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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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| **Equipment that assists an individual to stand and to walk** | | |
| **Includes** | | **Eligible Prescribers** |
| **Level 1 General Equipment**   * Crutches – Paediatric * Crutches – Adult * Walker – Adult | | Physiotherapist |
| **Excludes:**   * Standing positioning equipment for use in educational settings and workplaces * Items under $100 * Equipment for treatment purposes * 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 Housing and Community Development, Housing Co-operatives |
| **Identification of Need/Clinical Criteria** | | |
| **A walking aid may be funded when:**   1. Client is unable to walk safely without support **OR** 2. A walking aid is the clients primary means of mobility **OR** 3. Client is a mixed mobility user   **Mixed mobility user** is when a client may require both a wheeled mobility aid and an ambulant mobility aid due to fluctuating functional mobility. | | |
| **Other Considerations** | | |
| * TEP will fund one item of equipment from this Equipment Type per client * Prescribers would only recommend specialised walking frames when all other basic options have been considered | | |
| **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 and functional assessment of relevant skills (tone, posture, head control, trunk control, balance, joint range, muscle strength, muscle extensibility; cardiovascular endurance, gait pattern, hand skills, leg length) and ability to safely use the equipment in all environments * Client’s height and weight   **Confirm**   * Client’s primary means of mobility * Frequency and environment of use for each mobility device if mixed mobility is used   **Consider**   * The activities that the client performs with the equipment including transfers in and out of equipment * Any other factors that will impact on clients ongoing need for equipment such as changes in size (growth, weight) or expected changes in level of function | | |
| **Social/Carer Factors** | | |
| **Confirm**   * Carers are safe in using the equipment including set up, transfers, transporting and trouble shooting * That there is a plan for training carers in the use, maintenance, cleaning and ongoing review of the equipment   **Consider**   * Whether provision of equipment will increase or decrease physical or other load on carers | | |
| **Environmental and Equipment Factors** | | |
| **Confirm**   * Equipment is compatible with clients:   + basic mobility needs and functional level   + weight   + home and other environments of use including internal access, steps, doorways, halls, toilet   + transfers   + other equipment (current or planned)   + mode of transport * Safety features such as brakes are easily accessible and client or carer can engage and disengage   them  **Consider**   * Storage for equipment if necessary | | |
| **Trial or Investigation** | | |
| **Trial or Investigation of the aid or device may be required.**  Refer to TEP Approved Equipment List.  Trial of recommended equipment or equivalent model is required. A trial in the home and other environments of use is recommended  **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. | | |
| **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 Level 1 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. | | |

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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** | |  |  | |
| **Key Associated Documents** | | | |
| **Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents** |  | | |
| **References** | * Berg Balance Scale   [www.fallssa.com.au/documents/hp/Berg\_Balance\_Scale.pdf](http://www.fallssa.com.au/documents/hp/Berg_Balance_Scale.pdf)   * Chester Step Test   [www.cebp.nl/vault\_public/filesystem/?ID=1272](http://www.cebp.nl/vault_public/filesystem/?ID=1272)   * Timed up and Go   [www.saskatoonhealthregion.ca/pdf/03\_Timed%20Up%20and%20Go%20procedure.pdf](http://www.saskatoonhealthregion.ca/pdf/03_Timed%20Up%20and%20Go%20procedure.pdf) (tool instructions)  http://www.rheumatology.org/practice/clinical/clinicianresearchers/outcomes-instrumentation/TUG.asp (journal article)  All three measures are available from:  Clinical Outcome Measurement for Adult Neurological Physiotherapy 2005, 3rd Edition. Authors: Keith Hill, Sonia Denisenko, Kim Miller, Tamara Clements, Frances Bachelor. Published by Australian Physiotherapy Association. ISBN 1920948732 | | |

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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.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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