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| This is a NT Health Policy Guidelines Centre (PGC) Approved and Controlled document. Uncontrolled if printed. |

# Purpose

The purpose of these guidelines 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.

# Procedure

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| **Includes** | **Eligible Prescribers** |
| **Level 1 General Equipment*** Monkey Bar (goose necks)
* Transfer Board
* Electric Lift Chair/Riser Recliners
 | Occupational Therapist, Physiotherapist |
| **Level 2 General Equipment*** Mobile Hoist – Electric
* Hoist Sling
 | Occupational Therapist, Physiotherapist 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 AccessItems for aged clients may be provided through a Commonwealth Home Care Package 1, 2,3,4 or a Residential Aged Care facilityItems may be funded through an approved National Disability Insurance Scheme (NDIS) PlanCompensable and private funding such as Department of Veterans Affairs (DVA), Motor Accident Compensation (MAC)or other Insurance schemesPublic/community housing organisations eg. Department of Housing and Community Development, Housing Co-operatives |
| **Identification of Need/Clinical Criteria** |
| **Transfer Aids/Lifting Devices may be funded where:**1. The client is unable to transfer safely and independently **OR**
2. Transfers assisted by carers are unsafe, ineffective or pose a risk of injury to carers **AND**
3. The item is required for the majority of transfers
 |
| **Other Considerations** |
| * Only one hoist will be issued per client where the hoist is the main method of transfer by the client or carer
* Only one sling will be issued per client. Slings are individually customised and are not to be used by other people
	+ An additional sling may be available with a prescription clearly stating clinical justification eg. continence, environments of use
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| **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. |
| 1. **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
 |
| 1. **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. |
| 1. **Low Urgency Category**
 | The equipment ***is therapeutic based*** equipment that increases the client’s mobility and communication abilities in the long-termThe 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 relevant body measurements
* A brief description of functional skills and level of assistance required, including assessment of current transfers

**Confirm*** The client/carer is able to use the transfer device safely
* Frequency of use of transfer device
* A home visit has been completed

**Consider*** Whether any postural or physical issues impact on equipment selection
 |
| **Social/Carer Factors** |
| **Confirm*** Whether provision of equipment will increase or decrease physical or other load on carers
* Client/carer is able to use the equipment safely, including set up, care, maintenance and trouble shooting
* Training is available for carers
 |
| **Environmental and Equipment Factors** |
| **Confirm*** Sling is compatible with the hoist
* Transfer device is appropriate for weight and size of client
* Transfer device is compatible with other equipment and planned new equipment eg. wheelchair
* There is sufficient space to use transfer device in all relevant rooms, and move through doorways as required
* There is provision for storage and/or charging of equipment

For Electric Lift Chairs**Confirm*** Client cannot transfer independently from non-powered, height adjustable chair e.g. utility chair or chair raisers for existing furniture)
* Client has trialled electric lift chair and is able to safely and independently transfer

**Consider*** 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.For all hoists (manual/electric) and slings, trial of recommended equipment or equivalent model is required**Location of trial*** Trial of recommended transfer 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 e.g. TEP to collect item being replaced or prescriber to arrange return of item being replaced.
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| **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 assessed as requiring a customised **hoist sling** provide:
	+ Sling Measurement Specifications for customised slings (if applicable)
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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 3 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** | N/A |
| **References** | These Clinical Guidelines have been adapted from the New South Wales (NSW) Health EnableNSW Prescription and Provision Guidelines available at the following site: http://www.enable.health.nsw.gov.au/home/forms-and-guidelines |

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| Definitions, Acronyms and Alternative Search Terms |
| Term | Description |
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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.D030F090Clinical Governance | cid:image002.jpg@01D658ED.D030F090Partnering with Consumers | cid:image003.jpg@01D658ED.D030F090Preventing and Controlling Healthcare Associated Infection | cid:image004.jpg@01D658ED.D030F090Medication Safety | Comprehensive care iconComprehensive Care | cid:image006.jpg@01D658ED.D030F090Communicating for Safety | cid:image007.jpg@01D658ED.D030F090Blood Management | cid:image008.jpg@01D658ED.D030F090Recognising & Responding to Acute Deterioration |
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