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# Purpose

The purpose of this guideline is to specify Territory Equipment Program 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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| **Please also see Clinical Guidelines for Pressure Management Equipment for Mattresses** |
| **Includes** | **Eligible Prescribers** |
| **Level 1 General Equipment****Bed Accessories** * Bed Wedges and Supports
* Bed stick
* Bed Rail
* Bed Rail Protectors
* Over Bed Table
* Bed Blocks
 | Occupational TherapistPhysiotherapist (bed wedges and supports only)  |
| **Level 2 General Equipment*** Hospital Bed – Electric
* Night -Time Positioning Equipment
 | Occupational Therapist with:* More than 1 year clinical experience; and
* 3 previous prescriptions for Level 2 General Equipment of the specified Equipment Type
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| **Excludes:*** Companion beds for a partner
* Non-disability specific beds and mattresses
* Double and queen sized beds
* Items under $100
* Beds are generally not replaced within 4 years of issue
* 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 facility Items 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** |

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| **Bed accessories may be funded where:**1. Bed accessories are required by client to perform ADL tasks or transfers independently **AND/OR**
2. Clinical diagnosis requires specific positioning in bed **AND/OR**
3. Equipment is required to ensure safety of client in bed.

**An adjustable hospital bed may be funded where:**1. The use of static and other bed accessories have been considered and/or trialled and are not suitable **AND**
2. Must be critical to the continuation of the client’s care at home **AND/OR**
3. An adjustable hospital bed is required by the client to perform pertinent ADL tasks independently **AND/OR**
4. Clinical diagnosis requires specific positioning in bed **AND** the client is unable to transfer or change position in bed without the equipment **AND/OR**
5. Variable heights are required for the safe provision of care OR transfers **AND/OR**
6. Modifications or adaptations to a standard bed cannot achieve the recommended results

**Night-Time Positioning Equipment may be funded when:** 1. It is the client’s primary means of lying postural support or positioning **AND/OR**
2. The use of postural support and positioning equipment can be clinically demonstrated to prevent the development of progressive, functionally limiting, contracture and deformity.
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| **Other Considerations** |
| **Equipment**  |  |
| **Bedside Rail (removable)** **Side rail** | To prevent falling/rolling out of bed and should only be considered when all other options have been eliminated unless there are exceptional circumstances.\*If considering prescribing bed stick for bed mobility, please refer to NT Health Provision of Bed Rails documentation on PCG and contact TEP work unit to discuss.  |
| **Bed sticks** | To assist with rolling over in bed, sitting up from a lying positioning, getting in and out of bed and providing support when standing \*If considering prescribing bed stick for bed mobility, please refer to NT Health Provision of Bed Rails documentation on PCG and contact TEP work unit to discuss.  |
| **Bed Wedges and Supports** | To meet the client’s clinical need for function e.g. aid respiration |
| **Over Bed Table** | * Client is in bed for extended periods due to their impairment or care arrangements which results in core daily functional activities being performed whilst in bed e.g. eating and drinking, catheter management, use of a communication device **and**
* Client is unable to reach/pick up items from a bedside table or from the bed beside them **and**
* Use of the over bed table allows independence in these tasks.

