Service Accreditation Toolkit

**2011**



….the right piece of equipment

….at the right time

….with the least amount of duplication of assessment

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# Introduction

This toolkit provides guidance for District Health Board’s (DHBs) seeking Service Accreditation under the Ministry of Health Accreditation Framework for Equipment and Modification Services (EMS) based on the experiences of the four service accreditation pilot project DHBs who commenced service accreditation in 2010. The toolkit covers:

* **Planning and mentoring support**
* **Policies and procedures**
* **Learning and development programme**
* **Resources**
* **Accreditation**
* **Monitoring and evaluation**
* **Re-accreditation**
* **Examples**

Service accreditation is part of the Ministry of Health’s Equipment and Modification Services Accreditation Framework. The framework was established to ensure that quality assessments occur which result in appropriate applications for equipment and modification services for people with long term disabilities. The Accreditation Framework has three types of accreditation for access to Ministry funded Equipment and Modification Services. These are:

**Approved Assessors** – allied health professionals (for example, occupational therapists and physiotherapists) whose existing graduate level training is considered sufficient to assess for and recommend Ministry of Health funded equipment (for example, commode chairs, walking frames, household management items) and basic housing modification services. Approved Assessors will also includes other support personnel such as service coordinators working for organisations supporting people who have sensory loss.

**Credentialled Assessors** – specific service areas where additional training requirements are necessary before clinicians can recommend Ministry of Health funded equipment or modification services.  These service areas are wheeled mobility and postural management, communication assistive technology, housing modifications, and vehicle purchase and modifications.

**Service Accreditation** - specific service areas, primarily community health or Home Health Care services, can be accredited to allow District Health Board staff to undertake assessments for certain equipment items[[1]](#footnote-1) (for example, low cost, low risk, high volume equipment such as shower stools and over toilet frames).

The service is responsible for the competence of its staff undertaking assessments. Service accreditation transcends traditional role boundaries. For example, it allows a physiotherapist to apply for personal care equipment and an occupational therapist to apply for a standard walking frame thereby reducing duplication of assessments and streamlining equipment provision.

A District Health Board (DHB) seeking service accreditation will need to undertake several steps to ensure their DHB is ready to implement and participate in a service accreditation programme.

Further information about the Ministry of Health Equipment and Modification Services Accreditation Framework can be found at: <http://disabilityservices.hiirc.org.nz/>

# Planning and mentoring support

## 2.1 Choosing a service

Service accreditation may be implemented across several services within a DHB including community or home health care services, assessment, treatment and rehabilitation services and needs assessment and service coordination services.

It is recommended that a DHB establishes service accreditation in its community service before extending to other areas as community services will benefit the most from service accreditation. Starting with one service will also give the DHB the opportunity to manage the change process necessary for successful implementation of the service accreditation programme.

Acute areas within a DHB are less likely to be suitable for service accreditation because:

* Those equipment needs are more likely to be for short term use (and this is outside the scope of service accreditation and should be managed within current DHB processes for short term loan).
* It is unlikely the staff member will be undertaking a home visit to complete an assessment in the environment the equipment will be used. A home assessment is usually vital unless the need for equipment is to replace like for like equipment.
* The time taken for therapy assistants and nurses to build skill sets will take an extended period of time due to low volumes of clients receiving care in an acute setting requiring equipment from the national service accreditation equipment list.
* Acute areas already have good access to occupational therapists and physiotherapists and referral to community teams (allied health and nursing).
* Clients with existing long term disabilities may already have equipment and modifications in place prior to their admission and if the admission results in a change in their needs that will necessitate equipment or modification changes a more specialised assessment by an approved or credentialled EMS assessor is likely to be required, which is outside the scope of service accreditation.

## 2.2 Dedicating resources

Successful implementation of service accreditation needs good project management. The DHB should appoint a senior staff member who has good knowledge of current Ministry of Health Equipment and Modification Services processes to lead the service accreditation programme implementation, for example an Occupational Therapy Practice Supervisor or Therapies Professional Leader.

