

**Community Health, Transitional  
and Support Services**

**Orthotic Services**

**Tier 2**

**September 2024**

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## 1. Status

**Approved to be used for mandatory nationwide description of services to be provided.**

**MANDATORY ☒ RECOMMENDED ☐**

It is compulsory to use this Specification when purchasing services. No Districts should use a local service specification instead of this mandatory specification.

## 2. Review History

Review History	Date
Published on NSFL	July 2013
Review of Orthotics Services service specification (June 2001) Note: The Orthotics purchase units DSS218 and HOP218 will be retired in the 2014/15 financial year. These purchase units are mapped to DOM110.	July 2013
Amendment Background clarifying inpatient episodes of care.	July 2014
Content moved to updated Health New Zealand format	September 2024
<b>Consideration for next Service Specification</b>	<b>Within five years</b>

**Note:** In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

**Note:** Contact the Service Specification Programme Manager, National Health Board Business Unit, to discuss the process and guidance available in developing new or updating and revising existing service specifications. Web site address Nationwide Service Framework Library: [Nationwide Service Framework Library – Health New Zealand](#)

### 3. Introduction

This Tier Two service specification for Orthotic Services (the Service) is used in conjunction with the Tier One Community Health, Transitional and Support Services service specification and where applicable, Schedule B attached to the district health board (DHB) Agreement for non-DHB provided services.

It is also used in conjunction with the Tier One Specialist Surgical and Medical Services service specification and as age appropriate, the Tier One Services for Children and Young People and the Child Development service specifications.

The overarching Tier One Community Health, Transitional and Support Services service specification contains generic principles and content in the following sections:

- Philosophy of Integrated Service Delivery
- Service Objectives
- Access
- Service Components
- Service Linkages
- Quality Requirements.

#### ***Background District Funding mechanisms for Orthotic Services:***

- **outpatient and community** episodes of care (personal health, health of older people (previously HOP218) and disability services (previously DSS218) are included in the DOM110 purchase unit. Long term Orthotics Services for people with disabilities are funded through devolved funding from the Ministry of Health Disability Support Services (DSS) to DHBs.
- **inpatient** episodes of care are generally funded as part of the inpatient event  
For casemix funded events the activity is counted as an input into the inpatient purchase units according to each hospital specialty as a Diagnosis Related Group (DRG) WIESNZ Discharge.  
Therefore, orthotic services for these events are excluded from the Orthotic Services DOM110 purchase unit where they are provided by a hospital provider and the activity is coded within the Diagnosis Related Group (DRG) WIESNZ Discharge.
- **non-residential inpatient bed day** episodes of care at DHB or DHB subcontracted facilities  
The activity is counted as an input into the inpatient purchase units. This applies to but is not limited to ATR (HOP214 and DSS214), bed days at rural facilities which are not funded under the casemix framework (RU104), non-weight bearing, and step down bed days.  
Orthotic Services for non-residential inpatients bed day episodes are therefore excluded from the Orthotic Services DOM110 purchase unit code unless specified as included in the agreement.
- **residential inpatient bed day episodes of care including residential respite.**  
Orthotic services are included in the Orthotic services DOM110 purchase unit.
- **orthoses** provided by other health professionals who are not part of this Orthotic Service, are included in their own relevant service purchase unit / inpatient event (e.g. AH01005 Physiotherapy).

- **acute accident related** episodes of care up to 6 weeks are funded by DHBs via Public Health Acute Services (PHAS). This activity is counted within the inpatient or outpatient episodes of care as described above. Following 6 weeks post discharge, orthotics services related to Accident Compensation Corporation (ACC) claims are excluded from this service specification.

## 4. Service Definition

This service specification describes the provision of Orthotic Services and orthoses to eligible<sup>1</sup> people of any age, in community and /or outpatient settings, by practitioners who have appropriate qualifications and experience to meet the assessed Orthotic needs of the Service Users within the timeframes set.

Orthotic services are an integral component of support services for people who have physical impairment and for whom some form of orthosis has been assessed as being required for the long term.

