



DHBNZ

on behalf of all DHBs

ORTHOTICS SERVICES

STATUS:

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Service Specification Orthotics Services

Service Code DSS218

DSS Philosophy

The aim of Disability Support Services is to build on the three strategic DSS goals outlined in the joint HFA and MOH document “Disability Support Services Strategic Work Programme: Building on the New Deal”. These goals include:

- Maximising independence
- Effective habilitation and rehabilitation
- Support opportunities to participate

With these goals in mind the philosophy of disability support services is to ensure that people with disabilities have control over their own lives, and the decisions that are made regarding their disability support options. Support options must be flexible, responsive and needs based. They must focus on the person and where relevant, their family and whanau, and enable people to make real decisions about their own lives.

Services purchased by DSS should aim to promote a person’s quality of life and create an environment that enables community participation and maximum independence. The service should create linkages that allow a person’s needs to be addressed holistically, in an environment most appropriate to the person with a disability.

NOTE:

Subsequent references in this document to “the person” or “people” should be understood as including a person/people with disabilities.

1 Definition

An Orthosis is a device applied to the exterior of the body to;

1. Improve function and/or to prevent and correct deformity in those affected by congenital, developmental or acquired conditions of the nervous or musculo-skeletal systems.
2. Immobilise damaged joints or muscles
3. Aid healing
4. Promote venous return and lymphatic flow.

NB: “Orthosis” will also include Surgical Footwear.

Disability Support Services

Orthotic services are an integral component of support services for people who have disabilities and for whom some form of Orthosis has been assessed as being required.

Personal Health Services

People who have not been assessed as having a disability may also require orthotic services following Medical or Surgical intervention or treatment.

2 Service objectives

2.1 General

This Service Specification specifically describes the requirements for Orthotics Services including assessment, provision (production and fitting), training (the person and their support networks in the use of orthotic), and review, repair and maintenance of Orthoses.

The Provider will work closely with the person and their family/whanau and other support and referral services to ensure;

- That a person requiring Orthotics Services has access to the services,
- That Orthotic services are provided in a timely manner to complement, enhance and/or support all other management and treatment interventions.
- That the person and their appropriate support people are educated in the use of the orthosis so that maximum benefits are gained for the person.

2.2 Maori Disability and Health

The Maori Health Policy and requirements are outlined in the Standard conditions and Provider Quality Specifications. In addition, the provider will develop and implement an annual strategic plan that outlines how it will be responsive to Maori. The Plan should include:

- How the provider will ensure that the needs of Maori for the service are identified.
- How the provider will ensure that access barriers are identified and minimised for Maori.
- How the provider will consult with Maori, both to agree a plan for the services contained in this service description, and ensure ongoing input to future service developments

- How the provider will ensure that all operational processes consider and meet the needs of Maori, and are reviewed as necessary when requirements change.
- How the provider will ensure that they are collecting and reporting accurate information about the use of services by Maori
- How the Maori Health Plan links with the Quality Plan and other contractual quality specifications.

3 Service users

3.1 Inclusions

Client type

Any person (including children) who

- has been assessed by the Provider and /or appropriate prescribing agent / professional (as outlined in Section 5 of this Service Specification) and
- has a long term disability need, or a personal health need, for which provision of an orthotic device is required and
- meets the MOH definition of disability, or has a personal health need for which some form of Orthosis has been assessed as being required.

NB: Disability is defined in the Ministry of Health Funding Agreement as:

“A person who has been assessed as having a physical, psychiatric, intellectual, sensory or age-related disability (or a combination of these) which

- a) Is likely to continue for a minimum of six months and result in a reduction of independent function to the extent that ongoing support is required; and**
- b) Is not as a result of a personal injury by accident for which eligibility for cover and entitlement has been confirmed under the AI Act; and**
- c) Irrespective of whether that person is receiving Personal Health Services.” [Source: Funding Agreement 1999/00]**

In terms of Disability Support Services Operating Group, the definition of disability excludes psychiatric disability. [Source: HFA]

Service Type

- Assessment by the Provider.
- Measurement / casting for Orthosis.
- Production/ fabrication of Orthosis
- Fitting and training (in use of) Orthosis
- Provision of Orthosis
- Review of Orthosis.
- Repair and maintenance of Orthosis as appropriate.

3.2 Exclusions

Client Type

- Those individuals who are entitled to payment under the Accident Insurance Act 1998 for their Orthotic need, are specifically excluded from this Service.
- Those individuals who are referred to the Provider by a Private Specialist or who chose to pay as private clients are specifically excluded from this Service.

