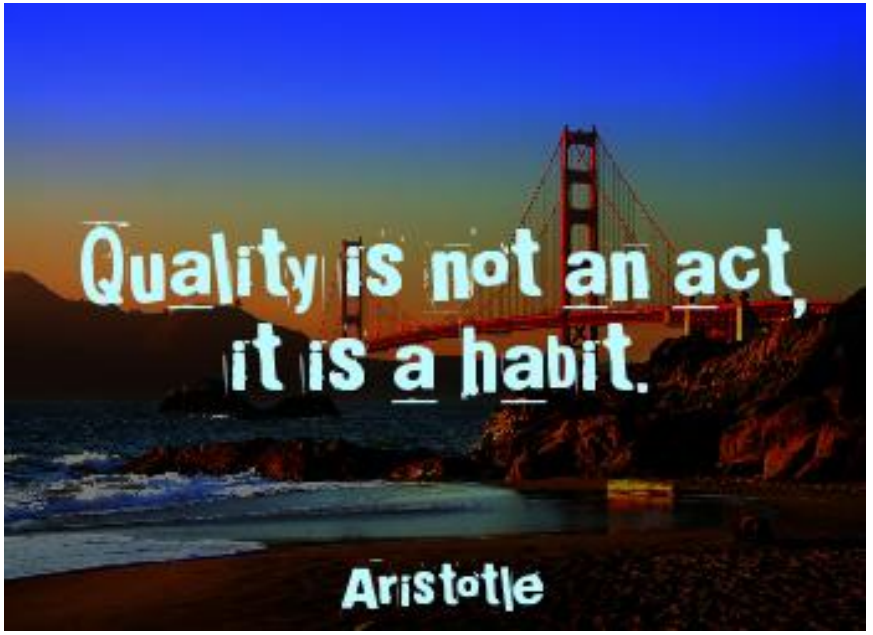
ACC Clinical Quality



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Date: September 2016

Clinical advice standards

March 2015

Initial clinical advice must address all of the following standards.

Subsequent advice may only require a short response providing the initial advice is complete.

Eos is the primary tool for communication and is to be used to capture even verbal advice.

Standard	Description
1. The structure of clinical advice includes:	The clinical advisor includes their name, designation qualification/ area of specialty if relevant to a complex case.
• the issue is identified	Identified and relevant issues explained. Consideration of the clinical findings, investigations, and opinion of treating clinicians, along with any expert opinion and references. Review of the necessary material to provide an informed opinion. Look beyond what's being asked to ensure a full understanding of the claim and the right issues are being identified. Documentation of what is agreed/disagreed with.
• analysis	Evidence of appropriate analysis, material reviewed and weighing up of the available evidence.
• conclusion	An objective conclusion with consideration of the client's unique information. The way in which the advice is communicated should be clear and explicitly written in a way that is understandable by the case owner to support safe outcomes for the client.
• recommendations as appropriate	Explicit statement of recommendations if required for the case owner to action.
2. Factual and objective clinical advice	Review the claim information, weigh up the evidence, provide a rationale for the clinical opinion with the advice offered being independent, neutral and unbiased.
3. Based on relevant referenced literature where necessary and clinical opinion	Use appropriately cited documents where required.
4. Clinical advice is consistent with legislation and policy	Clinical advice demonstrates the application of awareness of ACC and other relevant legislation. Advice given is culturally appropriate.
5. Timely completion of clinical advice	Completed within 10 working days or less from the date taken from the task queue until completion of clinical advice. If not met an explanation is provided.
6. Clinical advice is completed for the client with respectful consideration of their circumstance	Respectfully written, readily understandable by the case owner and possibly a wider audience inside and outside ACC.

Clinical Advice Template only for :practising use of standards
Client name
Claim number
Name and identifiers of clinical advisor

Reason for Case Owner referral e.g. ARTP, pharmaceutical request, entitlement, delayed incapacity etcetera	
The essential issue has been identified (a) the clinical issue is clearly identified (b) any other relevant clinical issue(s), perhaps not identified by the case owner, are addressed.	
Analysis (a) Summary of relevant evidence is reviewed. (b) Important information is not missed or overlooked. (c) Comment is focussed on the issue(s). (d) If necessary, further information is requested.	
Conclusion (a) Conclusion is well reasoned and supported by the analysis. (b) Language is plain, clear, and easy to understand	
Recommendation (a) The question has been answered. (b) Clear statement of what action is suggested. (c) Valid application of ACC and other relevant policy and legislation. (d) Evidence of considering rehabilitation outcomes- additional recommendations that may assist the case owner/ client with rehabilitation.	

Branch Medical Advisor/BAP
Opinion/Recommendation

v 3.1

Client details	
Client name:	
Claim number:	
Age:	
Gender:	
Case Owner details	
Case Owner name:	
Claim information	
Date of accident:	
Date of claim lodgement:	
Accident description:	
Covered injuries on claim:	
Previous injuries of note:	
Earner status:	
Pre-injury employment:	
Job status:	
Work Injury:	
Request for advice	
Case owner summary of issue:	
What is the advice required:	
Case Owner opinion	
My proposed recommendation is:	
Previous clinical advice (BMA, BAP etc...)	
Clinical advisor name:	
Date advice provided:	

BMA/BAP summary of relevant clinical evidence

BMA/BAP opinion and recommendation(s):

Date:

Branch Medical Advisor/BAP
Follow Up Opinion/Recommendation

Client details	
Client name:	
Claim number:	
Age:	
Gender:	
Case Owner details	
Case Owner name:	
Follow Up Request for advice	
Case owner summary of additional information received/requested:	
Case Owner opinion	
My proposed recommendation is (if there is any change to the original referral):	
Previous clinical advice that this follow up refers to	
Clinical advisor name:	
Date advice provided:	

BMA/BAP summary of relevant clinical evidence

BMA/BAP opinion and recommendation(s):

Date:

Medical Assessment Quality (MAQ) Tool

Standard	Guidance
Administrative check	Documentation of Assessors name, role and health qualifications/designation. Client's correct details, claim number and dates (date of injury, appointment and report). Report completed within **8 working days of assessing client**.
History	Summary of the claim information including injury details and management, past, medical, social and occupational history. Review and summary of necessary materials to provide an informed opinion including investigations and relevant reports. Notes the absence of information where applicable.
Current situation	Summary of the current situation, including symptoms, function, daily activities, and medications. Pain, psychological symptoms and fatigue are identified and explored further as appropriate. Discusses functional abilities and restrictions and limitations specific to work capacity.
Examination and Diagnosis	**Examination:** Examination findings recorded including general observations, injury specific assessment, and appropriate general health observations. Where relevant undertakes specific examination with respect to the demands of the various work types. **Diagnosis:** Records diagnosis/es for the injury/injuries (including differential diagnosis supported by rationale). Recommends further investigations if required. List other medical and surgical conditions.
Recommendations	**IMA** Recommendations for rehabilitation are clear, concise and actionable. Recommendations are based on the information gathered throughout the full assessment and include reference to pain, psychological disorders and fatigue and any other barriers to rehabilitation as appropriate. Recommendations are supported with assessors rationale. **VIMA** Comments on completeness of rehabilitation (VIMA) as agreed upon and documented on the IRP Comments are supported with assessors rationale.
Conclusion	Provides an analysis with clear rationale of the claimant's current work capability, and this is aligned with the client's functional ability for each of the generic work types and there is a rationale for every work type. Includes claimant's comments and ensures symptoms, medication, and geographical area have been considered in context of each job type Non-injury related factors affecting work capability are considered and differentiated from injury related factors for all identified work types. Demonstrates appropriate analysis and consideration of the available materials including relevant reports and investigations.

- The MAQ Tool was developed in line with the internal ACC standards
- It provides a framework which clinical staff use to assess report quality
- Feedback from the assessments is then provided to assessors
- The aim of feedback is to encourage reflection as part of your continuing professional development and quality improvement opportunities

Score	
4	CI – continuous improvement (exceeds)
3	FA – fully attained
2	PA – partially attained
1	UA – unattained

Medical Assessments Quick Reference Guide

	Medical Case Review (MCR)	Medical Single Discipline Assessment (SDA)	S103 and S105 Assessment and Report
Purchase Code:	CSM1 = Standard or CSM2 = Complex	CSA1 = Standard or CSA2 = Complex	VMS02 = S103 or VMS03 = S105
The need:	Uncertainty about diagnosis and/or injury cause of current condition (including gradual process) from a **non-treating** medical practitioner.	A medical question related to treatment and/or rehabilitation that requires a specialist opinion from a **non-treating** medical practitioner.	If the client has the capacity to work.
Get advice before referral from:	Branch Medical Advisor (BMA)	As needed: Branch Medical Advisor (BMA) Branch Advisory Psychologist (BAP) Technical Claims Manager (TCM) Rehab Advisor	As needed: Branch Medical Advisor (BMA) Branch Advisory Psychologist (BAP) Technical Claims Manager (TCM) Rehab Advisor
Purchased under:	Clinical Services Contract (or Letter of Agreement)	Clinical Services Contract (or Letter of Agreement)	Vocational Medical Services Contract
Assessment expectations:	Clarity about diagnosis, injury cause, recommendations for onward management.	Clarity and recommendations for onward clinical management.	Clarity on whether client has capacity (S103) to return to their pre-injury role; or (s105) to work, after loss of potential earning capacity.
Case Owner then...	Makes a decision based on sections 26 and 117 (cover and entitlement).	Makes a decision about treatment or rehabilitation services.	Makes a decision about capacity to work.

Medical Assessments continued...

	Initial Medical Assessment (IMA)	Vocational Rehabilitation Review (VRR)	Vocational Independence Medical Assessment (VIMA)
Purchase Code:	VMI01 = Standard or VMI02 = Complex	VMR01 = Standard or VMR05 = Complex	VMV01 = Standard or VMV02 = Complex
The need:	Determine a client's vocational rehabilitation needs.	A vocational rehabilitation question where the advice needs to be communicated to the GP/specialist /VRS supplier and/or the employer by the medical assessor.	Determine if the client has completed their rehabilitation and is now vocationally independant.
Get advice before referral from:	As needed: Branch Medical Advisor (BMA) Branch Advisory Psychologist (BAP) Technical Claims Manager (TCM) Rehab Advisor	As needed: Branch Medical Advisor (BMA) Branch Advisory Psychologist (BAP) Rehab Advisor	As needed: Branch Medical Advisor (BMA) Branch Advisory Psychologist (BAP) Rehab Advisor
Purchased under:	Vocational Medical Services Contract	Vocational Medical Services Contract	Vocational Medical Services Contract
Assessment expectations:	Clarity about what jobs are or will be medically sustainable and the client's needs for vocational rehabilitation.	Vocational rehabilitation advice and recommendations.	Clarity around if rehab has been completed and the client is medically able to sustain work or if further rehabilitation is required.
Case Owner then...	Makes a decision based on returning to pre-injury job and / or rehabilitation required.	Makes a decision about vocational rehabilitation / a vocational rehabilitation plan that others are following.	Makes a decision as to whether the client is vocationally independent.