An orthosis is a pre-fabricated, customised or custom made device applied to the exterior of the body to:

- improve function, and prevent, correct, or protect deformity in those affected by congenital, developmental or acquired conditions of the nervous system, musculoskeletal, neurological or medical or immobilise damaged joints or muscles
- promote healing
- facilitate a Service User's discharge from their medical or surgical service.

The Service includes:

- Orthotic assessment, provision (production and fitting), and the review, repair and maintenance of orthoses
- education of Service Users, and their carers in the use of their orthosis
- timely communication with Service Users, and their carers, in the anticipated completion dates of fabrication or repairs of their orthotics.

## 5. Service Objectives

### 5.1 General

The Provider will work closely with the Service User, their carers and other support and referral services to ensure that:

- an eligible person assessed as requiring the Orthotics Service has access to the Service
- the Service is provided in a timely manner to complement, enhance and / or support the Service User's clinical management and treatment interventions, independence and self-care. See Section 5.4.1

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<sup>1</sup> The eligibility criteria for publicly funded health and disability services are prescribed by Ministerial Direction. See <http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services>. Also see section 2 Exclusions.

- the prescribed orthosis supports improvement in function and / or prevention of disability for acute and post-acute Service Users
- the Service User and their carer / appropriate support people are appropriately trained in the use of the orthosis to gain the best clinical outcomes from their orthosis
- a review of the orthosis is done within clinically appropriate timeframes of being fitted; and on-going review if required, to ensure that the orthotic device is:
  - worn as advised
  - is fitting well and pressure points are avoided
  - it is used appropriately by the long term Service User
- the particular cultural and linguistic needs of the groups within the community it serves have been taken into account. The Provider will strive to minimise barriers to access and communication and will ensure the Service is safe for, and respectful of all Service Users.

## 5.2 Māori Health

Refer to the Tier One Community Health, Transitional and Support Services service specification.

## 6. Service Users

Service Users are eligible people of any age, assessed by the Provider and / or appropriate prescribing agent / health professional, as requiring orthotics services and who meet the entry criteria. See Section 5 below.

## 7. Access

### 7.1 Entry Criteria

Entry to Orthotic Services may be either by referral by a health professional or by Prescription for orthoses as described below.

There are three entry paths to access the Service: acute, post-acute and longer term, described below.

#### a. Acute Services

Inpatient Services or orthosis required during an outpatient or emergency department event.

People enter the Service via a health specialty, where the orthosis is required in relation to a medical or surgical intervention, Assessment, Treatment & Rehabilitation admission or provided during an emergency department or outpatient treatment.

#### b. Post-Acute services

Orthotic Services required during Community or Outpatient events.

People enter the Service via a health specialty or by referral from primary health care where they require Orthotic Services.

Accident related acute events are included within this Service up to six weeks post discharge.



Note: PHAS funded events may fall within categories a. and b. above, in line with ACC's guidelines.

### **c. Long Term services**

Orthotic Services for repeat or ongoing assessments and / or orthoses indefinitely.

People assessed with personal health (non-disability diagnoses) who have long-term support needs (over 26 weeks), or as having a disability may require Orthotic Services on a long term basis.

## **7.2 Referral Processes**

Refer to Tier One Community Health Transitional and Support Services for generic referral process requirements.

Referrals to the Service are made by needs assessment and service coordination organisations or their equivalent, primary health care teams or other appropriately qualified health professionals.

All referrals must be consistent with the assessment criteria for eligibility and the clinical requirements of the Service and the local DHB Schedule B of the Agreement.

All referrals will be prioritised by the Orthotist using the Prioritisation Criteria for Assessment and provision as described in Section 5.1.3, below. A referral to the Service may, or may not result in a prescription which leads to an orthotic assessment and intervention.

Should the orthosis be determined by the Orthotist as being required beyond the period stated, or exceeding six months, the Service User must be referred back to the referrer for re-assessment and the provision of a new Prescription, where this is considered clinically appropriate.

## **7.3 Orthosis Prescription**

The prescription will include the Service User's NHI and details, the reason of referral / diagnosis, a description of need for the required orthosis and a detailed description of the type of orthosis required.

