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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, clarify the items provided and provide a basis for consistent and transparent decision making.

# Guideline

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| **Devices which can be used to alert an emergency contact, such as a monitoring service (monitored alarm system) or a friend, family member or neighbour directly (non-monitored alarm system) if there is an emergency situation.** | |
| **Includes** | **Eligible Prescribers** |
| **Level 1 General Equipment**   * Monitored Alarm System   (Initial set up and installation of personal alarm system only)   * Non-monitored Alarm System e.g. Care Alert | Occupational Therapist |
| **Level 2 General Equipment**   * Not applicable |  |
| **Excludes:**   * Mobile phones, cordless phones, intercoms, buzzers or installation of landlines, additional pendants * Ongoing recharge of SIM cards * Ongoing rental of monitored system * Installation of additional power points (Electricity General Purpose Outlet (GPO) to meet alarm installation requirements * Provision and/or installation of Mode 3 wiring or adaptor plug or ADSL splitter/filter * Provision of PERS where other options are available to summon assistance such as self-purchase of cordless phone or mobile phone, or increased supervision * Provision of PERS when a client has cognitive impairment such as poor memory (will forget to wear the pendant), poor insight (unable to see the need to wear one), or confusion (unable to understand how to use) * Provision of PERS when a client’s mobility and falls risk has not been sufficiently investigated * Provision of PERS as a security device against intruders for clients who feel vulnerable living alone * Provision of PERS when a client is funded for 24/7 support (in own home or in supported accommodation) * Aids and equipment which can be funded by other sources * The provision of additional accessories to ensure that the PERS is functional and operational | |
| **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 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 e.g. Department of Housing and Community Development, Housing Co-operatives |
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| **Identification of Need/Clinical Criteria** | |
| All opportunities to reduce the risk of falls should also be investigated including a mobility assessment and any necessary mobility equipment and/or home modifications provided prior to applying for a PERS.  **A Monitored Alarm System may be provided when:**   * the client meets **one or more** of the clinical criteria **AND** * the client meets **all** of the functional criteria **AND** * the client meets **one or more** of the social criteria.   **A Non-monitored Alarm System should be considered when**:   * the client meets **one or more** of the clinical criteria **AND** * the client meets **ALL** of the functional criteria **AND** * the client does not meet any social criteria however someone is available to respond to the alarm e.g. client may live in a partly separated residence such as a Granny Flat.   **Clinical Criteria**  The client must meet at least **ONE** of the following clinical criteria prior to the approval of a PERS.  The client **either**:   1. has a significant risk of a medical emergency. The client should have a medical condition that requires immediate and urgent response and be unlikely to be able to obtain assistance through conventional means e.g. poorly controlled diabetes or epilepsy **OR** 2. has a recent history (within the past 12 months) of falls. The falls should have been investigated and the cause of the falls eliminated where possible. Therefore a PERS should only be considered if there is a *continued* risk of falls **OR** 3. displays a number of factors that would put them at high risk of a fall. Risk factors include severe visual impairment, severe mobility and balance problems, severe incontinence, and medical conditions which affect balance and mobility such as Parkinson’s disease or Meniere’s disease   **Functional Criteria**  The client should meet **ALL** the functional criteria listed below prior to the approval of a PERS.  The client should have:   * sufficient physical function to operate the alarm **AND** * sufficient cognitive function to wear and to operate the alarm **AND** * a willingness to wear the alarm device 24 hours a day **AND** * a willingness to activate the system if necessary   **Social Criteria**  The client must meet at least **ONE** of the following social criteria prior to the approval of a Monitored Alarm System.  The client **either**:   * lives alone **OR** * does not live alone but is without assistance for a significant proportion of the day or night **OR** * does not live alone, but their carer is unable to provide or obtain assistance e.g. due to significant hearing impairment, dementia or mobility problems **OR** * provision of an alarm could prevent the need for client to be placed into low-level residential or supported accommodation **AND**   has the means and is willing to fund the ongoing system monitoring fees. | |

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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. |
| **Equipment Decision and Justification** | |
| **Client Factors** | |
| **Provide**   * Any relevant medical information that impacts on the client’s current and ongoing ability to use the equipment such as deterioration or improvement in condition, medications, planned surgery * Functional speech and/or language of client i.e. is client verbal or non-verbal * Mini Mental State Examination, Rowland Universal Dementia Assessment Scale (RUDAS) or Kimberley Indigenous Cognitive Assessment (KICA-Cog) * Falls assessment results where relevant: Falls Risk for Older People – Community setting (FROP-Com), Falls Risk Assessment Tool (FRAT) or Berg Balance   **Confirm**   * If alternative access options are required to operate the alarm i.e. pressure pad, wand switch, sip/puff accessory | |
| **Social/Carer Factors** | |
| **Confirm**   * Provision of equipment will facilitate the physical care of the client and/or reduce strain on carers * Carer/client are in agreement of client using the equipment * Carer/client understands how to use the equipment * Sufficient contact persons are listed on the resource form as required by PERS | |
| **Environmental and Equipment Factors** | |
| **Confirm**   * Client has a phone line or has network mobile coverage * Does client have more than one phone, an answering machine, fax or dial up modem? If so client may require Mode 3 wiring or a Mode 3 Adaptor Plug to protect the client if a phone is left off the hook, the phone is being used or is faulty as it will allow the PERS to use the phone line to send an emergency call * If client has NBN™ network connection, if so please ensure PERS prescribed will work on NBN™ connection * PERS prescribed will be compatible with the persons community (i.e. there is sufficient mobile coverage in the persons community * Power point is available to be used exclusively by the equipment, that it is 125mm (5 inches) above the floor or bench, and it is within 1metre of the telephone socket * If client has broadband internet connection. If so, an ADSL Filter may be required * If client has a monitored home security system as this interferes with the signals   **Consider**   * If an additional pendant is required for an additional client * Use of a surge protector to minimise damage to PERS from lighting strikes | |

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| **Trial or Investigation** |
| **Trial or Investigation of the equipment may be required.**  Refer to TEP Approved Equipment List.  **Provide**   * Detailed information regarding all alternative aids or devices trialled/investigated * Objective comparisons of the options considered and trialled/investigated and their client’s ability to use alternative options * Reasons why comparative options were unsuitable including information about the client’s functional use of the equipment such as ability to operate the equipment, change or recharge batteries and trouble shoot problems, where applicable |
| **Plan for Delivery** |
| * Confirm who will set up equipment and train client in the use of equipment   **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 both 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.  **It is strongly recommended that personal alarms (monitored and non-monitored) are registered with the** NBN**™ Medical Alarm Register to help identify homes where support may be need to help minimise a break in services. Registration is free, please see nbn.com.au/medical register for further details.** |
| **Resources** |
| Resources are to be submitted with a prescription form.   * When completing a prescription for a PERS provide **one** of the following: * Mini Mental State Examination (MMSE) http://www.dementia-assessment.com.au/cognitive   **OR**   * Rowland Universal Dementia Assessment Scale (RUDAS) http://www.dementia-assessment.com.au/cognitive   **OR**   * Kimberley Indigenous Cognitive Assessment (KICA-Cog)  http://www.dementia-assessment.com.au/cognitive   or  http://www.wacha.org.au/kica.html  All cognitive screening tools available at www.dementia-assessment.com.au/cognitive  **AND one** of the following:   * Falls Risk for Older People – Community setting (FROP-Com) http://www.mednwh.unimelb.edu.au/nari\_research/pdf\_docs/FropCom2010/Frop-Com-Guidelines-Sept-2010.pdf   **OR**   * Falls Risk Assessment Tool (FRAT) http://www.health.vic.gov.au/agedcare/maintaining/falls\_dev/downloads/b2b\_1a\_frat.pdf   **OR**  Berg Balance Scale [www.fallssa.com.au/documents/hp/Berg\_Balance\_Scale.pdf](http://www.fallssa.com.au/documents/hp/Berg_Balance_Scale.pdf)  **AND** the following:  Emergency Contact List (EA-EC) |
| **For** **Reference** |
| * PERS installation instructions if therapist is required to set up and install * National Broadband Network (NBN) Medical alarms, autodialler or emergency call buttons - <https://www.nbnco.com.au/residential/learn/device-compatibility/medical-alarms> * Dementia Collaborative Research Centres - An Australian Government Initiative   <http://www.dementia-assessment.com.au/cognitive> |

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| Quality Assurance | | |
|  | **Method** | **Responsibility** |
| **Implementation** | Document will be available for access via the PGC  Notification to staff via email | PGC Administrators  SEAT & TEP Clinical Lead |
| **Review** | Document will be reviewed within 5 years or when changes in practice occur | TEP Advisory Committee |
| **Evaluation** | Document will be evaluated informally at time of review | TEP Advisory Committee |
| **Compliance** |  |  |

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| Key Associated Documents | |
| **Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents** |  |
| **References** |  |

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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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