



Te Kaporeihana Āwhina Hunga Whara

Concussion Service

Referral Guide

A guide for medical professionals referring ACC clients to the
Concussion Service

*Includes instructions on completing the ACC883 Referral Form
Referral Checklist*

September 2014

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Useful contact details

<p>Provider helpline Ph: 0800 222 070 providerhelp@acc.co.nz The provider helpline staff can answer queries relating to provider numbers, Assessment Report & Treatment Plan (ARTP) updates and general enquiries.</p>	<p>ACC883 Concussion Service Referral form www.acc.co.nz > publications > concussion service</p>
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Referrers are recommended to send the referral directly to the client's nearest ACC Short Term Claims Centre.

STCC	Email Address	Fax Number
Counties Manukau	countiesmanukausts@acc.co.nz	<i>ACC prefers referrals be emailed.</i>
Northern	Stcc-n@acc.co.nz	
Wellington	WSTCCACC883@acc.co.nz	
Northern South Island	STCC-NS@acc.co.nz	<i>Fax numbers can be obtained from the Provider Helpline if necessary.</i>
Southern	ScriptsDCC@acc.co.nz	

Introduction

The Concussion Service provides early intervention rehabilitation services for ACC clients with a mild to moderate traumatic brain injury. Clients with a moderate TBI should be referred to ACC for more comprehensive services based on their needs.

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This interdisciplinary service is made up of a suite of assessments and therapies that can be tailored to meet the client's individual rehabilitation needs. There is a maximum funding limit that service providers must operate within. All services are on a prior approval basis. Note: This service cannot be used as a medical follow up service.

Who can access the service?

The client must have...	Comment
had an injury in the last 12 months; AND	Clients whose injury is over 12 months ago usually require more support than this service can provide. Clients with more complex needs can be referred directly to ACC to access more comprehensive assessments and therapy.
an accepted current ACC claim; AND	The referral will not be progressed until the claim has been accepted. This service should not be used for medical follow up or where the client is at medical risk. An ACC45 can be sent with the referral form. Note: Where the covered injury is not for a traumatic brain injury the medical referrer should either confirm the diagnosis or request the diagnosis to be investigated.
been diagnosed with mild or moderate TBI or post concussion syndrome; AND	GPs & Emergency Departments (EDs) should apply the criteria for classifying the severity of TBI as described in ACC's <i>Traumatic Brain Injury: Diagnosis, Acute Management and Rehabilitation Best Practice Guide July 2006</i> . See note above
continued signs and symptoms of brain injury with a significant impact on level of functioning that requires investigation and treatment, such as: <ul style="list-style-type: none"> • mood changes • difficulty concentrating • visual disturbances • memory problems • balance issues • nausea • fatigue • headaches • muscular aches, AND 	The signs and symptoms indicate the need for <ol style="list-style-type: none"> 1. A clinical referral 2. Rehabilitation therapy
additional risk factors such as (and/or): <ul style="list-style-type: none"> • the inability to work or attend school for more than one week • second or subsequent MTBI within 6 months • post traumatic amnesia lasting more than 12 hours • requirement to operate machinery or drive at work 	These factors indicate the need for early rehabilitation intervention. The list is not exhaustive. It's intended that clients who are likely to recover without rehabilitation support are not referred to the Concussion Service.

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The client must have...	Comment
<ul style="list-style-type: none"> • a pre-existing psychiatric disorder or substance abuse problem • a high functioning job such as a pilot, engineer, medical practitioner, lawyer • be a current secondary or tertiary student. 	

Diagnosis

Confirmed

All clients being referred to the Concussion Service should have a confirmed diagnosis. The diagnosis will be based on the signs and symptoms observed at presentation.

Investigation

The Concussion Service can investigate the diagnosis using the medical specialist if the medical referrer considers a differential diagnosis is required, particularly where the cause and resulting symptom presentation cause concern.

In acute presentations the client should be assessed using the Glasgow Coma Scale (GCS) and Post Traumatic Amnesia (PTA) score. Clients diagnosed with a mild or moderate TBI are suitable for the Concussion Service.

The table below is used to categorise TBI at the acute presentation.

Severity of injury	Glasgow Coma Scale (GCS)	Duration of Post-traumatic Amnesia (PTA)
Mild	13-15	less than 24 hours
Moderate	9-12	1-6 days
Severe	3-8	7 days or more

(Source: Evidence best practice guideline – traumatic brain injury: diagnosis, acute management and rehabilitation 2006 (TBI Guidelines))

Note:

Where the GCS and PTA do not correlate then the client will be assigned to the greater of the two severity categories. Example: A client has a GCS score of 14 and also experiences PTA of 2 days. Based on the more severe indicator (PTA of 2 days) the client is considered to have a moderate TBI.

Who can refer?