Service type

Services specifically excluded from this Service Specification include:

- The provision of equipment (as defined under the Personal Health Services short term loan equipment, provided by HHS's or under the Environmental Support Services Service Specification and provided by EMS's).
- The provision of Prosthetic Limbs.
- The provision of Paediatric standing frames.
- The provision of some temporary splinting (thermoplastic) which is carried out by registered Physiotherapists and Occupational Therapists in conjunction with specific contracted Personal Health Therapy services.
- The provision of some soft goods by Physiotherapists and Occupational Therapists where no Orthotic Service is available. e.g. wrist braces, elastic binders, etc.
- The provision of plaster of paris splinting by Physiotherapists and Occupational Therapists
- Footwear, where clients needs can be accommodated by footwear available from a retail outlet.

User part charges

In some areas user part charges may be requested of adult clients (16 years and over).

- A person may be charged up to \$37 for provision of an Orthosis including footwear.
- A person may also be charged up to \$25 for repairs to footwear.

These charges can be waived for the following individuals;

- Those for whom payment will cause hardship or
- Are in residential care.

4 Service Access

4.1 Entry and Exit

Entry

Entry to Orthotic Services may be either by referral or by prescription as described below.

4.1.1: Referral

A person may be referred to an Orthotic Service by a range of individuals or service providers including:

- Needs Assessment / Service Co-ordination service
- Physiotherapy Services
- Occupational Therapy Services
- District Nursing Services
- Registered Medical Practitioners
- Other disability services

NB: Referral describes only the process of requesting that the Orthotic Service assess a person for a specific outcome. It does not include the prescribing or ordering of a particular Orthosis.

4.1.2: Prescription

A prescription will include the persons details, a diagnosis, a description of need to be addressed (as relating to the required Orthosis) and a detailed description of the type of Orthosis required. (Ongoing work at a national level will lead to the development of nationally consistent information to be included on a prescription form).

Prescriptions may be generated during specialised assessment by one of the following individuals who is employed by a contracted health and disability services provider:

- An Orthopaedic Specialist
- A Rehabilitation Physician
- A Neurologist
- A Rheumatologist
- A Vascular Surgeon
- An Oncology Specialist
- Or other relevant Medical Specialist

Delegated Authority to prescribe may also be given to members of specialist or dedicated teams as appropriate. This may include;

- Senior Physiotherapists.
- Senior Occupational Therapists.
- Nurse Unit Managers
- Registrars
- Podiatrists

The contracted health and disability services provider must establish / develop the process around “Delegated Authority” within their own services and establish a formal protocol with the Orthotic Providers. The Orthotic Provider will liaise closely with other contracted providers (i.e. DHBs) to ensure referral requirements and delegated authority are understood and documented.

NB: A person who has a prescription and requires an Orthosis or footwear for longer than six months, may self refer for a period up to five years from the date of the prescription. Thereafter they will require re-assessment / new prescription.

This may include children who have originally been reviewed by a medical specialist and for whom Orthotic management has been identified to achieve particular outcome/s. It acknowledges that in these circumstances that the type of Orthosis required must be regularly reviewed or renewed, replaced, adjusted, and/or modified. It enables the continuation of current practice whereby Education employed paediatric physiotherapists working as a team with an Orthotics service may generate prescription/s consistent with the original identified need of that child.

Exclusions to this would include all post-operative Orthoses, complex hand Orthoses and complex gait Orthoses, all of which would be regarded as new prescriptions and require the authority of a medical specialist.

NB2: The Health Funding Authority acknowledges that there is a range of practices occurring around the country with regard to prescribing practices. Where these are in place and operating well there should be no change to current practice, but it must be noted that as a component of service development prescribing authority and practices will be reviewed.

4.2 Prioritisation

The Provider will be required to prioritise assessment for and provision of their services to manage the demand according to need and available resource.

In general terms priority for assessment and provision should be established according to the following guidelines;

Priority One:

- People whose Orthotics requirements have a direct impact on their acute medical or surgical management
- Or where the provision of an Orthotic item is required as part of a planned package of support on discharge.
- Or any person presenting with significant pressure areas or skin breakdown where an Orthosis will relieve or remove the pressure or friction.
- Or any person whose safety will genuinely be compromised if an Orthosis is not made available.

Priority Two:

- Children requiring an Orthosis where joint alignment and skeletal integrity must be adequately and appropriately supported and maintained whilst they are undergoing skeletal development.