Prescriptions may be generated during a clinical specialist assessment by:

- specialists employed by a DHB within their scope of practice and prescribing as part of a DHB clinic – (a non-contracted Orthotic clinic is excluded even if the staff member is employed by the DHB)
- Regional Specialist Services or any other health professional who has delegated authority from a clinical specialist to prescribe on their behalf and under their supervision<sup>2</sup>.

### ***Delegated Authority to Prescribe Orthoses***

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• <sup>2</sup> Such as: Starship Children's Hospital, Burwood and Otara Spinal Units, Wellington's Regional Rheumatology or multidisciplinary Haemophilia Orthopaedic services.



Delegated Authority to prescribe orthoses may be given to clinical members of specialist or dedicated teams as clinically appropriate, including Occupational Therapists and Physiotherapists, who provide services to children, employed by the Ministry of Education.

The Service Provider must have clearly documented 'Delegated Authority' within their own services, liaise and establish a formal protocol with other Orthotic Service Providers as relevant and appropriate to ensure referral requirements and the 'Delegated Authority' are well understood.

### **Footwear Modifications**

- When clinically required, Service Users may have up to two pairs of their own footwear modified, built-up or altered so that they have two workable pairs at any one time.
- For PHAS<sup>3</sup> funded footwear modifications, only one pair is funded. Modifications to any shoes in addition to this are at the Service User's cost. Specialists' Prescriptions for PHAS funded footwear will be specifically for footwear modifications, not for provision of 'new footwear' or 'custom made footwear'
- Foot orthoses that are **not** shoes but manufactured insoles, that are unable to be provided by retail outlets (or as part of another health professional intervention (eg, physiotherapy or podiatry services) will also be provided according to the provisions above.

## **7.4 Prioritisation Criteria for Assessment and Provision**

Priority for assessment and provision of orthoses is according to the following guidelines:

### **Priority One (for both Children and Adults):**

- Service Users whose Orthotic requirements have a direct impact on their acute medical or surgical management
- where the provision of an Orthotic item is required as part of a planned package of support on discharge
- Service Users presenting, for example, with significant pressure areas or skin breakdown where an orthosis will relieve or remove the pressure or friction
- Service Users whose safety and independence will genuinely be compromised if a clinically appropriate orthosis is not available or modified
- The person is required to be seen for assessment
- 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 Two:**

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

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<sup>3</sup> Accident related episodes of care up to 6 weeks are funded by DHBs' Public Health Acute Services (PHAS) funding.).

- Orthoses being provided for the first time or repeats where no other clinically appropriate orthosis is available.
- The person is required to be seen for assessment.

**Priority Three:**

- All other Service Users requiring Orthotic Services.
- 'Off the Shelf' item that does not require modification or assessment and fitting by an Orthotist. The person will not be required to be assessed by the Service.

## 7.5 Long Term Management Plan

The Service provider must ensure that at the time of assessment and provision of the orthosis that the Long term Service User, and their carer, understands any existing custom and practice<sup>4</sup> protocols that have been agreed with the DHB funder for long term Service Users to access the Orthotic Service. Where clinically appropriate, and if the long term Service Users do not markedly change, the referral and Prescription is valid for self-referral up to a period of five years as described in the Service User's care plan. In these circumstances the type of orthosis required must be regularly reviewed or renewed, replaced, adjusted, and / or modified.

Exclusions to the extended prescription period include all post-operative orthoses, complex hand orthoses and complex gait orthoses, all of which are regarded as new prescriptions and require the authority of a medical specialist.

## 7.6 Custom and Practice User Part Charges

Any part charges under existing custom and practices agreed with the funding DHB must be documented, and discussed with the Service User prior to the orthosis / footwear, being supplied or the repair undertaken, with a view towards retiring these arrangements long term as Service Users die or move on.

These charges may be waived for people who the payment will cause hardship or people in residential care.

**Note:** Proposed changes to existing custom and practice for user part charges by the Provider must have prior approval from both the funding DHB and the Ministry of Health following Service Change protocols<sup>5</sup>. Approved changes in charges, conditions and any exemptions that apply will be clearly communicated to the Services Users and their carers and consumer user organisations, as appropriate.

Service Users who prefer a more expensive orthosis than what is being recommended by the Orthotist will be required to pay for it themselves. This charge must be discussed with the Service User prior to the orthosis being supplied or the repair undertaken.

