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# Purpose

The purpose of this guideline is to specify Territory Equipment Program (TEP) funding criteria for this group of assistive technology; items provided; eligible prescribers and provide a basis for consistent and transparent decision making.

# Guideline

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| **Includes** | | **Eligible Prescribers** |
| **Level 1 General Equipment**   * Toilet Surround * Over Toilet Frame * Raised Toilet Seat * Throne Rail System * Commode – Static | | Occupational Therapist |
| **Level 2 General Equipment**   * Mobile Commode with lockable castor wheels (self/attendant propelled) including seat * Mobile Commode – Customisation   (Non-standard modifications / accessories required to meet the client’s clinical needs.) | | Occupational Therapist with:   * More than 1 year clinical experience; and * 3 previous prescriptions for Level 2 General Equipment of the specified Equipment Type |
| **Excludes:**   * Items under $100 * Aids and equipment which can be funded by other sources | | |
| **Alternate Funding Sources for Aids and Equipment**  Availability of equipment funding from other sources must be investigated.  This list should not be considered exhaustive as further alternative funding sources may be available. | | Items for childcare may be provided through the Inclusion Support Program (ISP)  Items for school or TAFE may be provided through the Department of Education  Items for the workplace may be provided through Job Access  Items for aged clients may be provided through a Commonwealth Home Care Package 1, 2,3,4 or a Residential Aged Care facility  Items may be funded through an approved National Disability Insurance Scheme (NDIS) Plan  Compensable and private funding such as Department of Veterans Affairs (DVA), Motor Accident Compensation (MAC), or other Insurance schemes  Public/community housing organisations eg. Department of Local Government, Housing and Community Development, Housing Co-operatives |
| **Identification of Need/Clinical Criteria** | | |
| Toileting Aids may be funded where:  1. Client is unable to access toilet and/or perform toileting tasks without support **AND**  2. Provision of aid allows client to perform toileting tasks safely or independently | | |
| **Other Considerations** | | |
| * One type of toileting aid will be issued per client * A toilet aid will be issued for one toilet only per household * Where one item of equipment is appropriate for the user and can meet more than one hygiene need, it will be preferable to purchase this single item eg. a wheeled shower/commode may satisfy both the showering and toileting needs of the user | | |
| **Clinical Priority** | | |
| While a person may be eligible for TEP, it does not guarantee that a particular aid or item of equipment will be provided. This decision is dependent on the clinical priority and the availability of funds.  **New or re-issue stock items will be issued as soon as possible following approval and the processing of the prescription.**  To ensure clients most in need are assisted, each prescription item will be clinically prioritised using the following criteria.  This is an indication of the clinically assessed priority for the prescribed item and should be clearly justified by the prescriber within the prescription. | | |
| **High Urgency Category** | The provision of aids or equipment which are ***essential***to :   * The safety of the client/carer in the home * The continuation of the current care/living arrangements * The client’s independent functioning in the home | |
| **Medium Urgency Category** | The provision of aids or equipment which will ***improve*** the:   * Safety of the client/carer in daily living activities * The client’s independent functioning in daily living activities   The provision of aids or equipment that will ***maintain*** the client’s current care/living arrangements. | |
| **Low Urgency Category** | The equipment is ***therapeutic based*** equipment that increases the client’s mobility and communication abilities in the long-term.  The equipment ***contributes*** to the client’s quality of life but is not essential for their current care/living arrangements. | |
| **Equipment Decision and Justification** | | |
| **Client Factors** | | |
| **Provide**   * The client’s functional goal with the equipment * Client’s weight and equipment safe working load * A brief description of functional skills and level of assistance required * Clinical need for any non-standard components eg. pressure care, additional supports * For mobile commodes, who will be propelling the equipment eg. attendant propelled or self-propelled   **Confirm**   * Whether client’s sitting balance is sufficient for safety including during transport to/from toilet, if appropriate * Appropriate pressure care assessment undertaken for pressure care requests eg.use of a validated pressure area risk assessment tool such as: * Waterlow Scale   **Waterlow Pressure Ulcer Risk Assessment Tool**  10+   = At risk  15+   = High risk  20+   = Very high risk   * Braden Scale   **Braden Scale for Predicting Pressure Sore Risk**  15-18 = At risk  13-14 = Moderate risk  10-12 = High risk  9 or below = Very high risk  Note:   * For clinicians not familiar with pressure area risk scales it is recommended that training and supervision is undertaken. * The score, as well as an interpretation of the results or summary to be provided on the Prescription form, indicating level of risk. | | |
| **Social/Carer Factors** | | |
| **Consider**   * Whether provision of equipment will increase or decrease physical or other load on carers * Whether equipment will impact on other household members’ ability to use the toilet/bathroom safely | | |
| **Environmental and Equipment Factors** | | |
| **Confirm**   * Equipment is compatible with the client’s: * functional level * weight * height (who will adjust equipment to appropriate height) * transfers * bathroom/toilet environment eg. sufficient space to use the equipment * for mobile commodes, has home visit been completed to assess access into/out of bathroom/toilet, and ensure there is sufficient clearance over and around toilet   **Consider**   * Whether the surface supporting legs of equipment is level and whether the legs need to be adjusted independently to ensure equipment is stable. Who will be assessing this, and adjusting if required. * Access to brakes, if required, for client and carer * If equipment is nominated for repair and maintenance provide client with appropriate information | | |
| **Trial or Investigation** | | |
| **Trial or Investigation of the equipment may be required.**  Refer to TEP Approved Equipment List.  **Location of trial**   * Trial of recommended equipment or equivalent model in the home environment is highly recommended * For equipment that is integrated with other equipment, confirm that these are compatible via a trial in the home environment or an alternative environment ie: respite, hospital   **Provide**   * Objective comparisons of the options considered and trialled/investigated and the clients ability to participate in relevant functional activities, with and without the equipment | | |
| **Plan for delivery** | | |
| **Provide**   * Name and contact details of client/carer and any clinicians who must be notified prior to delivery * Delivery instructions * If equipment is being delivered to a remote location please provide name of Freight Company (if known), community clinic or aged care facility, contact person, contact number and an email address. * If replacement item is being prescribed, a plan to remove/return existing/unsuitable item on the prescription eg. TEP to collect item being replaced or prescriber to arrange return of item being replaced. | | |
| **Plan for Equipment Review** | | |
| It is the prescribing therapist’s responsibility to ensure correct fitting and client education for TEP equipment on issue. It is essential that both Level 1 and Level 2 equipment is reviewed within 12 weeks of delivery and use.  Prescribers must indicate which mode of follow up they will undertake. Options include: home visit, telephone call, client advised to contact prescriber as needed or the prescriber may need to make arrangements to refer follow up to an alternate provider, where appropriate. | | |
| **Resources** | | |
| Resources are to be submitted with a prescription form.   * When a client has been identified with **pressure care** issues**:**   **Provide** the **score** for one of the following **pressure area risk assessment tools**:   * Waterlow Pressure Ulcer Risk Assessment Tool   www.judy-waterlow.co.uk  **OR**   * Braden Scale for Predicting Pressure Sore Risk   www.bradenscale.com/images/bradenscale.pdf   * When a client has been assessed as requiring a **customised mobile commode,** consider: * Customised Mobile Commode Templates (as per product requirements) | | |