Priority Three:

- Footwear being provided for the first time or repeats where no other footwear is available.
- Orthoses being provided for the first time or repeats where no other orthosis is available.

Priority Four:

- All other persons requiring Orthotic Services

4.3 Discharge or Exit:

The person will be discharged from the service if:

- The person chooses to exit the service and declines further assessment.
- The person's situation changes such that they no longer require Orthotics to manage their disability or personal health need.
- The person leaves the geographic catchment area for which the service provider is responsible.

Where the person is a long term client and moves to another location within NZ:

- The provider will, with the persons permission, facilitate a referral to the relevant Orthotic service
- Wherever possible, shoe lasts that have been specifically purchased by the Health Funding Authority on behalf of an individual and are specific to that person, moulds, casts and patterns should be transferred to the Provider in the area to which the person is moving. This must only be done with the person's permission.
- Adapted or modified shoe lasts which have not been paid for within the Health Funding Authority Service contract, may be sold to the other provider at an agreed price.
- The Provider in the region into which the person has moved becomes responsible for the repairs and maintenance of any Orthosis the person brings with them.

5 Service components**5.1 Service Processes**

The processes included in this service are:

Service Component	Service Description
Assessment by Orthotics service.	Upon receipt of a referral, the Provider is responsible for ensuring an appropriate assessment is completed 1. When a person self refers, the Provider must have a

Service Component	Service Description
	<p>mechanism for quickly identifying if there is a possible need for an Orthosis. If the person only requires information, the information will be provided free of charge and the person directed appropriately. If an assessment is necessary, the person will be informed and understands that the assessment will only be funded following a referral from their GP, allied health professional or NASC agency (Section 5.1.1).</p> <p>2. If a person is referred by a GP, allied health professional or NASC agency (Section 5.1.1), an assessment will be;</p> <ul style="list-style-type: none"> - carried out by a Medical Specialist and will include clinical assessment and decision making about the most appropriate Orthotic provision. - or the person will be referred for assessment to the appropriate hospital-based clinic, service, multidisciplinary team, specialist or delegated other as determined by the nature of the persons' therapy, general management needs and daily living requirements <p>Assessment by a Medical Specialist or specialist team will determine whether a prescription for an Orthosis should be generated.</p>
Provision of Orthosis	<p>Upon receipt of a prescription the Provider will arrange for the provision of Orthoses. This includes</p> <ul style="list-style-type: none"> · Consultation by Orthotist (including ensuring that the proposed Orthosis is the most appropriate) · Measuring/casting of orthosis, · Designing · Production / Fabrication, · Fitting, making every reasonable attempt to ensure the client is comfortable · Issuing and ensuring the person (and, where appropriate, their support people) are trained in how to apply and use the Orthosis and how to check for pressure etc.
Review of Orthosis	<ul style="list-style-type: none"> · This includes direct short term and long term review of the Orthosis to ensure that it is being worn as advised, is fitting well and is being used appropriately. · It also includes liaison with the prescribing or referring specialist / service to assess whether the Orthosis is meeting the need for which it was prescribed.

Service Component	Service Description
	The timeframe for review and nature of the review (i.e phone review or face to face appointment) will be determined by the type of Orthosis, the purpose for which it is intended and the involvement of other support people in the overall management of the person.
Repair and maintenance of Orthosis	Repair and Maintenance of Orthoses where appropriate and cost effective

5.2 Settings

The base facility in which the service operates must meet the standards set by the NZOPA Board of Certification, the relevant Building Acts and OSH requirements.

5.3 Level of Service

5.3.1: The service provider will meet the following time frames for delivery of Orthotics services. Within these timeframes priority will be observed as outlined in Section 5.2.

- The initial prompt contact to organise an appointment with the referred person will occur within 5 working days of receipt of referral.
- Orthotic review at the request of the client should be prioritised as in Section 5.2.
- The completion of fabrication and fitting of Orthotics (excluding footwear) for a newly referred person will be within 10 working days from the date of the person presenting at the Providers with a prescription in 70% of cases and within 15 working days in 30% of cases.
- The fabrication of all other Orthoses will be within 20 working days of measurement or casting.
- Repairs will be completed within an average of 2 working days. (It is recognised that exceptional circumstances may, on rare occasions, make it impossible to complete repairs within 2 days).
- Footwear may require up to 30 working days for completion.

5.3.2: The service provider will meet the following guidelines for the clinical review and monitoring of more complex Orthoses.