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<sup>4</sup> There is regional DHB variation in the practice of charging part charges. Custom and practice: long-established tradition of expectations between a DHB and service provider that by long-established usage has come to be accepted practice.

<sup>5</sup> See Chapter Four - Service Change in the Operational Policy Framework  
<http://nsfl.health.govt.nz/accountability/operational-policy-framework-0>

## 7.7 Operating Hours

The Service will operate on publicised hours during normal business days, or where required, for acute services referrals.

Consideration will be given to arranging suitable times / access for assessment and fitting of orthoses for Service Users and their carers who have to travel from rural locations. Some flexibility should be applied in the availability of Orthotists to accommodate the needs of Service Users and their support networks outside their normal work hours. The Provider will negotiate this with their employees and the Service Users as required.

## 7.8 Timeframes for Delivery of the Service

The Provider will meet the following time frames for delivery of Services. Within these timeframes the priority criteria will be observed as outlined in Section 5.4.1 and 5.4.2 below. In exceptional circumstances the timeframes will be negotiated / agreed with the Funder for example when a specialist orthoses is sourced overseas.

### 7.8.1 Post Acute and Long Term Services

Where not otherwise specified these timeframes and priority will be observed as outlined in Prioritisation Criteria in 5.1.2 above.

Service Type	Timeframe
Initial contact to acknowledge referral and organise an appointment with the referred person	Within 5 working days of receipt of referral.
Repairs for orthoses that are damaged by genuine wear and tear.	Completed within an average of 5 working days.
Completion of fabrication and fitting of orthoses for new referrals	Measured from the date of the person presenting to the Service Provider with a Prescription and according to assessed priority and clinical need. <ul style="list-style-type: none"><li>• For assessed highest priority and clinical need completed within 15 working days.</li><li>• A minimum of 70% of all new referrals for fabrication and fitting will be completed within 20 working days.</li></ul>
Fabrication of orthoses (non-footwear)	<ul style="list-style-type: none"><li>• Completed within 30 working days of measurement or casting.</li></ul>
Footwear	Measured from the time from which the Prescription is presented to the Provider (with respect of custom made footwear, from the point at which the Service User makes a choice about the style, colour or options available). <ul style="list-style-type: none"><li>• Completed within 40 working days.</li></ul>

**Note:** Timeframes of the supply of the orthosis vary depending on whether it is a first time or repeat fabrication (custom made), or whether the orthosis is a commercial item held in stock or is required to be ordered (not held in stock).

### **7.8.2 Inpatients**

Orthotic assessment will be provided as clinically appropriate and as specified in local service level agreements or Schedule B of the DHB Agreement.

Any provision of orthotic intervention should not delay discharge of the inpatient Service User.

## **7.9 Discharge or Exit Criteria**

The Service User will be discharged from the Service if they:

- choose to exit the Service and decline further assessment
- their situation changes such that the Service User or carer advises that they no longer require orthoses to manage their health and /or disability need
- receive suitable orthoses for short-term need
- leave the geographical catchment area for which the Provider is responsible
- leave the regional clinical service team's catchment area to which the Provider is delivering the orthotics service
- are deceased.

## **7.10 Transfer of Service User to another Orthotics Service Provider**

Where Service User is long term and moves to another location within New Zealand:

- the Provider will, with the Service User's permission, facilitate a referral to the relevant Orthotic service
- wherever possible, Service User's specific shoe lasts (including their moulds, casts and patterns) purchased by the DHB on behalf of a Service User, should be transferred to the Provider in the area to which they are moving. This must only be done with the Service User's permission.
- adapted or modified shoe lasts which have not been paid for within the DHB Service contract, may be sold to the other provider at an agreed price.
- the Provider in the region into which the Service User has moved becomes immediately responsible for the repairs and maintenance of any orthosis the Service Users bring with them.

## **8. Service Components**

### **8.1 Service Processes**

The Provider will be expected to comply with the Orthotics Process (see Appendix One).

The Provider will ensure Orthotics Services are delivered in accordance with agreed regional clinical pathways where relevant.