The project manager will need to be supported by a project working group who are a representative of the staff who will be part of the service accreditation programme. The working group should include a:

* Physiotherapist and Occupational therapist due to their current understanding of Ministry of Health Equipment and Modification Services.
* Senior district nurse as district nurses represent a new discipline making Ministry of Health funded equipment applications.
* Staff educator as a learning and development programme needs to support the implementation of service accreditation.

Once service accreditation has been implemented, ongoing management of the programme will be required to ensure sustainability. Management of the programme should include ensuring good staff uptake of the programme together with monitoring its effectiveness.

Centralising administration processes for submissions and any related queries of equipment and modification services applications will also be necessary. This may mean additional administrative resources will also be required within the DHB.

## 2.3 Mentoring support

The viability and acceptability of service accreditation was tested through an extensive pilot project undertaken across four DHBs throughout 2009 and 2010. To support a DHB seeking service accreditation, it is recommended that contact is made with one of the four DHBs who participated in the Service Accreditation Pilot below who will work to arrange mentoring support:

* Auckland District Health Board
  + A+ Links Home Health, Occupational Therapy Practice Supervisor
* Counties Manukau District Health Board
  + Home Health Care Operations Manager, (Mangere office) or Professional Leader
* Waitemata District Health Board
  + AT&R and Adult Community Services Occupational Therapy Professional Leader
* Hutt Valley District Health Board
  + Occupational Therapies Professional Leader

The mentor will be able to assist a DHB by:

* Providing advice
* Reviewing draft material (e.g. policies, procedures, learning & development material, monitoring and evaluation plan)
* Facilitating a visit to their DHB should this be desirable
* Visiting your DHB should this be desirable

Note that mentoring expectations and costs incurred in providing mentoring support will need to be negotiated with the mentoring DHB.

It is anticipated that each pilot DHB will be able to mentor one or two DHBs at any one time. Information about the availability of a DHB to provide mentoring services can be found on the following website <http://disabilityservices.hiirc.org.nz/>

# Policies and procedures

It is more likely that a DHB will need to review current policies and procedures to amend them to include service accreditation rather than specifically writing new policies and procedures.

Policies and procedures may need to be amended in respect of:

* Staff appraisal and performance review. For example:
  + Broadening the current performance process to include review of competencies necessary for staff to participate in the service accreditation programme. This should include what needs to be observed for peer practice review within the performance review process.
* Training responsibilities. For example:
  + Who will teach the service accreditation learning and development programme
  + How often the programme will be taught
  + How competence is demonstrated and evaluated (quality assurance)
  + What arrangements will be made for refresher training
* Supervision. For example:
  + Who will provide initial (e.g. first two assessments & EMS applications) supervision to ensure competence and who will be responsible for ongoing supervision of individual staff working under the accreditation programme. In the pilot projects, initial supervision to determine competence occurred under the learning and development programme (first two EMS applications were reviewed by either the educator or nominated occupational therapist) whilst ongoing supervision continued to sit under what was current supervision arrangements for each individual.
* Referral management. For example:
  + How referrals will be screened to determine if a therapies assistant could be utilised
  + Referrals between staff (what situations and how this should occur)
* Clinician process for equipment application. For example:
  + The current process will need to reflect service accreditation in the context of EMS Assessor and Credentialled Assessor processes. A [process guide](#_Clinician_process_for) can be found in the examples section of this document (refer section 10.1).
  + Staff will need to use clinical reasoning to assist in their decision making that may then result in an EMS equipment application. A [guide to clinical reasoning and prescribing adaptive equipment](#_Guide_to_Clinical) along with a [clinical reasoning checklis](#_Telephone_assessment_form)t can be found in the examples section of this document (refer section 10.2 and 10.3)
* Quality assurance. For example:
  + Monitoring the effectiveness of the service accreditation programme through a range of internal audit activities.
  + Who will be responsible for leading and managing on-going monitoring.

