

Purpose

Query	Answer
What is the form used for?	To obtain an ACC cover decision as soon as possible following a moderate or severe traumatic brain injury where a case owner is required to participate in discharge planning prior to the patient's discharge.
When should I complete?	As soon as there is an ACC45 form completed with a diagnosis and the DHB knows the patient will need ongoing support from ACC on discharge.
Who should I complete a form for?	Any patient with a moderate or severe traumatic brain injury that will be discharged to a residential TBI programme or discharged home with ACC paid services or support that are essential to be in place prior to discharge.
What should I expect when I complete the referral?	<p>An ACC case owner will contact the ward and discuss discharge planning requirements by telephone or in person. This may include the case owner coming to the ward to participate in a discharge planning meeting or to meet the patient if the case owner is from a local ACC branch.</p> <p>If the patient's intended discharge destination is their own home and the injury related needs are likely to have resolved within three months, the patient may be assigned to the Short Term Claims Centre. This also means the case owner will teleconference this patient to manage their recovery needs.</p> <p>If you have indicated the need for a referral to other services on discharge, the case owner will discuss these with you.</p>
How does the ACC case owner add value?	<p>The ACC case owner can provide information to the patient and their family about how the ACC process works including information about weekly compensation and services funded by ACC. This means the patient and their family can be reassured as to what they can expect.</p> <p>The ACC case owner should be seen as an active participant of the multidisciplinary team who contributes to discharge planning ensuring services required will be in place on discharge from the public hospital. This means the patient will be safely discharged to appropriate onward services.</p>

Referral form fields

There is a standard referral template (ACC7422) that should be used.

Form section	Notes about completion
Section 1: Client details	<p>Mandatory completion of all fields.</p> <p>Add details for an alternative contact person the DHB has recorded on file that the patient has agreed can represent them, or leave blank</p>
Section 2: Injury related details	<p>All fields are mandatory unless otherwise specified.</p> <p>Without an ACC45 number the referral cannot be processed.</p>
Section 3: Documentation	<p>This is the minimum documentation that needs to accompany the referral form.</p> <p>Ensure the ACC45 includes a diagnosis. If the diagnosis has changed since completion of the ACC45, complete an ACC18 in addition.</p> <p>It is important if the person has a traumatic brain injury that this is recorded as a diagnosis.</p>
Section 4: Other relevant information	<p>There is no need to provide additional information if NO is selected for other relevant medical history.</p> <p>If there is a negative CT scan or the patient collapsed and it has been determined the brain injury was caused by the trauma or falling rather than a medical event such as a stroke, this information needs to be provided in this section of the form.</p> <p>This should identify any additional supporting information for the diagnosis when it is not immediately obvious the person has suffered a traumatic brain injury. For example, a Screening Assessment Result that supports a TBI when a CT scan produces a no abnormality detected (NAD).</p> <p>If a case owner is not required prior to discharge, provide information in this section that gives a reason for the urgency in completing the early cover referral form.</p>
Section 5: Likely support needs on discharge	<p>Where discharge support is known you should indicate this on the form. The case owner will use this information to assist with referrals and discharge planning.</p> <p>If likely support needs are not yet known, indicate this and complete an ACC705 at a later date if appropriate.</p>
Section 6: Hospital contact details	<p>This is the name of the person in the ward that ACC should speak to if they require additional information. This would usually be the charge nurse or coordinator.</p>
Section 7: Provider signature	<p>These are the details of the person who completed this form. It might be a clinician or a designated admin person working under the direction of a clinician.</p>