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| Quality Assurance | | |
|  | **Method** | **Responsibility** | |
| **Implementation** | Document will be available for access via the PGC | PGC Administrator | |
| **Review** | Document will be reviewed within 5 years or when changes in practice occur | TEP Advisory Committee, Primary & Public Health Care, Top End Health Service and Central Australia Health Service. | |
| **Evaluation** | Document will be evaluated informally at time of review | TEP Advisory Committee, Primary & Public Health Care, Top End Health Service and Central Australia Health Service. | |
| **Compliance** |  |  | |

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| Key Associated Documents | |
| **Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents** | Waterlow Score Card  <http://www.judy-waterlow.co.uk/downloads/Waterlow%20Score%20Card-front.pdf>  Braden Scale for Predicting Pressure Sore Risk Protocols by Level of Risk  <http://bradenscale.com/images/protocols_by_level_of_risk.pdf>  Predicting Pressure Ulcer Risk: A Multisite Study of the Predictive Validity of the Braden Scale Bergstrom, Nancy; Braden, Barbara; Kemp, Mildred; Champagne, Mary; Ruby, Elizabeth  Nursing Research: September/October 1998 - Volume 47 - Issue 5 - pp 261-269 |
| **References** |  |

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| Evidence | | | |
| **Reference** | **Method** | **Evidence Level (I-V)** | **Summary of Recommendation from this Reference** |
| N/A | N/A | N/A | N/A |

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| **National Safety and Quality Health Service Standards** | | | | | | | |
| cid:image001.jpg@01D658ED.D030F090  Clinical Governance | cid:image002.jpg@01D658ED.D030F090  Partnering with Consumers | cid:image003.jpg@01D658ED.D030F090  Preventing and Controlling Healthcare Associated Infection | cid:image004.jpg@01D658ED.D030F090  Medication Safety | Comprehensive care icon  Comprehensive Care | cid:image006.jpg@01D658ED.D030F090  Communicating for Safety | cid:image007.jpg@01D658ED.D030F090  Blood Management | cid:image008.jpg@01D658ED.D030F090  Recognising & Responding to Acute Deterioration |
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