- 1-6 weeks following delivery of Orthosis, telephone review with the client with provision to have client attend Orthotics service if necessary.
- 3-6 months following delivery of Orthosis, recall of client to Orthotics service for Orthosis reassessment.

5.4 Key inputs

The provider will ensure that all orthotists will be qualified and will practise to the standard set by the NZOPA Board of Certification. The Board will certify the Orthotists, once its systems are properly established.

6 Service linkages

The provider will establish links with the following services within the location of the service:

- The local DHBs and the relevant specialist services.
- The Artificial Limb Board and relevant regional Limb Centres
- Other local providers of orthotic services
- Local Occupational Therapy and Physiotherapy Services (including non HHS providers) – particularly specialist rehabilitation or other early intervention services.
- Accredited Equipment Assessors
- Local Podiatry Services
- Orthotic equipment manufacturers and suppliers
- Special Education Services and Education fundholders.
- MoH contracted Needs Assessment and Service Co-ordination agencies
- WINZ
- Enable New Zealand or EMS Auckland Service
- Home based support services e.g. carer support, domestic assistance etc
- Other relevant disability support services

7 Exclusions

N/A

8 Quality Requirements

8.1 General

The Provider is required to comply with the General Contract Terms & Conditions. In addition, the Provider Quality Specifications will apply to this service as determining quality standards. The following specific quality requirements also apply.

The provider will ensure, by recruitment and support of training opportunities that employed Orthotists will have sufficient competencies to consult and advise on the provision of Orthotics and Orthotic solutions for individuals. This will include Orthotists having the authority, as an assessment team member to;

- Advise on specific Orthoses or modifications to Orthoses to meet the identified needs of clients

- Go back to the prescriber to advise on alternatives when a prescribed Orthosis is not considered by the Orthotist to be the most appropriate or efficacious for the client or circumstances.

NB: This does not give Orthotists the authority to prescribe.

The NZOPA Board of Certification Guidelines for an Accredited Practitioner and Guidelines for Accredited Amenities.

- Once the NZOPA Board of Certification has its systems established (ref 6.3), orthotists must comply with all the Board of Certification's requirements and hold current practising certificates.
- As a general guide, practitioners working within organisations providing orthotic services must practise within the Best Practice Quality Framework (Appendix One) .

8.2 Access

The provider should work towards ensuring that there are no barriers to access through cultural beliefs and practices (where 'cultural' denotes age, gender, ethnicity, disability or sexual orientation). This includes the provision of interpreter services where necessary.

The provider will carry out assessments and reviews in a location convenient to the person and their family/whanau. This may be within an inpatient setting, at a central assessment facility or at a school, or other community based centre depending on the circumstances. This should be negotiated with the person and their family/whanau such that no one should be disadvantaged in their access to assessment.

Where the Provider is responsible for regional services, satellite services will be provided into smaller centres on a regular basis. The frequency of these services will be determined by numbers of clients and the needs in that particular region. Services will be delivered as close to the clients' residential setting as is practical and every effort will be made to minimise the need for clients to have to travel extensive distances to access services.

The Provider will make every effort to incorporate the delivery of their services into specialist services as appropriate (e.g. Orthopaedic clinics, relevant Paediatric review clinics, Gait clinics etc.), thus enabling Orthotists to become members of dedicated teams and reducing the number of appointments for people receiving services.

The environments used and all facilities contained therein must be fully accessible to all clients including wheelchair users.

For all assessments and fittings the Provider will ensure that appropriate facilities are made available to clients in an area of adequate privacy such that

their Orthotic needs can be assessed without undue inconvenience, discomfort or distress.

The service will operate during normal business hours from 8.30am till 5.00pm from Monday to Friday. Some flexibility should be applied in the availability of Orthotists to accommodate the needs of people and their support networks outside their normal work hours. It is the responsibility of the provider to negotiate this with employees and people using the service.

9 Purchase Units and Reporting Requirements

The following purchase units and reporting requirements apply to this service.

PU ID	PU Short Name	PU Measure
DSS218	OTD	Orthotics

Monthly Reporting Requirements

The Ministry of Health also requires direct monthly reporting for Orthotic services of the waiting lists by priority, service required and date wait listed.

10. Service Development

The MOH will continue with ongoing work around developing consistent service quality, purchasing models and pricing structures for Orthotics Services throughout the country.