Unless position descriptions are highly specified, it is unlikely changes will be needed at this level. However, work sheets or task assignments may need amendment to include specific responsibilities under service accreditation. For example including responsibility for management, administration and monitoring of the programme.

Depending on the co-location arrangements for staff, the DHB may also need to set up a formal process that supports staff obtaining advice.

Some DHB forms may need amendment dependent on current processes of assessment and applications for equipment. A telephone assessment process and form may be required if therapy assistants are participating in the programme. An example of a [telephone form](#_Telephone_assessment_form) can be found in the examples section of this document (refer section 10.4).

Ensuring the client receives an appropriate assessment that results in the right equipment delivered to the client at the right time remains an individual professional responsibility.

# Learning and Development Programme

A formal learning and development programme needs to be established for staff that will be making EMS applications under service accreditation.

## 4.1 Initial learning and development programme

Five components of the learning and development programme have been identified as necessary to support the successful implementation of service accreditation. All trainees need to complete the programme. There is an additional session required for therapy assistants. The programme includes:

1. Successful completion of the on-line EMS Core Module[[2]](#footnote-2). This provides an overview of what can be funded by the Ministry of Health together with information on the EMS Provider (Enable New Zealand or Accessable) equipment and modifications application processes. This module is available at:  <http://hiirc.onlearn.co.nz/>
2. Introduction to Service Accreditation. An interactive teaching session of approximately 1- 1.5 hours where trainees gain an understanding of how service accreditation can positively impact on the clients they work with. This session should include discussion of case study examples and provide an opportunity for any questions that have arisen from completion of the EMS Core Module.

Between the introductory session and work station skills, trainees should refer to their clinical reasoning checklist and DHB service accreditation equipment list in the context of their normal client assessments. This will help improve the understanding of how service accreditation fits into their current work.

1. Work station skills workshop. There are three aspects to this workshop of approximately 1 hour:
   1. Questions from trainees that have arisen since the introductory session
   2. Administrative role and responsibilities including preferred methods of delivery, installation and follow-up specific to your DHB
   3. Skills station with practical viewing and demonstration of equipment items
2. Therapy Assistant specific session. Under the service accreditation programme, referrals to the community service are screened to determine whether a therapy assistant may be able to undertake the home visit and complete an EMS application. The therapy assistant specific session should include:
   1. How to interpret the telephone assessment and implement the plan completed by a physiotherapist or occupational therapist
   2. Understanding therapy assistant roles and responsibilities
   3. Completing the home visit process
   4. Completing documentation
   5. Liaison and supervision
3. Completion of the first two EMS applications that are reviewed prior to submission with a designated person (likely to be an occupational therapist or physiotherapist from the working group).

Once the designated person is satisfied with the applications (which may be more than two if the trainee needs more coaching), the trainee is then signed off by the DHB as being able to participate as a staff member in the service accreditation programme.

An example of the [training programme](#_Clinical_reasoning_checklist), together with an [evaluation form](#_Evaluation_Form_example) is included in this document in the examples section of this document (refer section 10.5 and 10.6).

## 4.2 Ongoing programmes

Programmes will need to be repeated two or three times a year to provide the opportunity for new staff to participate in the service accreditation programme. Current staff may also like to attend one or more programmes to refresh their knowledge.

It is suggested that staff participating in the service accreditation programme repeat the EMS Core Module on a three yearly basis to keep up to date with any process changes that may be introduced[[3]](#footnote-3).

## 4.3 Updates

Although the categories of equipment available on the Ministry of Health National Service Accreditation List Equipment are unlikely to change, equipment items may change as determined by Enable New Zealand or Accessable. The DHB will need to have a process in place to keep staff updated, for example email or inclusion as an agenda item at regular in-service staff training meetings.

# Resources

The Ministry of Health National Service Accreditation List Equipment (available from Enable New Zealand and Accessable) includes categories of equipment. Enable New Zealand and Accessable purchase equipment on behalf of the Ministry of Health. Enable New Zealand and Accessable are able to provide the DHB with an electronic pictorial catalogue of the equipment items available under service accreditation.