There are limitations to who may refer to the Concussion Service. A referral to the service is a medical referral that guides a rehabilitation programme. See [Appendix - Completing the ACC883 Concussion Service Referral form](#) for guidance on completing the referral form.

Referrer	Comment
Medical Doctors / General Practitioners	The referral should be signed by the medical doctor that made the diagnosis themselves or reviewed the client's clinical notes in which the TBI has been document by another medical doctor.
Allied Health in the DHB or the Community	Allied health professionals can complete the referral only when <ul style="list-style-type: none"> – it is on behalf of the medical doctor, and – the clinical notes reflect the brain injury diagnosis, and

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Referrer	Comment
	<p>– the TBI diagnosis has been noted on the ACC45</p> <p>The form doesn't need to be signed by the doctor when the above criteria are met.</p>
Community based allied health professionals working independently	<p>Cannot refer directly to the Concussion Service.</p> <p>The client should be referred to their general practitioner.</p>

Where to get the referral form

The ACC883 can be downloaded from the ACC website www.acc.co.nz > Publications > [Concussion](#) page, or by searching the form number using the search box on the [home page](#). Enter the form number ACC883 in the search field to locate the document then download the form to your own computer.

Referrers are recommended to send the referral directly to the client's nearest ACC Short Term Claims Centre.

Counties Manukau: countiesmanukausts@acc.co.nz

Wellington STCC: WSTCCACC883@acc.co.nz

Northern STCC: Stcc-n@acc.co.nz

Northern South Island STCC: STCC-NS@acc.co.nz

Southern STCC: ScriptsDCC@acc.co.nz

Contact ACC

To talk to someone about this claim on the Provider Helpline **0800 222 070**

About the Concussion Service

Service suppliers

There are 21 suppliers contracted by ACC throughout the New Zealand to provide the Concussion Service. Each supplier provides a specific regional coverage. Most places in New Zealand have at least one provider with larger centres having more in order to meet the demand and reduce delays in accessing this service.

Interdisciplinary Team (IDT)

All services are provided within an interdisciplinary team comprising:

- medical specialist (compulsory)
- clinical neuropsychologist (compulsory)
- allied health professional, eg
 - occupational therapist (compulsory)
 - physiotherapist
 - speech language therapist
 - registered nurse
- general practitioner with a special interest in TBI

In addition, the supplier can access other medical specialist consultation where the client has other issues that are outside the experience of the IDT.

Clinical providers experience

All providers within the service must be qualified in their respective clinical professionals and additional must have at least 2 years experience providing services to clients with brain injuries.

Paediatric providers must have an additional 2 years experience providing services to children and young people under the age of 16 years.

Assessment and Therapy

The Concussion Service has an assessment phase to clarify the client's needs and then a therapy phase to deliver the appropriate rehabilitation to promote recovery.

- Risk Assessment**
- Provides early education on TBI and the recovery process to the client, their family and whānau
 - Identifies any risk factors that may impact on the rehabilitation
 - Identifies complexity and service requirements as part of the rehabilitation planning. This may include the client leaving the Concussion Service to access more comprehensive services such as:
 - Training for Independence
 - Neuropsychology Assessment Services
 - Clinical services

Assessment

Clinical assessments are conducted to

1. Investigate and clarify the client's injury diagnosis (on request)
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2. Refine the rehabilitation to the client's needs.

The assessments assist the rehabilitation and therapy planning. The maximum inputs for assessments are:

- allied health - (up to 2 hours)
- medical specialist - (up to 2 hours)
- clinical neuropsychologist - (up to 5 hours including testing)
- other consultant, eg geriatric, psychiatric, paediatric (Independent Specialist Assessment)

Therapy

Tailored therapy assists the client's rehabilitation. The service provider is required to keep the client's GP informed of the client's progress throughout the rehabilitation. The maximum inputs for therapies are:

- allied health - (up to 8 hours)
- medical specialist - (up to 2 hours of consultations)
- clinical neuropsychologist/psychologist - (up to 5 hours of consultations)

Rehabilitation Plan

The rehabilitation plan completed by the interdisciplinary team identifies the most appropriate combination of rehabilitation services to meet the client's individual needs. This service has capped funding which suppliers must not exceed. The suppliers can choose from 27 hours of assessment and therapy services. At any time the client may be transferred if it is believed that they have a greater need than the services available in the Concussion Service.

Communication

Acute Services Referrer

The supplier or ACC may contact the DHB to gather more information about the client and their injury.

The DHB will not be kept up to date to the progress of the client's rehabilitation unless requested.

GP Referrer

The supplier or ACC may contact the GP to gather more information about the client and their injury.

The GP will be kept up to date on the progress of the client's referral and rehabilitation.

The Concussion Service supplier is required to collect historical clinical information in support of the bio-psycho-social assessment. This information is used to refine the rehabilitation programme with the client to maximise the client's recovery.