This will include reviews of the following:

- the role of Orthotists in prescribing
- the role of allied health professionals in prescribing (various work streams being undertaken by the MOH and MOE may have impact on this component)
- the development of training and quality assurance and professional competency frameworks for Orthotists.
- the boundary issues between DSS and Personal Health funding streams.
- the future of user part charges for Orthotics.
- the configuration of services throughout NZ
- the pricing structures for services throughout NZ.

PUID	PU Short Name	PU Measure	Reporting Requirements	
			Frequency	
DSS218	OTD	Orthotics	Quarterly	<p>Volume and Dollar Expenditure (GST excl) Reporting Units (compulsory) for each DHB region, separated into Personal Health and Disability Support Services and broken down by Territorial Authority</p> <ul style="list-style-type: none"> · Total number and cost of assessment or reassessment · Total number and cost of Orthotist Consultation · Total number of prescriptions referred from another provider · Total number and cost of Orthoses classified into <ul style="list-style-type: none"> - Foot Support - Footwear Alteration - Footwear Repair - Orthotic Footwear - Lower Extremity - Upper Extremity - Corset - Orthosis Modification - Orthosis Repair - Spinal Orthosis - Special Device · Number and revenue collected for user part charges · Number and revenue collected for repairs. · Issues relating to service quality and/or any risks the MoH may be exposed too.

PU ID	PU Short Name	PU Measure	Reporting Requirements	
			Frequency	Information
DSS218	OTD	Orthotics	Quarterly	<p>Service Planning Information</p> <p>Client numbers by</p> <ul style="list-style-type: none"> · Client contact classified as <ul style="list-style-type: none"> - New referral - New prescription - Review - Repeat - Repair/Loss · Ethnicity (Statistics NZ classifications) · Gender (male, female, unknown) · Age <ul style="list-style-type: none"> - 0-16 years - 16-65 years - 65+ years · Disability Type <ul style="list-style-type: none"> - Physical - Intellectual - Sensory - Age related - No disability (i.e. Personal health need) <p>Percentage of Clients</p> <ul style="list-style-type: none"> · Assessed within 10 working days of referral · Fabrication completed within 20 working days of assessment or 30 working days for Surgical footwear · Fitting completed within 10 working days of completion of fabrication · With satisfaction survey results, satisfactory or above

APPENDIX ONE:

BEST PRACTICE QUALITY FRAMEWORK FOR ORTHOTISTS

1: Leadership and vision

Shared vision, mission and values

Strategic plan

Commitment and leadership from a key person within the organisation who can provide direction, support, continuity and cohesion; and translate the mission, vision and values into action.

2: Effective management of human resources

Consultation with other orthotists in the organisation, technical support staff and a multidisciplinary team if appropriate, to develop a shared understanding and commitment to corporate goals and strategies

Consultation with a team and having a team approach to service development and problem solving

Commitment to continuous improvement and learning

Cooperative industrial relations

Increasing breadth of employee decision making and shared management responsibilities.

3: Effective organisational structure and controls

Trend towards flat organisational structure

Quality processes and services in place

Integrated approach that establishes effective links between organisational and health outcome goals

Effective information gathering, analysis and reporting.

4: Customer focus

Focus on customers, internal and external

Good relations with suppliers

Good networks/links enabling best service delivery.

5: Benchmarking

Development of benchmarking and performance measurement systems, using international standards where appropriate

Development of key performance indicators

Measuring gaps in performance through use of key performance indicators.