The working group to the service accreditation programme in your DHB should agree what items of equipment they wish to include within their programme and delete those items in the pictorial catalogue they do not want staff to have access to[[4]](#footnote-4). The catalogue should then be printed off and laminated for staff to have a copy. This will assist staff in making the correct recommendations for equipment and is also a useful resource to show clients when discussing equipment they may need.

In addition to the pictorial catalogue, a resource folder for staff could also include:

* Clinical reasoning checklist
* Clinician process for equipment applications

# Accreditation

The process for accreditation has the following steps:

1. DHB determines they would like to participate in the service accreditation programme
2. DHB appoints a project manager who contacts a mentoring DHB
3. Mentoring DHB assigns a mentor to work with the DHB
4. Project manager appoints working group and develops project plan
5. Mentor reviews project plan and provides advice
6. DHB develops systems and processes (including updated policies and procedures, monitoring and evaluation programme) to support service accreditation
7. DHB obtains a pictorial catalogue from their EMS Provider
8. DHB determines what equipment items from the National Service Accreditation Equipment List will be included within their programme
9. DHB develops staff learning and development programme
10. Mentor confirms the DHB is ready to implement service accreditation having reviewed all material
11. DHB completes a service accreditation application form (available from Enable New Zealand for all DHBs)
12. Enable New Zealand issues a service accreditation number (valid for three years)

## 6.1 Applications for service accreditation

The service accreditation application form[[5]](#footnote-5) to gain service accreditation will require the DHB to provide details of a central contact person. This is in case the EMS Provider needs to contact the staff member responsible for completing an EMS funding application under service accreditation where the service accreditation number has been used. This is likely to be an administration person who can then locate the person who has completed the EMS funding application by either tracking the staff member based on the client’s NHI number or alternatively through a system implemented by the DHB to track all applications (e.g. internal data base).

The service accreditation application form to gain service accreditation also requires the DHB to nominate an address for delivery of equipment where the delivery address is not the client’s address (e.g. a community service base).

This may mean a DHB may need to complete more than one service accreditation application form to obtain more than one service accreditation number to enable them to track and manage EMS funding equipment applications. For example, at Waitemata DHB there are three community service bases with three administration staff and as such Waitemata DHB has three service accreditation numbers. There are however other ways to manage having one service accreditation number dependent upon existing processes with a DHB. This was achieved at Counties Manukau DHB that has four home health care community bases.

Note that it is intended that a DHB will have as few service accreditation numbers as possible.

## 6.2 Service accreditation number

There will be staff within the service accreditation programme who will already be EMS Assessors (either Approved or Credentialled). These EMS Assessors will be able to use their existing accreditation number under service accreditation once the DHB has notified Enable New Zealand by providing them with a list of current EMS Assessors (name and EMS accreditation number). Enable New Zealand will then upload into their data base a code that allows the EMS Assessor access to additional equipment items available under service accreditation.

Staff who are not already EMS Assessors, for example therapy assistants and district nurses, will not have an accreditation number. They should not apply for an individual number as they will use the service accreditation number assigned to the DHB. It is important that the DHB implements a process to safeguard this number. The pilot DHBs achieved this by having staff other than current EMS Assessors providing their EMS Ministry of Health List Equipment application forms to an administration staff member who then entered the service accreditation number onto the form and emailed[[6]](#footnote-6) or faxed it to the EMS Provider. This administration person also recorded details they needed to track the EMS funding application should there be an enquiry related to the application.

Note that having a system to record applications is also likely to assist the DHB in monitoring the effectiveness of the service accreditation programme.