The processes included in this Service are listed in the table below:



Service Component	Service Description
Clinical review and monitoring of Orthosis	<p>This component includes:</p> <ul style="list-style-type: none"> <li>• direct short term and long term review of the orthosis as clinically appropriate to ensure that it is being worn as advised, is fitting well, and is being used appropriately and still meets the needs of the Service User</li> <li>• liaison with the prescribing or referring specialist / service to assess whether the orthosis is meeting the need for which it was prescribed</li> <li>• adherence to any clinical pathways in existence in the DHBs.</li> </ul> <p>The timeframe for review and nature of the clinical review (ie, phone review or face to face appointment) will be determined, in consultation with the Service User, by the type of orthosis, clinical pathways where they exist, the purpose for which it is intended and the involvement of other support people in the overall management of the person.</p>
Clinical Review and monitoring of complex orthoses	<p>The Provider will:</p> <ul style="list-style-type: none"> <li>• adhere to the following guidelines for the clinical review and monitoring of more complex orthoses</li> <li>• meet the conditions of clinical pathways- where they are available</li> <li>• advise Service Users / care givers of potential problems and ensure the Service User's care giver understands it is their responsibility to make contact with the Orthotist if problems arise with their orthosis</li> <li>• undertake a telephone review with the Service User 1 - 6 weeks following delivery of orthosis (with provision to have Service User attend the Orthotics service) where it is clinically appropriate</li> <li>• recall the Service User for orthosis reassessment as part of the Service User's agreed care plan</li> <li>• meet the inpatient guidelines for clinical review stated in the Service User's care plan and monitoring of more complex orthoses.</li> <li>• refer back to the referrer for reassessment if the Service User's needs change.</li> </ul>
Repair and maintenance of orthosis	<p>Repair for genuine fair wear and tear, sudden breakage and maintenance of orthosis and footwear where appropriate and cost effective. Refer to 9.2 for timeliness of completion of repairs.</p> <p>The cost of orthosis repairs which are not genuine fair wear and tear will be met by the Service User.</p>
Education	<p>Service User and carer education is a key component of the orthotic intervention, and an effective outcome will depend on both the Orthotic service and the Service User and carer working together for clinically driven short term requirements for orthoses.</p>



## 8.2 Pacific Health and Health for Other Ethnic Groups

Refer to the Tier One Community Health Transitional and Support Services service specification.

## 8.3 Settings

The Provider will carry out assessments and reviews in a clinically appropriate location convenient to the Service User and their family / whānau and that is most appropriate for the service delivery to support the Service User's independence, participation and social integration. The location should be agreed with the Service User and their carer, family and whānau, as appropriate. Access to the Service must be balanced with timeliness of service delivery and clinical appropriateness – delay for reasons of access may have a detrimental clinical effect on the Service User.

Satellite services are provided to smaller centres on a regular basis when agreed between the DHB Funder and the Provider. Services will be delivered as close to the Service User's residential setting as is practical and effort will be made to accommodate Service User's and their carer's travel arrangements for access to the Service. Wherever appropriate, assessment and fitting should occur simultaneously to reduce the need to travel.

## 8.4 Facilities

Service facilities must meet the standards set by the relevant Building Acts and Occupational Safety and Health requirements. The environments used and all facilities contained therein must be fully accessible to all Service Users.

The Provider will ensure that appropriate assessment and fitting facilities are provided in an area of adequate privacy such that the Service User's Orthotic needs can be assessed without undue inconvenience, discomfort or distress.

The Provider is expected to comply with best practice guidelines or their equivalent in respect of the physical resources provided as part of this Service, eg, offices, reception, waiting areas, fitting rooms, toilets, workshops, storage rooms, parking spaces – including disabled parking access, and equipment related to the provision of the Services in a safe environment.

## 8.5 Key Inputs

The Provider will ensure that there are sufficient Orthotists who have appropriate qualifications and experience to meet the assessed Orthotic needs of the Service Users within the timeframes set.

As a general guide, staff employed by the Service and practitioners working within organisations providing the Service must practise within the Best Practice Quality Framework<sup>6</sup> (Appendix Two) or their equivalent quality standards..

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<sup>6</sup> The Best Practice Quality Framework was developed by the New Zealand Orthotics and Prosthetics Association.



The Provider will ensure, by recruitment and support of training opportunities that employed Orthotists will have recognised competencies to consult and advise on the provision of Orthotics and Orthotic solutions for Service Users.

Competencies 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 the Service Users
- an alternative orthosis and discuss with the prescribing clinician the alternatives if there is a more cost effective orthotic that will provide the same clinical outcome.

The Provider will ensure the Service User has access to:

- interpreter services, including New Zealand Sign Language (NZSL) interpreters
- advocacy and support services, as required.

## 9. Service Linkages

The Provider will establish effective relationships with the following organisations within the location of the Service:

- The Artificial Limb Service and relevant regional Limb Centres
- DHBs and their relevant specialist services, including Child Development Services
- Equipment and Modification Services and Assessors
- Ministry of Education Special Education Services
- Needs Assessment and Service Co-ordination services or equivalent
- Occupational Therapy and Physiotherapy, and Podiatry Services (including non-DHB providers) particularly specialist rehabilitation or other early intervention services
- orthotic equipment manufacturers and suppliers
- other local providers of orthotic services
- other relevant disability support services
- Primary Health Care
- Work and Income.

## 10. Exclusions

### 10.1 Exclusions for Funding

Funding for this Service is not available under this service specification for people who are:

- receiving other DHB funded orthotic services that provide orthoses, for the same clinical problem. (Refer to *DHB Funding mechanisms in Background section above*.)
- eligible for Accident Compensation Corporation (ACC) funded orthotic services (refer to ACC's website [www.acc.co.nz](http://www.acc.co.nz) for current information for service providers)
- referred to the Service Provider outside the agreed referral process, or who choose to pay for orthoses themselves.

## 10.2 Exclusions for Services

Services specifically excluded from this service specification include:

- equipment supplied through DHBs for short-term loan, or through Ministry of Health (the Ministry) DSS Equipment and Modification Services
- prosthetic limbs - funded under the Prosthetic Limb service specification
- some short-term temporary splinting (thermoplastic) or external soft-tissue supports, as part of a treatment programme, provided by registered Physiotherapists, Occupational Therapists, or Podiatrists in conjunction with specific contracted Personal Health Therapy services
- footwear / insoles / supports / flight stockings or other products where Service User's needs can be accommodated by purchasing their own 'off the shelf' footwear / insoles / supports / flight stockings / other products
- replacement of lost or damaged orthoses (unless for genuine fair wear and tear and sudden breakage)
- other exclusions as detailed in Schedule B of the local DHB agreement with the Provider.

## 11. Quality Requirements

### 11.1 General

The Provider must comply with the Provider Quality Standards described in the Operational Policy Framework<sup>7</sup>. The following specific quality requirements also apply.

### 11.2 Acceptability

The Provider will agree with the Funder to jointly review current service quality and develop appropriate quality monitoring systems and standards as required following the commencement of an Agreement.

### 11.3 Quality standards include the following:

#### 11.3.1 The Quality of Orthoses Supplied

All orthoses must meet Prescription specifications, be clinically appropriate and functionally correct, achieve patient satisfaction and be sufficiently durable for the expected treatment duration.

#### 11.3.2 Post Acute Short term orthoses

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<sup>7</sup> The Operational Policy Framework is updated annually as part of the DHB Planning Package of policy documents <http://nsfl.health.govt.nz/accountability/operational-policy-framework-0>

Orthoses are to be provided to meet Service Users short term acute needs. The products must be of adequate quality only to enable the orthoses to function effectively for the anticipated duration of their use – except for items able to be refurbished eg, post-operative knee braces.

**11.3.3** Fabricated orthoses will mainly be provided for short term use and, where clinically and orthotically appropriate, the Service User will be provided with an ‘off the shelf’ commercial product. Otherwise the Orthotist may fabricate a product for specific indications.

#### **Long term orthoses**

**11.3.4** Orthoses for long term use will reflect the most cost effective choice – a balance between quality and price over the useful life of the product.

#### **Communication of turnaround times for specified fabricated and commercial orthoses**

**11.3.5** Service Users will be advised of anticipated time of supply and will be kept informed of progress in meeting the scheduled time and any alteration to this.

#### **Reducing Barriers to Access**

**11.3.6** The Provider will work towards reducing barriers for Service Users and their carers to access to the Service based on their cultural beliefs and practices (where ‘cultural’ denotes age, gender, ethnicity, disability or sexual orientation).

## **12. Purchase Units and Reporting Requirements**

Purchase Units (PU) are defined in the joint DHB and Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary. The Service must comply with the requirements of national data collections where available. The following Purchase Unit applies to this Service.

<b>PU Code</b>	<b>PU Description</b>	<b>PU Definition</b>	<b>Unit of Measure</b>	<b>Measure Definition</b>	<b>Payment System/ Reporting to National Collections</b>
DOM110	Orthotic Services (non-inpatient)	Orthotic services provided both in the community and outpatient settings. Excludes orthoses provided by other health professionals funded under eg. AH01005 Physiotherapy	Service	Service purchased in a block arrangement uniquely agreed between the parties to the agreement	Sector Services Contract Management System or National Non Admitted Patient Collection (NNPAC)

## **13. Reporting Requirements**

This information will be collected and reported to the DHB Funder as locally specified. Refer to 5.4.1 Post Acute and Long Term Services for information on how the measures are recorded.

## Reporting Definition

*New referral:* is a new prescription for the Service- regardless of whether the Service User has other prescriptions, and is based entirely on clinical need for the Service.

The Service Targets for as close to 100% as possible where percentage is reported, as agreed with the Funder.

Timeliness	Measure
Service Users who have been assessed by the Service within 5 working days of receipt of referral to the Service.	Percentage of Service Users assessed
The percentage of completed repairs of the Service Users' orthoses (damaged by genuine fair wear and tear, sudden breakage, including footwear) that have been completed within an average of 5 working days, within the reporting period.	Percentage of orthoses completed repairs
Repairs of the Service Users' orthoses (damaged by genuine fair wear, and tear, sudden breakage) still waiting for completion of repair within the reporting period.	Number of orthoses that still need repair
Completed fabrication and fitting of orthoses for new referrals for the Service assessed by priority (as per Sections 5.1.3 and 5.1.4) and clinical need, completed within 15 working days.	Percentage of priority and clinical need orthoses completed
Fabrication of Orthotic footwear orthoses for new referrals completed within 20 working days	Percentage of new referrals for Orthotic footwear completed
Fabrication of orthoses (non-surgical footwear) completed within 30 working days of start (measurement/casting).	Percentage of new referrals for non-surgical footwear orthoses completed
Fabrication of orthotic footwear completed within 40 working days.	Percentage of Orthotic footwear completed
Quality Reporting	Measure
Consumer satisfaction survey results that report levels of satisfactory and above within the specified reporting period (Includes referrals for new and current Service Users.)	Percentage of Service Users recorded as 'satisfied' and above with the Service.
Narrative reporting	
Service quality issues and / or any risks to the DHB.	Narrative

## Maintain Register of Information

In addition, the Service Provider will maintain a Register of Service Users (see table below) of the following minimum information and include the waiting lists by priority, service required and date wait listed.

This Register will be available for quarterly inspection or as requested by the DHB, or the Ministry.

### **Register of Service Users**

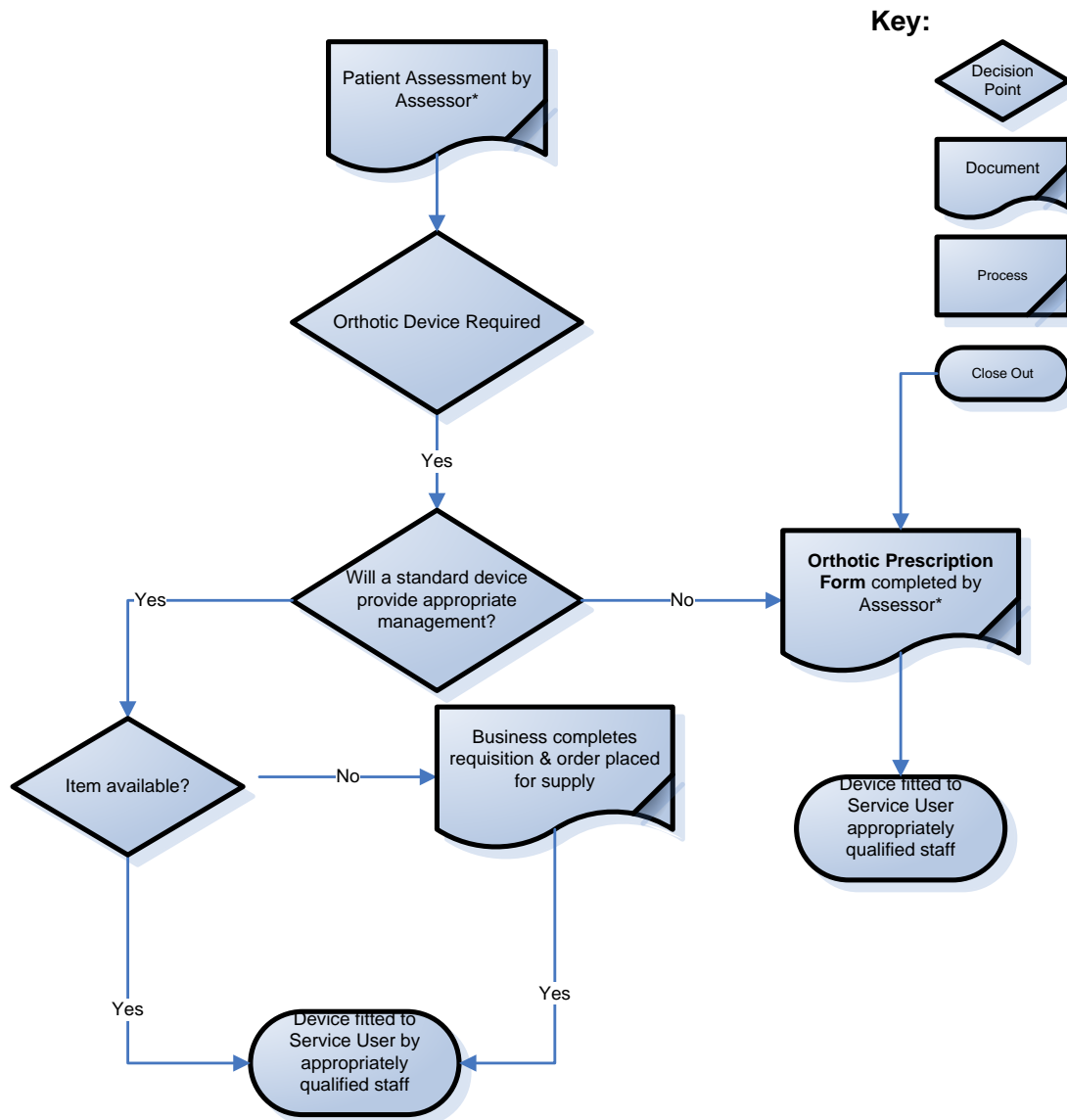
For each category of Service User (Acute, Post-Acute, Long Stay) detailing every product supplied to every patient in the calendar month:
Service User Name
Service User NHI number
Service User reason for referral: illness / injury
DHB Provider Arm Cost Centre for charging purposes, where applicable
DHB order number (if supplied)
DHB prescription number (if supplied)
DHB medical specialist and/or prescriber (if supplied)
Date of referral/prescription by DHB
ACC claim number (If applicable)
ACC Funded
Service Provider's Job number
Date on which Service was provided to Service User
Quantity of Goods Provided

## **14. Glossary**

Not Required

## **15. Appendices**

## 15.1 APPENDIX ONE - ORTHOTICS SERVICE PROCESS DIAGRAM



**\*Assessor:** Practitioners who have appropriate qualifications and experience to meet the assessed Orthotic needs of the Service Users. See Section 6.5 above.

## 15.2 APPENDIX TWO - BEST PRACTICE QUALITY FRAMEWORK FOR ORTHOTISTS -

Developed by the New Zealand Orthotics and Prosthetics Association.

### 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.