**An over bed table will NOT be provided:** * When the client is able to reach to an adjacent bedside table
* To carry out recreation tasks only ie: recreational computer use, reading
* When client requires bed rest for management of a temporary condition eg. healing of fractures
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| **Sit up Function with Knee Break** | To facilitate hoisting, positioning or functional tasks in bed |
| **King Single Bed** | Client is too tall or large to allow safe use of standard single bed |
| **Padding of Side Rails** | Documented incidences of potential harm to client from unpadded side rails |
| **Trendelenburg Function** In the Trendelenburg position the body is at a slant with the head below the heart and the head lower than the legs. | May be provided when significant medical issues contribute to the need for reverse positioning in bed Not provided due to repositioning issues only  |
| **Customised Bed Section Lengths** | May be provided when body length prevents the use of standard size bed sections |
| **Alternative Controls for Bed** | * Client is unable to use standard bed controls **and**
* Is able to use alternative controls independently **and**
* Carers are not available
 |
| **Bariatric Beds** | Client’s weight must be provided  |
| **Bed Extension Sections** | Client’s height cannot be accommodated in regular length bed |
| **Extra Low** | Documented safety issues that cannot be resolved through the use of bed rails, and variable height required for independent transfers or provision of care |
| **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. |
| **Equipment Decision and Justification** |
| **Client Factors** |
| **Provide*** Information from the clinical assessment, including bed mobility and sitting balance and ability to safely use this equipment in the home, including transfers and functional activities
* Any relevant medical information that impacts on the clients current and ongoing ability to use the equipment such as deterioration or improvement in condition, medications, planned surgery
* Any relevant medical information that impacts on the clients current and ongoing ability to use the postural support and positioning equipment such as deterioration or improvement in condition, medications, planned surgery
* Client’s height and weight

**Confirm*** That safety and risks have been considered
* Client’s primary means of postural support and positioning
* Appropriate pressure care assessment undertaken
* Frequency and environment of use for each postural support and positioning item if multiple items are required e.g. client requires a supportive seating system for their wheelchair and night-time positioning equipment for sleeping

**Consider** * Client need for pressure management including issues of continence, immobility, weight/nutrition, spasticity/movement disorders
* Does the client’s condition require them to spend the majority of their time in bed
* What is the client’s short/long term prognosis
* Whether client can use controls and whether alternative options are needed
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| **Social/Carer Factors** |
| **Confirm*** Does the client live alone – if so can they operate the bed themselves
* Provision of equipment will facilitate the physical care of client and/or reduce strain on carers
* Carers are in agreement with using equipment
* Carers are safe in using the equipment including set up, transfers, use of controls and brakes
* That there is a plan for training carers in the use, maintenance, cleaning and ongoing review of the equipment
* The client and partner are prepared to use separate beds and that it is understood that the additional bed for a partner without a disability will not be funded through TEP

**Consider*** Whether provision of equipment will increase or decrease physical or other load on carers
* Are there multiple carers assisting with transfers
 |
| **Environmental and Equipment Factors** |
| * Plan for power outages – consider required capacity of battery backup

**Confirm*** Equipment is compatible with the client’s:
* functional level
* weight and SWL of equipment (is bariatric equipment required)
* height
* transfers
* other equipment (current or planned) e.g. hoist can get under bed. Ensure there is sufficient space to safely manoeuvre other mobility aids including wheelchair and/or mobile shower commode
* That equipment can be set up in the preferred room in the home

**Consider*** Adjustability to accommodate growth or other anticipated changes in the client’s function
* The need to rearrange other furniture to ensure bed fits in room and adequate circulation spaces and the need to organise this prior to delivery
* If the bed can be positioned so that the client can be approached from both sides of the bed for safe manual handling
* Any possible difficulties with delivery that may require folding or the bed to be dismantled. Consider bed that comes in 2 or 4 sections to accommodate
* If equipment is nominated for repair and maintenance provide client with appropriate information

For Electric Beds**Consider*** Power outlet within reach of the power cord
* Does the home have an electrical safety switch
* Possible impact on electricity bill and advise client/carer
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| **Trial or Investigation** |
| **Trial or Investigation of the aid or device in the primary environment of use may be required for Level 2 items only.**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 i.e.: respite, hospital
* For beds, confirm that measurements have been taken and that bed will fit in room, including through doorways

**Provide*** 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
* Information regarding any issues related to access to the home
* 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.
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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** |
| When a client has been identified as requiring a hospital bed please see related Clinical Guidelines for Pressure Management Equipment. |

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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** | See [For Reference](#_top) |
| **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>Provision of Bed Sticks on Discharge ASH Occupational Therapy Guideline PCG DOC ID HEALTHINTRA-1880-1573 |

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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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