Declined Referral

ACC may declined a referral where

- The client does not have an ACC45 for an injury
 - The client has been assessed as not having a TBI
 - The client is considered to be better services with more comprehensive services
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Appendix - Completing the ACC883 Concussion Service Referral form

Please complete **all** sections as requested on the form. Refer to the instructions in the table below when completing the sections listed. Further help is available from the Provider Helpline.

Section & Title	Instructions
1 Client details	<p><i>Is the client employed?</i> - Indicate if the client was currently employed at the time of the accident.</p> <ul style="list-style-type: none"> • Select 'Yes' if the client: is currently employed, or ceased employment due to the injury. The supplier is expected to return the client to employment. This may mean engaging other return to work programmes. • Select 'No' if the client was not working at the time of the injury. As there is no weekly compensation ACC and service supplier will not need to engage work maintenance or return to work programmes. <p><i>Is the client off work?</i> – Indicate if the client is off work due to the injury.</p> <ul style="list-style-type: none"> • Select 'Yes' if the client is not attending work at all. • Select 'No' if the client is still at work, either full-time or part-time.
2 Injury details	<p><i>ACC45 number or Claim number</i> - ACC45 must be submitted for the injury. Ensure the ACC45 number is transferred to this form.</p> <ul style="list-style-type: none"> • Where this referral relates to a previous injury you can contact the Provider Helpline 0800 222 070 to find out if a claim has been submitted and the claim or ACC45 number. • If an ACC45 has not been submitted you will need to do this. A referral will not be processed until the claim has been accepted for cover. <p><i>Date of injury</i> - The date of the injury that resulted in the concussion.</p> <p><i>Date of consultation</i> - The date of the consultation that prompted this referral.</p> <p><i>Date injury reported</i> - The date the concussion was diagnosed (if not diagnosed at 'date of injury').</p> <p><i>Number of times the client has been seen for this TBI</i> - GPs usually manage the early acute recovery of their patients and should refer only those who do not recover as expected. Therefore there can be a number of consultations prior to referral including the local Emergency Department.</p> <p><i>Is this concussion the principal injury or an additional injury?</i> - This diagnosis may be new or in addition to other injuries that had been diagnosed previously.</p> <p><i>GCS & PTA</i> - Glasgow Coma Scale (GCS) and Post-traumatic Amnesia (PTA) scores should be recorded if available from either direct observation or clinical records.</p> <p><i>Injury diagnosis</i> - Confirm or issue diagnosis including Read code or ICD10 code. Identify if the concussion is the principal injury or if there are a number of other injuries. This can help ACC understand why there may be a long delay in reporting the concussion. For instance, a fall from a bike with no other injuries would normally be reported immediately whereas a car accident with multiple complex injuries may mean the concussion isn't</p>

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	<p>identified until later.</p> <p><i>Mechanism of injury</i> - Briefly describe what happened. For example: "Fell from a horse and hit her head with loss of consciousness."</p> <p><i>Other symptoms</i> - Describe any other symptoms, not mentioned on the 'tick box' list, that can be attributed to the injury.</p> <p><i>Pre-existing conditions that may impact recovery</i> - These factors will not necessarily exclude a client from this service but can impact on the client's recovery. It is important that they be identified so that reasonable outcomes can be set and plans made to manage the impact. In particular, substance abuse, personality disorder or other known mental health issues should be identified.</p>
3 Referrer details	<p>Complete all sections.</p> <p><i>Notification of Decline</i> - Double click the check box to indicate if you want to be notified if the request for services is declined or if another party should be notified, e.g. usual GP where an ED or locum completes the referral.</p>
4 Referrer signature	<p>The signature of the doctor confirms that the medical information provided is accurate. If the form is being emailed the form is deemed to be signed by the named doctor. The doctor is accountable for the accuracy of the referral.</p> <p><i>Date</i> - The date the referral was completed.</p>
5-7 Part Two - ACC only	<p>The remaining sections are completed by ACC.</p>

Referral Check List

This client has...	✓
had an injury in the last 12 months; AND	
an accepted current ACC claim; AND	
been diagnosed with mild or moderate TBI or post concussion syndrome; AND	
continued signs and symptoms of brain injury with a significant impact on level of functioning that requires investigation and treatment, such as: (and/or)	
- mood changes	
- difficulty concentrating	
- visual disturbances	
- memory problems	
- balance issues	
- nausea	
- fatigue	
- headaches	
- muscular aches, AND	
additional risk factors such as (and/or):	
- the inability to work or attend school for more than one week	
- a second or subsequent MTBI within 6 months	
- post traumatic amnesia lasting more than 12 hours	
- requirement to operate machinery or drive at work	
- a pre-existing psychiatric disorder or substance abuse problem	
- be in a high functioning job such as engineer, medical practitioner, lawyer, commercial pilot	
- be a current secondary or tertiary student.	