# Monitoring and evaluation

A monitoring and evaluation programme should be implemented as part of quality assurance activities. This should occur at two levels – individual staff members and the service as a whole. The key elements to a monitoring and evaluation programme are:

* Linking service accreditation competency monitoring of individuals to annual performance appraisal and peer review processes.
* Undertaking a staff survey (not less than every 18 months) to ascertain satisfaction with service accreditation and identify opportunities for improvement from a staff perspective.
* Monitoring the volumes of equipment issued under service accreditation. This should include the number of applications made per year by individuals and the number of items of equipment within each application. Outliers (including non-participation of staff) can then be identified that result in further exploration.
* Waiting list impacts for occupational therapists and physiotherapists. This could be achieved by reviewing applications made by occupational therapists and physiotherapists that could have been undertaken by other staff within the service accreditation programme to free up occupational therapist and physiotherapist staff resource for more complex clients.
* Appropriateness of applications made by therapy assistants. This could be achieved by a review of telephone assessments and implementation plans forwarded to therapy assistants that were then referred back to an occupational therapist or physiotherapist by therapy assistants together with the reasons for this.
* Equipment issues are within the DHB service accreditation equipment list. Because the National Service Accreditation Equipment List may be more extensive than the individual DHB chosen list, the DHB should monitor compliance against their list.
* Customer satisfaction. A process to obtain information from clients as to their satisfaction with the assessment process that then resulted in equipment provision.
* Peer review process by another service accredited DHB.
* Maintaining records of staff participation and completion of the initial learning and development programme including competence sign-off.

Each DHB should develop their own monitoring and evaluation programme that is then reviewed by the DHB mentor as being appropriate for service accreditation.

## 7.1 Reports from EMS Providers

Enable New Zealand and Accessable can provide the DHB with a regular usage report (frequency of reporting should be agreed between the DHB and EMS Provider). The report available to the DHB will include the following information in an excel format:

* Equipment items issued through Service Accreditation (will include the date of issue, equipment code, equipment description, NHI number of recipient)
* Equipment items by EMS Assessor with Service Accreditation privileges (will include the same fields as above plus the EMS Assessor accreditation number)

# Re-accreditation

To maintain service accreditation, each DHB will need to complete a declaration and submit this to Enable New Zealand on a three yearly basis. The declaration will attest to:

* A senior staff member maintaining responsibly for the management of the programme within their DHB
* Ongoing monitoring of the service accreditation programme has resulted in continuous quality improvement activities
* Peer review of the service accreditation programme by another participating DHB had occurred within the last three years that resulted in endorsement or recommendations for improvement that are being actioned. Refer to the examples section of this document for a copy of a [peer review checklist](#_Peer_review_checklist) (refer section 10.7).
* Monitoring records being available to the Ministry of Health should it choose to independently audit the programme.

Reaccreditation will result in the issue of a new service accreditation number that will be valid for a further three year period.

It is envisaged that DHBs will be able to work out a reciprocal arrangement to complete the re-accreditation requirements, with the DHB seeking reaccreditation meeting travel costs of the DHB undertaking the peer review.

# Removal from Accreditation

Service Accreditation may be removed from a DHB if the Ministry determines an audit or other information shows:

* a consistent pattern of inappropriate recommendations made on behalf of clients or applications do not align with Ministry of Health funding guidelines, or
* a consistent pattern of not complying with the correct application process, or
* the DHB has not provided appropriate training and determined competencies of staff to enable them to maintain an appropriate skill level required to make applications for equipment under service accreditation.

# Examples

## Clinician process for equipment application

Need for Equipment established

Determine what equipment needed

(use clinical reasoning tool as guide)

Yes

No

Organise

short term

loan or rental as per

DHB policy

Does disabled person qualify for

Ministry of Health funding for

long term equipment

No

Liaise with OT / PT

or Team leader to

discuss options

(or provide information on self-funding)

Yes

Yes

Equipment delivered to person’s home

Follow up visit or phone call if not

delivered by prescribing clinician

Complete Enable / Accessable

or DHB equipment application form &

send as per Specified DHB process

No

## Guide to Clinical Reasoning and Prescribing Adaptive Equipment



## Clinical reasoning checklist

|  |  |  |
| --- | --- | --- |
| **Questions** | **Consider…..** | |
| 1. What is the issue for the person? | * The person’s perspective: what does he/she say is their need or the problem? * Ask them, what can’t they do that they need to do? * Add your assessment findings: what have you noticed about the person? * Ask yourself:   + What can they do/can’t they do? e.g. unable to transfer on/off toilet, chairs; unable to get to the toilet on time | |
| 1. What are the specific functional limitations? | **Person**   * Why can’t they do it? * Are there physical limitations?   + Pain, muscle weakness, impaired balance, incoordination, reduced range of movement * What is his/her mobility like?   + Endurance/fatigue   + Respiratory function: short of breath? * Is he/she able to plan and initiate actions * What is his/her cognitive understanding and abilities like? (E.g. anxiety, memory, confidence, follow instructions…..) | |
| 1. Are there additional factors that influence this issue? | **Social**   * Living arrangements * Social support * Prefer personal help over using equipment * Other help (paid or unpaid, e.g. family or friends) available or not * Who else uses this space/room? | **Environment**   * Space available * Size * Steps * Layout * Which way the door/s open * Barriers * Floor surface, levels |
| 1. How does this impact on the person’s ability to do the task, or their daily routine? | * What can’t they do that they need to do? * What are the short, medium or long term impacts of not being able to do these things? | |
| 1. Which of these factors can be influenced or changed? | * What would need to happen to influence or change these factors and is this realistic / likely to occur? | |
| 1. What are the options? | * What would make a positive difference? e.g:   + Nothing   + Training in a new technique or method of doing the activity   + Refer to occupational therapist, physiotherapist for specialist input   + Carer or carer training required   + Modify the environment: will equipment be enough?   + Short-term or long-term need?   + Trial solution | |
| 1. If equipment is the option, what will address the needs? | * What is available? * Will the equipment suit the client and the environment? * Will or can the person, family, caregivers use the equipment? * Does the person meet Ministry of Health (MoH) criteria? * Can I order this equipment from the MoH’s list?   + Yes? Go ahead and order the equipment.   + No? Discuss with or refer to occupational therapist. | |
| 1. Does this solution solve the actual issue? | * Is the person safe? * Do they use the equipment? * Do they use the equipment safely? * If it doesn’t solve the issue who can you refer to? | |

## Telephone assessment – example form as used by ADHB

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| ***Patient Label*** | | | **Date:**  **Signature:**  **Name:** | |
| **Purpose of call explained and client or caregiver consent gained** Yes No  **Reason for Referral**  **Client Statement of Need/Goal:** | | | | |
| **Condition**  Better  Worsened  Unchanged | **ACC** Yes 🞎 No 🞎 | | | **Currently receiving**  **Physiotherapy?** Yes No  *If yes*  Name:  Contact Number: |
| SOCIAL/CULTURAL ENVIRONMENT: | | | | |
| **Lives alone: 🞎 Yes 🞎 No Lives with:**  **Informal supports:**  **Formal supports:**  **Personal Alarm:** | | | | |
| **PHYSICAL ENVIRONMENT** | | | | |
| **Accommodation style:**  **External Access Independent: Yes/No**  **Internal Stairs Independent: Yes/No** | | | | |
| **FUNCTIONAL MOBILITY** | |  | | |

|  |  |
| --- | --- |
| **Indoor/Outdoor**  **Stairs**  **Aids insitu:** | **Independent**  **Yes/No**  **Independent**  **Yes/No** |