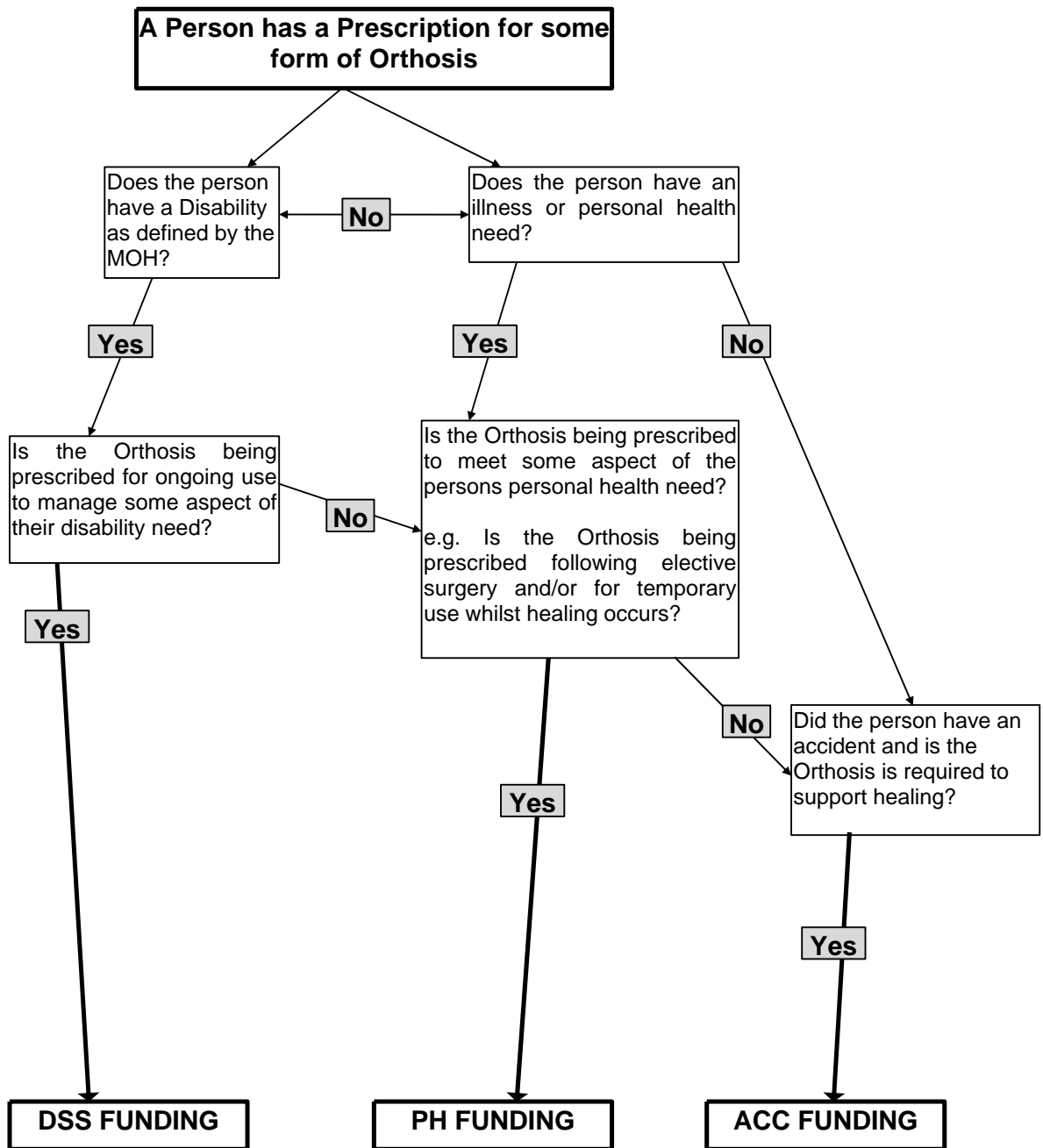
APPENDIX TWO:

EXAMPLES OF THE FUNDING RESPONSIBILITIES FOR ORTHOTIC SERVICES

NB: These are a few examples intended to be representative of a range of possible scenarios.

CLIENT NEED	DSS Funded	PH Funded	ACC
Client has Rheumatoid Arthritis and requires Orthoses for ongoing use to support wrists.	4		
Client with Rheumatoid Arthritis has had elective surgery and requires a temporary Orthosis to support limb whilst surgery heals.		4	
Client has sports injury which requires support with an Orthosis whilst the injury heals.			4
Client is a child with a disability who has an ongoing need for Orthoses to ensure joints are appropriately aligned and positioned.	4		
Client is a child with a disability who has had surgical release of tendons and requires temporary Orthoses to support position whilst healing occurs.		4	
Client has a tetraplegia, falls from wheelchair and sustains wrist fracture requiring surgery and Orthotic support whilst healing occurs.			4
Client is an elderly person who has fractured an elbow in a fall and requires a fracture support splint whilst it heals.			4
Client who has a disability (MOH definition) has an ongoing need for specialised footwear - i.e. footwear cannot be bought in ordinary retail outlet and must be custom made.	4		

DECISION GUIDELINES TO DETERMINE FUNDING RESPONSIBILITY FOR ORTHOTICS SERVICES



NB: In order to access any DSS or Personal Health funding, the person must have a prescription from a Medical Specialist (or delegated other) working within a contracted Health Services Provider.

Persons whose prescriptions have been generated by private medical practitioners cannot access public funds unless they are referred back through the public system.

July 2002

National Service Specification
Orthotics Services

NB: Some ACC clients will be funded through the Hospital's Orthotic budget and some directly by ACC. This will depend on whether the person is considered to have an acute or non-acute need.