



The Orthocard™
www.jointaction.org.uk

Terms & Conditions of Distribution

The British Orthopaedic Association (BOA) through its orthopaedic research appeal (Joint Action) will own the sole copyright and Trademark for all elements connected with this Patient Implant Card scheme (the card scheme) and all supporting documentation and databases.

The control, administration and distribution of all materials relating to this project (the project), all Application Forms and the production of all Patient Implant Cards (the Orthocards) will also remain the sole property of Joint Action in their entirety for the duration of their lifetime and may be withdrawn at any time without any prior notice.

The Orthocard™ is not a replacement for security checks by security staff at any UK border control point.

Replacement Cards will be available in due course should they be required, however further validation checks will need to be made before they are issued. There will be a nominal administration fee should a replacement card be necessary to cover costs.

Purpose

Patient

The Professional Practice Committee of the British Orthopaedic Association fully supports and encourages BOA members to sign up to and distribute the Joint Action Orthocard™. The Orthocard™ is seen by patients as having valuable benefits in their aftercare as follows:

- Provides vital information for Doctors and Dentists to help prevent the risk of infection
- To provide important information to medics in the case of an accident/trauma
- To assist in the alleviation of any embarrassment, discomfort or concerns that a person may experience at security check points

Where possible, UK Border Control staff will be notified of the existence of the card scheme to assist the appropriate security personnel when conducting their normal procedures as a card holder passes through a magnetometer or other similar security device. At no point is this card to be deemed a formal method of security bypass or a formal method of identity and at no time will it ever be given credence to this purpose by any authority.

A further benefit is patient membership of Joint Action and access to its website www.jointaction.org.uk with various attendant advantages including the receipt of a Welcome Pack. In the Welcome Pack patients will find:

- A covering letter
- A Folder with information about the BOA and JA
- Orthocard™ use sheet & Orthocard™
- A Walk more leaflet
- A Response Coupon and return envelope
- Joint Action Newsletter

Hospital and Orthopaedic Professionals

- An easy point of reference for surgeons considering implant revision work
- A method to legally obtain the contact details of a person who has undergone orthopaedic intervention for the express purposes of maintaining an opted-in database to support the fundraising and marketing activities of Joint Action and the BOA
- Additionally, to use the opted-in database for co-operative hospital / Joint Action fundraising



Joint Action is part of
The British Orthopaedic Association





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Promotion of the Orthocard™

For the Orthocard™ initiative to be successful as a **'free of charge'** service to patients, costs must be controlled and minimised where possible. Therefore, economies of scale and minimised administrative costs are important and they can be achieved by the effective promotion of the Orthocard™ to patients.

As a distributor, and accepting these terms and conditions you are committing to the effective distribution of the Orthocard™. To support you in this obligation Joint action will supply you with certain promotional materials:

- Security numbered Orthocard™ application forms, which can only be used at one specific site
- Sample Joint Action membership Welcome Packs
- Advertisement Posters
- Information and promotional guides for professionals

Best Practice Promotion

Hospitals that have a high patient take-up of the Orthocard™ employ the following practices:

- They discuss the Orthocard™ with the patient on at least two occasions e.g. at pre-op and discharge
- They use the sample Welcome Packs to show the patient what they will receive after application
- They stress to the patient the importance and benefits of carrying the Orthocard™. See the benefits above

They help the patient to apply by:

- Partly filling in the application form or by printing and applying a name and address label to the form
- Explaining the importance of the all the information requested and the need for legible writing
- Encouraging the patient to apply on-line at www.jointaction.org.uk/join

When none of these practices are applied Joint Action has found very high levels of errors on the application form leading to high costs.

Orthocard™ Security/Information

The following personalised information is provided on the Orthocard™:

- Patients name
- Date of the most recent implant
- Type of implant: hip, knee or other, and the side of the implant, left or right
- The hospital name and location
- The name of the surgeon
- A unique card number

To ensure that Joint Action only issues Orthocards to bona fide implant recipients the security number on the application form is cross-referenced to the hospital that the forms were issued to. For this reason surgeons must only issue the forms to patients treated at the hospital identified on this agreement. It is perfectly acceptable for surgeons to have **more than one agreement** to allow Orthocard™ issues from **more than one hospital** (including private rooms) or location.

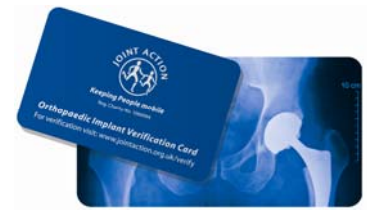
Confirmation at security points

If a security officer or other personnel wishes, it is possible to confirm the bona fides of the patient by reference to the Joint Action website: www.jointaction.org.uk/confirm, using the patient's username and password. Here, the information provided on the Orthocard™ is confirmed.



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Please print the form below (**including this page**), fully complete, sign and return it to us using one of the following methods:

- Scan the form and email to: info@jointaction.org.uk
- Fax to: 020 7831 2676
- Post to: Joint Action, British Orthopaedic Association, 35-43 Lincoln's Inn Fields, London WC2A 3PE

You can print as many forms as you like for each hospital site you work within.

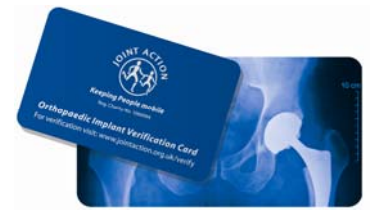
TERMS OF ACCEPTANCE

1. Each member of the BOA who wishes to distribute a patient implant card to any person who has undergone orthopaedic intervention must adhere to these terms and conditions.
2. Acceptance and signature of confirmation to these terms and conditions hereby indemnifies the BOA, its members and Joint Action from any past, current or future legal implications and liabilities as a result of improper use or actions by a patient (holder) or unsecure distribution (distributor) of these Patient Implant Cards and their associated application forms, databases or other related materials by providing measures to administrate this card system in a responsible method showing due consideration and providing all reasonable efforts of enforcement against theft or improper use.
3. Each distribution centre must nominate a named individual who will be the key liaison point for Joint Action and its retained operators for the scheme. This person is responsible for ordering stock and ensuring that these terms & conditions are adhered to at all times. It is the responsibility of the member signatory that the contact details for the named individual be kept current at all times.
4. Each distribution centre must provide a written summary statement to Joint Action of the security procedures that are in place to reasonably ensure the appropriate distribution of the cards to authentic patients at all times.
5. Each distribution centre will be responsible for verifying that each patient who is given an application form for an Orthocard™ has been verified as a bone fide patient of that distribution centre.
6. Each distribution centre will make available one form for each person that has undergone orthopaedic intervention. Completion of an application does not guarantee the issue of an Orthocard™.



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TERMS OF ACCEPTANCE FORM

I am applying on behalf of (tick as appropriate) I work by myself I work in a team

My Primary Site of Distribution is: _____

Address _____

Address _____

Post Code _____

Telephone Number _____

Email Address _____

The number of hip and/or knee implants per month is _____ (as appropriate for yourself or the team)

If a team, how many surgeons are in the team? _____

I would like: _____ A3 Posters
(number) _____ A4 Posters
 _____ **Sample** Welcome Packs

My Named Contact is: _____

Their Position is: _____

Telephone Number: _____

Email Address: _____

Signed

Position

Institution

Date

DON'T FORGET TO SEND THE TERMS OF ACCEPTANCE WITH THIS FORM