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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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| **Equipment that assists in the prevention and management of pressure areas**  |
| **Includes** | **Eligible Prescribers** |
| **Level 1 General Equipment****For clients ‘AT RISK’ of pressure areas*** Mattress
* Overlay
* Cushion
 | Occupational Therapist, Physiotherapist |
| **Level 2 General Equipment****For clients at ‘MODERATE to VERY HIGH’ risk of pressure areas*** Mattress
* Overlay
* Cushion
 | Occupational Therapist, Physiotherapist with:* More than 1 year clinical experience; and
* 3 previous prescriptions for Level 2 General Equipment of the specified Equipment Type

Prescription of any complex seating or positioning equipment may include clinical consultation with the Seating Equipment Assessment and Technical (SEAT) Service Therapist |
| **Excludes:** * Items under $100
* Non-disability specific cushions eg: lounge chair cushions
* Non-disability specific mattresses eg: innerspring mattress
* Companion mattress, for a partner
* Egg shell mattresses or sheepskins
* Double and queen sized mattress
* Aids and equipment which can be funded by other sources
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| **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) Plan 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 |
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| **Identification of Need/Clinical Criteria** |
| **Pressure management equipment may be funded where:**1. Client is at risk of a pressure area as evidenced by a validated pressure area risk assessment tool in conjunction with clinical reasoning **AND**
2. Their pressure area risk is unlikely to significantly change **AND**
3. The risk cannot be managed by other pressure management techniques and/or equipment.
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| **Other Considerations** |
| **Equipment** | **May be funded when** |
| **Alternating Pressure Mattresses** | There are a number of risk factors to be considered when using dynamic alternating pressure mattresses in home environment/community settings which include:* incorrect installation
* incorrect use/adjustment of the mattress, at installation or following
* failure of cell(s) or the pump mechanism

Any of the situations outlined above reduces the effectiveness of any prevention strategy and may increase the risk of the client developing pressure areas. |
| **Mattress Replacement** | There is less issue with the height of the mattress and client safety due to the increased height when compared with a mattress overlay. |
| **Overlays** | For consideration with all overlays, static and dynamic – please assess the overall height of the mattress PLUS overlay for safety of transfers, or that the cot sides/drop sides still provide adequate protection for the client despite the increased height. |
| **Cushions for High Risk Pressure Management** | There are a number of factors to be considered when using cushions for high risk pressure management in home environment/community settings which include:• incorrect installation• incorrect use/adjustment of the cushion, at installation or following • composition of cushion ie: gel, air cellsAny of the situations outlined above reduces the effectiveness of any prevention strategy and may increase the risk of the client developing pressure areas. |
| **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 arrangementsThe 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 activitiesThe client’s independent functioning in daily living activitiesThe 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** |
| **Provide**• A validated pressure area risk assessment tool such as: o Waterlow Scale Waterlow Pressure Ulcer Risk Assessment Tool10+ = At risk15+ = High risk 20+ = Very high risko Braden ScaleBraden Scale for Predicting Pressure Sore Risk 15-18 = At risk13-14 = Moderate risk10-12 = High risk9 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.
* History/background of pressure care related to current condition including cause, grading, location and duration/timeline of the current pressure area/s if applicable. Information on whether the pressure area was related to the previous/current pressure cushion/mattress and any other pressure care equipment in place.

**Confirm*** Investigation and outcomes of other pressure management techniques which were considered to manage the risk. For example:
* For continence issues – continence assessment referral and/or any continence aids/medication/interventions in place
* For immobility – trial of a sustainable routine of weight shifting/repositioning self/with assistance/with equipment
* For weight/nutrition related issues – involvement (past or present) of dietician and/or nutritionist
* For spasticity and movement disorders – options for medication management, use of a slide sheet/transfer aid when transferring, or other equipment to reduce sheering forces/friction
* That specific risk areas cannot be addressed by using other equipment such as heel wedges, boots, elbow protectors etc.
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| **Client Factors**  |
| **Provide**• Client’s weight and height • Information from the clinical assessment of current functional abilities:* bed mobility
* sitting balance,
* transfers and
* functional activities

• Relevant medical information and/or contributing factors such as recent or likely improvement  or deterioration, prognosis, pain management • Number of hours spent in bed daily• Number of hours spent sitting in one place, such as wheelchair• Any information on how cognitive and/or psychosocial factors impact on pressure care needs,  including cognitive issues or behaviours of concern**Confirm** (via trial where possible)• Client and/or carer is compliant with the use of the mattress/cushion• Recommended mattress/cushion has been successful in maintaining skin integrity and/or has  had positive results for improving existing pressure area • Recommended mattress/cushion is matched with the client’s current and future pressure care  needs • Client tolerates the mattress/cushion eg: firmness, composition, sound of motor, alternating  motion • Client is able to transfer safely with the mattress/cushion in place • Safety and risks have been addressed • Client is able to identify equipment failure and contact TEP for repairs • There are no medical contra-indications for using the equipment. |
| **Social/Carer Factors** |
| **Confirm** * Provision of equipment will facilitate the physical care of client and/or reduce strain on carers (repositioning the client)
* Carer is able to identify equipment failure and contact TEP for repairs
* All carers are able to use the equipment safely, including transfers and set up, care and trouble shooting

