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|  | | **All District Health Boards** | |
| community referred tests(hospital SERVICES)SERVICE Specification | | |
| Status: This nationwide service specification describes the national minima of services to be funded or provided by a DHB. | |  |
| Review History | | Date |
| First published on NSFL | | **June 2001** |
| Amendments: PU codes corrected to match PUDD | | **5 May 2014** |
| Amendments: corrected references to ACC legislation, policy documents and Ethnicity Data Protocols for the Health and Disability Sector – 2004 and other service PU codes. | | **November 2016** |
| Consideration for next Service Specification Review | | **within five years** |

**Note:** Contact the Service Specification Programme Manager, Service Comissioning, Ministry of Health to discuss the process and guidance available in developing new or updating and revising existing service specifications.

Web site address Nationwide Service Framework Library: <http://www.nsfl.health.govt.nz/>

**COMMUNITY REFERRED TESTS (Hospitals) SERVICES -**

**SERVICE SPECIFICATION**

**CS04001, CS04002, CS04003, CS04004, CS04005, CS04007, CS04008**

# SERVICE DEFINITION

The community referred testing services provide a range of clinical testing and measurement services to assist community-based providers with the diagnosis and management of a range of conditions. These include testing and measurement of cardiovascular, respiratory, neurological, gastrointestinal, ophthalmology, urological, endocrinological, otorhinolaryngology (ORL) and other systems.

This service excludes provision of services to people who are under treatment by a DHB (either as an inpatient or outpatient) for services associated with that treatment.

The range of diagnostic modalities may include:

1. cardiovascular- ECG/ echocardiography/Holter monitor and pacemaker checks, stress tests
2. respiratory- spirometry/ lung function tests, oximetry
3. neurological- EEG, EMG
4. audiology- ABR, COR, audiograms
5. endocrinological testing - bone densitometry, thyroid tests
6. urological services – urodynamics
7. gastroenterology

This is not an unrestricted service. The range and levels of service will be as defined below.

# SERVICE OBJECTIVES

## General

The community referred clinical testing and measurement services as part of an integrated community based health service:

1. provides patients with the best quality and most cost-effective services based on established professional and quality management standards and codes of practice
2. provides timely reporting of results to referrers
3. provides specialist advice as required to ensure optimal patient management
4. ensures patient and staff safety at all times
5. improves the health of Maori which includes targeting services to best meet Maori need.

## Maori Health Objectives

He Korowai Oranga the Maori Health Strategy, and the requirement to develop an organisation-wide Maori Health Policy and Plan are outlined in the General Terms and Conditions and Provider Quality Specifications. In addition the provider will develop and implement an annual plan that outlines how it will contribute to Maori health gain for the services contained in this service description.

The plan should include the following objectives (as a minimum):

* how the provider will ensure that Maori utilisation is targeted to meet need
* how links with primary care – general practice, community providers, Maori providers will be established and enhanced for Maori health gain
* how the links will be established with the DHB’s Quality Plan and other contractual quality specifications, especially consultation with Maori
* and how these objectives will be monitored and measured for Maori health gain.

The Service will be delivered in a supportive manner that respects the dignity, rights, needs, abilities and cultural values of the client, and their family/whanau.

# SERVICE USERS

The client group comprises eligible people who have been referred by General Practitioners or private medical specialists, or other health practitioners approved for the purpose by the Ministry of Health.

# ACCESS

## Entry and Exit Criteria

Access criteria are defined in co-operation with referrers, and in line with priority access criteria, and these criteria and waiting times will be communicated clearly to referrers each 6 months.

## Time

You will specify and publish the usual hours of operation, and arrangements for after hours and urgent services, prior to the commencement of this agreement.

Community referred clinical testing and measurement services shall be provided as soon as possible (within an 8 hour maximum response time) in urgent cases.

# SERVICE COMPONENTS

## Processes

| **Service Component** | **Description** |
| --- | --- |
| Provision of diagnostic examinations | Preparation of patient, including provision/administration of any services, substances and supplies incidental to the procedure, and undertaking of the examination/procedure |
| Reporting of examinations and other procedures | Provision of a written report to the referring practitioner within one week, unless it is required sooner, on the findings /outcomes and other advice as appropriate |
| Clinical advice and education | Advice to referring practitioners, including advice on the appropriateness of examinations |

## Settings

Community referred clinical testing and measurement services will be conveniently located for the majority of residents. You will advise us of locations where services are usually provided by you, and the usual service hours. You will give us written notice if you propose to change these hours or locations.

## Key Inputs

This service specification includes provision and administration of any services, substances and supplies incidental to the procedure including, where appropriate, cultural advice and support.

Cultural advice and support may be provided by a Maori advocate, a Primary or Community Care Provider or Kaumatua.

# SERVICE LINKAGES

Services are required to demonstrate effective links with the following services:

1. Primary medical and nursing services
2. Maori primary and community services
3. Pacific primary and community services
4. private specialists
5. secondary medical and surgical services
6. accident and emergency services
7. consumer advocacy services, including Maori advocacy services, and Pacific advocacy services
8. other appropriate organisations, including Maori advocacy services, and Pacific organisations.

# EXCLUSIONS

This specification does not cover:

1. Services for people under treatment by DHB Services (as part of inpatient and outpatient services), for clinical measurement services associated with that treatment
2. Tests or procedures that are purchased under CS01001 (Community Radiology or CS02001 (Community Laboratory (Hospitals).
3. Services for people eligible for direct funding under the under the Accident Compensation Act 2001.

# QUALITY REQUIREMENTS

The service is required to comply with the General Terms and Conditions and the Provider Quality Specifications. The following specific quality requirements also apply.

You will have documented protocols for the following:

1. patient management including confidentiality and informed consent, with particular attention to Maori;
2. equipment management;
3. clinical testing and measurement procedures;
4. follow-up and referral;
5. transfer and retention of patient records.

There shall be sufficient staff, with appropriate qualifications and training to conduct the service’s work.

You will ensure that a hard copy of the results is made available to the referring medical practitioner within a maximum of one week after performing a clinical test or measurement service. Electronic reporting of results may be used also.

## Access

1. Waiting times are maintained at an agreed rate
2. Access criteria are defined in co-operation with referrers, and in line with priority access criteria. Criteria and waiting times will be communicated clearly to referrers each 6 months
3. A booking system for all referrals will be implemented.

## Acceptability

* Acceptability to Maori should be included in the annual review conducted by the provider in conjunction with Maori
* Support services to Maori required community referred tests should be proactively offered and available.

## Safety and Efficiency

1. All equipment meets accepted safety and quality standards.
2. The service has the expertise and facilities to cope with possible complications of these examinations, including acute anaphylactoid episodes.
3. The results from any clinical test or measurement shall be made available to the referring medical practitioner within one week of the procedure being done unless the practitioner requires the results sooner.

## Effectiveness

1. Participation in external quality review of systems.
2. Participation in professional development programmes and peer review.
3. Adherence to accepted standards of clinical practice.
4. All results are read by an appropriately qualified person.

## Facilities

1. You shall provide services from safe, well-designed, equipped and maintained premises which meet the legal and operational requirements.
2. Equipment used shall be licensed, safe and maintained to comply with safety and use standards.
3. You will have in place a regular programme of equipment safety inspections. This must ensure that equipment is ready for use when required. Your equipment must be adequate to fulfil the requirements of this agreement.

# PURCHASE UNITS & REPORTING REQUIREMENTS

* 1. Purchase Units are defined in the joint DHB and Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary. The following Purchase Units apply to this Service.

The following table indicates the reporting units and the service specific performance indicators you will provide for all of the service categories in the Community referred clinical testing and measurement sub-output.

| PU Code | **PU Description** | **Unit of Measure** | **Reporting Requirement** | |
| --- | --- | --- | --- | --- |
| **Frequency** | **Reporting Unit** |
| CS04001 | Community referred tests – cardiology | Test | Monthly | Number of Tests   * Total |
|  |  |  | Quarterly | Number of clients   * By ethnicity (NZ Maori, Pacific Island, Other)   Average Waiting Time   * Total |
| CS04002 | Community referred tests – neurology | Test | Monthly | Number of Tests   * Total |
|  |  |  | Quarterly | Number of clients   * By ethnicity (NZ Maori, Pacific Island, Other)   Average Waiting Time   * Total |
| CS04003 | Community referred tests – audiology | Test | Monthly | Number of Tests   * Total |
|  |  |  | Quarterly | Number of clients   * By ethnicity (NZ Maori, Pacific Island, Other)   Average Waiting Time   * Total |
| CS04004 | Community referred tests – gastroenterology | Test | Monthly | Number of Tests   * Total |
|  |  |  | Quarterly | Number of clients   * By ethnicity (NZ Maori, Pacific Island, Other)   Average Waiting Time   * Total |
| CS04005 | Community Referred Tests – endocrinology | Test | Monthly | Number of Tests   * Total |
|  |  |  | Quarterly | Number of clients   * By ethnicity (NZ Maori, Pacific Island, Other)   Average Waiting Time   * Total |
| CS04007 | Community referred tests– urology | Test | Monthly | Number of Tests   * Total |
|  |  |  | Quarterly | Number of clients   * By ethnicity (NZ Maori, Pacific Island, Other)   Average Waiting Time   * Total |
| CS04008 | Community referred tests– respiratory | Test | Monthly | Number of Tests   * Total |
|  |  |  | Quarterly | Number of clients   * By ethnicity (NZ Maori, Pacific Island, Other)   Average Waiting Time   * Total |

## 9.2. Quality Measures Definition

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| --- | --- |
| **Quality Measure** | **Definition** |
| Waiting time for a procedure | The average of the length of time from the date of referral to the date of procedure for each procedure |

## Service Planning Information

You will collect the following information for all patients. This information will be made available to the Ministry of Health on request.

* Patient Name
* Patient NHI
* Patient Date of Birth
* Patient Gender
* Patient Ethnicity
* Referring Practitioner Name
* Referring Practitioner Registration Number
* Date of referral
* Date of test/procedure
* Type test/of procedure
* Site of Procedure (ie lower limb, chest etc) as specified in the Schedule
* Date report provided to referrer

Ethnicity will be collected and reported according to the ‘Ethnicity Data Protocols for the Health and Disability Sector – 2004’ [[1]](#footnote-1) at Level 2.

1. http://www.health.govt.nz/publication/ethnicity-data-protocols-health-and-disability-sector [↑](#footnote-ref-1)