTING REQUIREMENTS

- 11.1. The Supplier will ensure that any reports required by ACC will be submitted electronically and using agreed formats, templates or online tools, where these are available.
- 11.2. The Supplier will demonstrate, via documented evidence, that they are collecting data on the quality of the Services they are delivering and are using this information to inform a continuous quality improvement process. This will be made available to ACC on request.
- 11.3. The Supplier will, on request, supply to ACC additional information or reports on the Services provided. Any such request will be reasonable and the Supplier will provide the information to ACC within 20 business days of the request being received.
- 11.4. The Supplier will ensure that, in accordance with the Standard Terms and Conditions, clause 15, in the event of a change of ownership or structure of the Supplier, the Supplier provides ACC with prior notice of these changes.

## 12. OPERATIONAL CONTACT

- 12.1. During the Term of this Service Schedule, the Supplier will nominate a person (as specified in clause 4 of the Quick Reference Information in Part A of this Service Schedule) to be the main contact for ACC who will:
  - 12.1.1. Have primary responsibility for relationships with ACC and the operation of this Service on a day to day basis;
  - 12.1.2. Be pro-active in informing ACC of issues with provision of Services as outlined;
  - 12.1.3. Ensure that the Service is operated in accordance with this Service Schedule;
  - 12.1.4. Represent the Supplier in discussions on performance; and
  - 12.1.5. Ensure that ACC is advised promptly when the main contact person's contact details change.

<sup>3</sup> This distribution is based on data from financial years 2012/13 through to 2015/16 adjusted for the extension of the medium package to cover six instead of five weeks of service.

### 13. PAYMENT AND INVOICING

- 13.1. Service prices are defined for this Service in Table 1 - Service Items and Prices.
- 13.2. ACC agrees to pay the prices set out in Table 1 - Service Items and Prices.

### 14. DEFINITIONS AND INTERPRETATIONS

<b>ACC Claims Owner</b>	The staff member engaged by ACC to provide case and claim management for the Client for the purposes of the AC Act and may also include other authorised ACC personnel.
<b>Consequential Injury</b>	A Consequential Injury is an injury that substantially arises from the original injury and is covered under the original claim. (e.g. pressure injuries secondary to tetraplegia).
<b>Consultation</b>	A single face to face meeting between the Supplier's nursing provider and the Client to assess the injury, provide advice and/or treatment.
<b>Consumable</b>	Consumables are medical items (that are not pharmaceuticals) which are required for the treatment of an injury.  High Cost Consumables are Consumables that cost \$10 or more per unit or \$25 or more for all Consumables required for one consultation. Consumables below those thresholds are Low Cost Consumables.
<b>Consumable Unit</b>	A single consumable item i.e. one bandage – not a box of bandages.
<b>Designated Provider</b>	Designated Providers are Nurse Practitioners or Registered Nurses whom ACC recognises as having the skill and ability to make decisions about Consumables under this Service Schedule without requiring prior approval from ACC, and they can complete Comprehensive Nursing Assessments and Oversight Consultations.
<b>Enrolled Nurse</b>	A person who has a recognised Enrolled Nurse qualification and has registration as described under the Health Practitioners Competence Assurance Act 2003.
<b>General Practice Team</b>	The General Practice Team where the Client is enrolled as a patient or that the Client has otherwise chosen to provide their personal health services and co-ordinate their health care.
<b>Nurse Practitioner</b>	A person who has a Nurse Practitioner's current Annual Practising Certificate issued by the Nursing Council of New Zealand and works within the scope of practice as defined by the Health Practitioners Competence Assurance Act 2003.
<b>Registered Nurse</b>	A Registered Nurse has a current Annual Practising Certificate issued by the Nursing Council of New Zealand and works within the scope of practice as defined by the Health Practitioners Competence Assurance Act 2003.
<b>Secondary Supplier</b>	A Secondary Supplier is one that is not currently providing treatment to the Client. A Secondary Supplier may be called up on to complete a Comprehensive Nursing Assessment or become a treating Supplier when a Client transfers location or changes Supplier.

<b>Subsequent Injury</b>	An injury that has cover under a separate claim to the original injury and requires Nursing Services.
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