**Consider*** Carers’ ability to operate and manage the equipment
* Whether training for carers is required e.g.: alternating pressure mattress
* The sleeping arrangements for partners is compatible with the pressure care mattress
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| **Environmental and Equipment Factors** |
| **Confirm** * Client’s weight and size is compatible with equipment
* Mattress is compatible with other equipment being used e.g.: Hi-lo adjustable bed, bed stick, bed pole, bed rail, foam mattress underlay/base
* Pressure care equipment is compatible with other equipment being used e.g.: wheelchair, hoist
* Client has minimal items over the mattress/cushion which may reduce the effectiveness of the pressure care equipment e.g.: continence aids (pads/blueys/kylies etc.), non-stretch bed sheets, sheepskins

**Consider** * Whether there is any increased risk to client safety with the pressure care mattress in place e.g.: the relative height of the bed rails in relation to the height of the sleeping surface of the pressure care mattress; spacing between the mattress and a bedrail
* Whether there is any increased risk to the client safety with the pressure cushion in place e.g.: the relative height of footplates, armrests on wheelchair to the cushion for positioning/transfers
* Whether the mattress will be used in more than one location and whether it is able to be transported
* If equipment is nominated for repair and maintenance provide client with appropriate information
* For a power operated mattress consider:
* Power outlet within reach of the power cord
* Possible impact on electricity bill and advise client/carer
* Does the home have an electrical safety switch
* Whether client lives in an isolated location which is subject to frequent power outage, and whether there is justification for a back-up battery
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| **Trial or Investigation** |
| **Trial or Investigation of the aid or device is required.**Refer to TEP Approved Equipment List.If this is not possible contact TEP to discuss:* In discretionary circumstances alternative requirements may include:
* Extra commitment for follow up
* Detailed consideration and documentation of all other devices considered.
* Exception may be given for not carrying out an in-home trial, when there is:
* Lack of access to suppliers due to location.
* Infection control issues and the supplier is not able to provide the pressure care mattress/cushion for trial.
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| **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. Review should include the following: * Skin inspection
* Interview of client and carers
* Repeat of pressure area risk assessment tool
* Review of the outcome of functional goal
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| **Resources** |
| Resources are to be submitted with a prescription form.Provide the score for one of the following with the prescription to identify which level of pressure care management is required:* Waterlow Pressure Ulcer Risk Assessment Tool

www.judy-waterlow.co.ukhttp://spic.co.uk/media/Clinical%20Nurse%20Advisor/Waterlow%2520Score%2520Card%201.pdf(Print friendly version of www.judy-waterlow.co.uk Waterlow scorecard)OR* Braden Scale for Predicting Pressure Sore Risk

[www.bradenscale.com/images/bradenscale.pdf](http://www.bradenscale.com/images/bradenscale.pdf)  |
| For Reference |
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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** | See [For Reference](#ref) |
| **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-guidelinesWaterlow Score Cardhttp://www.judy-waterlow.co.uk/downloads/Waterlow%20Score%20Card-front.pdf Braden Scale for Predicting Pressure Sore Risk Protocols by Level of Riskhttp://bradenscale.com/images/protocols\_by\_level\_of\_risk.pdfPredicting Pressure Ulcer Risk: A Multisite Study of the Predictive Validity of the Braden ScaleBergstrom, Nancy; Braden, Barbara; Kemp, Mildred; Champagne, Mary; Ruby, ElizabethNursing Research: September/October 1998 - Volume 47 - Issue 5 - pp 261-269Modified Braden Q Scale for Paediatric Usehttp://www.therapybc.ca/eLibrary/docs/Resources/Braden%20Q%20scale%20for%20paeds.pdfUsing the Braden Q Scale to Predict Pressure Ulcer Risk in Paediatric Patients. Noonan, Quigley and Curly, Journal of Pediatric Nursing, 2011 http://www.med.cmu.ac.th/hospital/nis/km/cops/knowledge/2662using%20the%20braden%20q%20scale%20to%20predict%20pressure%20ulcer%20risk%20in%20pediatric%20patients.pdfHow- to-Guide – Pediatric - Preventing Pressure Ulcers, Pediatric Affinity Group USA http://www.nichq.org/pdf/FINALPressureUlcers.pdf |

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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 |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |