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# Purpose

The purpose of this guideline is to specify Territory Equipment Program funding criteria for continence aids; items provided, eligible prescribers and provide a basis for consistent and transparent decision making.

# Guideline

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| **Includes** | **Eligible Prescribers** |
| **Continence Aids** |
| **Level 2 General Equipment*** Catheters
* Intermittent Catheters
* Indwelling Catheters
* Uridomes
* Drainage Bags
* Reusable Pads
* Disposable Pads
* Miscellaneous:
* Gloves
* KY Gel/Lubricating Gel
* Urosol
* Prantal Powder
* Urocare Night Drainage Bottles
* Urocare Adhesive Remover Pads
* Skin Bond Cement
* Ansell Non-Lubricating Condoms
* Shepherd Sporan Bag
* Xylocaine/Lignocaine Syringe
* Triple Care Cleanser
* Urocare Catheter Valve
* Urocare Tubing Connector
 | Specialist Continence/Spinal NurseRegistered Nurse with:* More than 1 year clinical experience within the field of expertise; and
* 3 previous prescriptions for Level 2 General equipment of the specified Equipment Type
 |
| **Excludes:*** Kylie sheets
* Enemas
* Mattress Protectors
 |
| **Contracts in place:** TBC |
| **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. | Clients eligible for/or receiving continence assistance from the Commonwealth Government Continence Aids Payment Scheme (CAPS), will only be eligible for TEP assistance when CAPS funding has been exhaustedItems for aged clients may be provided through a Commonwealth Home Care Package 1, 2,3,4 or a Residential Aged Care facility Items will be funded through an approved National Disability Insurance Scheme (NDIS) Plan for NDIS participants Compensable 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** |
| **Continence Aids may be funded where:**1. The client has a permanent moderate to severe incontinence **AND**
2. Equipment needs are greater than would be covered by Continence Aids Payment Scheme funding for clients eligible for Continence Aids Payment Scheme **OR**
3. Client is not eligible for Continence Aids Payment Scheme.
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| **Other Considerations** |
| * Age considerations for assistance with Continence Aids

Reusable or Disposable Pads:* + are not supplied for clients under 5 years of age
	+ up to 4 pads/day for clients 5-15 years inclusive
	+ as per adults assessment for clients aged 16 and over
* Following assessment of a client, the type of aid and its frequency of supply will be determined and this information will be conveyed to the client/carer. Frequency of supply will be based on manufacturers’ guidelines. TEP will only fund up to a monetary ceiling of $1 500 per year
* Clients eligible for/ or receiving continence assistance from Commonwealth Aids Payment Scheme will only be eligible for TEP assistance when Commonwealth Aids Payment Scheme funding is exhausted. At this time an assessment is undertaken and frequency of supply will be based on manufacturers’ guidelines. TEP will fund up to a monetary ceiling of $1 500
* TEP does not provide Kylie sheets, enemas or mattress protectors. Exceptions being when they are recommended as a viable alternative to pads in rural/remote locations or where pads are not a culturally accepted item
* Where available, a Specialist Continence or Spinal Nurse will endorse prescriptions submitted by Community Nurses who are not Level 2 Prescribers of Continence Aids
* For the majority of TEP clients, the $1 500 monetary limit is sufficient to meet their assessed continence requirements. Clients who will exhaust their allocation prior to the end of the financial year may require further education on correct usage by the prescriber, or may signal that a re-assessment is required
* Under certain circumstances TEP may assist with meeting all or part of a client’s additional continence requirements if the $1 500 ceiling will be exceeded during the financial year if:
1. The prescriber has determined that incorrect application/prescription of the aids is not the underlying cause; and
2. The prescriber has arranged for a re-assessment with the Specialist Continence or Spinal Nurse; and
3. The re-assessment has shown that there is an assessed clinical reason to prescribe over the TEP ceiling
* In regions where the Community Nurse is the prescriber, the recommendation to prescribe over the TEP ceiling limit will need to be submitted and considered by the Specialist Continence or Spinal Nurse
* As some clients may wish to purchase all or some of the additional continence aids, this option should be explored by TEP Manager on a case-by-case basis with each client
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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-term.The equipment ***contributes*** to the client’s quality of life but is not essential for their current care/living arrangements. |

 **Please note:** These Clinical Priority are the standard for TEP and may not be relevant for Continence Aids prescription.

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| **Equipment Decision and Justification** |
| **Client Factors**  |
| **Provide*** Correct product name, size, manufacturer/brand AND the supply requested (3 monthly, 12 month or one off order)
* Additional clinical justification for non standard items

**Confirm** * Risks to client/carer/others if items are not provided
* Assessments were conducted
* Evidence the product has been trialled or has past successful record of use
* Whether the client can request a change of size without reassessment

**Consider*** Stock count of product supplied from previous TEP order (if applicable)
* Possibility of non compliance due to social, cognitive or other factors
* Potential changes that may impact on the prescription
* Whether client is ambulant or uses a wheelchair for mobility and the impact of this on product choice
* Whether the client’s vision or dexterity will impact on their ability to use product
* Other co morbidities that may impact on selection of products ie. pressure care, obesity etc
 |
| **Social/Carer Factors** |
| **Confirm*** Client/carer is aware of TEP subsidy cap of $1500.00 and how to purchase additional supplies if required
* Client/carer is aware of how to meet their continence needs for products that are not provided by TEP
 |
| **Environmental and Equipment Factors** |
| **Equipment** | **Description** | **Maximum Ceiling Limits** |
| **Catheters** | Intermittent | As per assessment result and complying to manufacturer’s recommended quantities.Not to exceed $1 500 per year. |
|  | Indwelling | As above |
| **Uridomes** |  | As above |
| **Drainage Bags** |  | As above |
| **Reusable Pads** |  | As above |
| **Disposable Pads** |  | As above |
| **Miscellaneous** | Gloves | As per assessment result and complying to manufacturers recommended quantities. Not to exceed $1 500 per year |
|  | KY Gel/Lubricating Gel | As above |
|  | Urosol | As above |
|  | Prantal Powder | As above |
|  | Urocare Night Drainage Bottles | As above |
|  | Urocare Adhesive Remover Pads | As above |
|  | Skin Bond Cement | As above |
|  | Ansell Non-Lubricating Condoms | As above |
|  | Shepherd Sporan Bag | As above |
|  | Xylocaine/Lignocaine Syringe | As above |
|  | Triple Care Cleanser | As above |
|  | Urocare Catheter Valve | As above |
|  | Urocare Tubing Connector | As above |
| **Plan for Delivery**  |
| **Provide*** Name and contact details of client/carer and any clinicians who must be notified prior to delivery
* Delivery instructions
* If items are being delivered to a remote location please provide name of Freght Comapany (if known), community clinic or aged care facility, contact person, contact number and an email address.
 |
| **Plan for Review** |
| It is the prescribing therapist’s responsibility to ensure correct fitting and client education for products issued by TEP with 4 weeks of delivery. It is recommended that the client’s needs are reviewed every 12 months for children and either every 12 to 24 months for adults (as per prescribers clinical discretion).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. |

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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** |  |
| **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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