|  |  |  |
| --- | --- | --- |
|  | | |
| ***Patient Label*** | **Date:**  **Signature:**  **Name:** | |
| **Falls History** | | |
| **TRANSFERS**  **BATHROOM/TOILET**  **CHAIR / SOFA**  **DINING CHAIR**  **BED**  **Aids insitu:** | **Independent**  **Yes/No**  **Yes/No**  **Yes/No**  **Yes/No** | |
| **ESSENTIAL ACTIVITIES OF DAILY LIVING:** | | |
| **PERFORMANCE COMPONENTS (STRENGTHS/LIMITATIONS)**  **Physical, sensory, communicative, affective -** *as identified by referral and telephone interview* | | |
|  | | |
|  | | |
| ***Patient Label*** | | **Date:**  **Signature:**  **Name:** |
| RELEVANT MEDICAL HISTORY: | | |
|  | | |
| **COMMENTS/ADDITIONAL INFORMATION** | | |
|  | | |
| **ISSUES IDENTIFIED** | | |
|  | | |
| **INTERVENTION PLAN** | | |
| **Complete standard discharge letter** | | |

## Learning and Development Programme example

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## Evaluation Form example





## Peer review checklist – Re-accreditation

As part of the reaccreditation process for District Health Boards with service accreditation, the District Health Board needs to have a peer review undertaken by another District Health Board that holds service accreditation. The following checklist should be completed by the peer reviewer and a copy provided to the District Health Board seeking reaccreditation. The peer review should be completed prior to the submission of a reaccreditation application to Enable New Zealand.

Name of DHB seeking reaccreditation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person & contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of DHB conducting this peer review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of DHB peer reviewer & contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Areas for review** | **Determination** | **Comments** |
| --- | --- | --- |
| There is a senior staff member responsible for implementing and evaluating the programme |  |  |
| There is a service accreditation training programme for staff participating in the programme |  |  |
| The content of the service accreditation training programme includes components consistent with the service accreditation toolkit (knowledge, skills, processes, therapy assistant specific information) |  |  |
| Training includes a requirement for staff to complete the EMS Core Module |  |  |
| The service accreditation training programme is delivered at least twice per year |  |  |
| There is a method to evaluate the competence of staff at the completion of the training programme |  |  |
| There is a method to verify on-going competence of staff participating in the service accreditation |  |  |
| A list is maintained of staff who have successfully completed the training programme and can make applications under service accreditation |  |  |
| The DHB’s service accreditation equipment list includes only items from the National Service Accreditation List |  |  |
| There is a senior staff member available to staff to act as a resource where staff may require assistance or review of an application |  |  |
| There is a process to screen referrals to determine the most appropriate staff member to undertake the assessment |  |  |
| There is a process to ensure therapy assistants are working within their capabilities |  |  |
| There is a process to manage the security of the service accreditation number |  |  |
| There is a process for the EMS Provider to contact the DHB where there is a query about an application made under service accreditation |  |  |
| A person is delegated to take queries from an EMS Provider needing more information about an application |  |  |
| The person taking queries is able to retrieve relevant information or refer to the staff member responsible for the application |  |  |
| The DHB monitors the effectiveness of service accreditation (state how this is achieved in the comments section) |  |  |
| The monitoring of competence, applications and training occurs on a regular basis (e.g. quarterly or six monthly) |  |  |
| The DHB has been able to identify opportunities for improvement and has acted on these opportunities to make changes (state changes made in the comments section – e.g. additional training to district nurses; change in the training programme etc) |  |  |
| There are policies and procedures that support the service accreditation programme and include guidance for training, staff appraisal, supervision, referral management and quality assurance |  |  |

**Other comments by the peer reviewing DHB:**

**Comments by the DHB seeking reaccreditation:**

Use this section to comment on any actions that may be taken as a result of the peer review

1. Refer Ministry of Health National Service Accreditation List Equipment [↑](#footnote-ref-1)
2. Note staff who are existing EMS Assessors will have already completed this [↑](#footnote-ref-2)
3. Those staff who are approved or credentialled assessors are required to repeat the Core Module or an update three yearly to maintain their accredited status [↑](#footnote-ref-3)
4. There were variations between the four pilot DHBs in their selection of equipment (categories and range) [↑](#footnote-ref-4)
5. Note this form is to gain service accreditation and does not refer to the application for equipment form [↑](#footnote-ref-5)
6. Note, email is preferred [↑](#footnote-ref-6)