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| <p>Team Name: Regional Home Care Leadership Team</p> <p>Team Lead: Regional Director - Home Care</p> <p>Approved by: Executive Director - East</p> | <p>Reference Number: CLI.5411.SG.006</p> <p>Program Area: Home Care</p> <p>Policy Section: Service Delivery</p> |
| <p>Issue Date: September 29, 2018</p> <p>Review Date:</p> <p>Revision Date:</p> | <p>Subject: Home Care Services: Equipment</p> |

STANDARD GUIDELINE SUBJECT:

Home Care Services: Equipment

PURPOSE:

To support discharge from hospital settings and prevent readmission, to prevent or delay entry into long-term care facilities, and to support their remaining in the community. Clients who meet the eligibility criteria for Home Care services, who reside in private homes, group homes, supportive living arrangements, or other community living environments may have access to Home Care equipment.

To maintain client safety and optimal level of functioning.

To identify the eligibility criteria for equipment.

DEFINITIONS:

Home Care Equipment: Equipment that assists the client to meet their identified needs safely, related to elimination, bed mobility, transfers, and increase staff/caregiver safety when providing client care.

Optimal level of functioning: When a client has achieved their highest level of functioning which enables them to perform activities of daily living without negatively impacting their physical, social, intellectual, emotional, occupational and spiritual wellbeing.

IMPORTANT POINTS TO CONSIDER:

- **Eligibility Requirements**
 - The person must be eligible for Home Care (Eligibility for Home Care CLI.5410.PL.004).
 - The environment is assessed as safe for client and staff for this activity.
 - Equipment is necessary to support continued client health, the plan of care provided by a family/caregiver, Direct Service Nurse or Home Care Attendant and community living.
 - Client/caregiver/family is willing to cooperate with a safe care plan.
 - Client/caregiver/family agrees to adhere to operational policies/guidelines as set out by the Southern Health Santé Sud.
 - The client does not receive third party funding from programs or agencies such as Manitoba Public Insurance, Employment & Income Assistance, Veteran's Affairs Canada, and Children's disABILITY Services, etc.
- The equipment item is available through approved vendors through provincial contracts.
- Special approval is required when the client's care plan requires equipment other than those available through the regions approved vendors.
- Equipment may be used to support a safe working environment to reduce the risk of worker and/or client injury and to comply with Workplace Safety & Health legislation.
- Home Care pays a rental fee for various types of equipment, for example: commodes, bed and accessories, mechanical lifts, respiratory equipment, other items.
- Individuals, who do not meet eligibility criteria for Home Care services, may have access to equipment but not supplies e.g. Group Home.
- **Ineligibility for Equipment**
 - Clients are not eligible for Home Care equipment if:
 - Client resides in other RHA (Regional Health Authority).
 - Equipment for use in a second home or cottage if client already has same equipment for primary residence.
 - Children less than 18 years of age in care of Child and Family Services.
 - Client resides in a Personal Care Home and requests equipment for periodic visits away from Personal Care Home.
 - Client or family requests a double electric bed so that client is able to sleep with another person.
 - A bed is requested when there is a financial need but no medical need.
- **Other possible funders**
 - Clients who receive funding from a third party such as Manitoba Public Insurance or Workers Compensation Board may be required to obtain equipment through that funder prior to provision by Home Care.
 - Client under 18 years of age who require an overhead lift will be funded through Children's disABILITY Services and not Home Care.
 - Equipment required for a workplace remains the responsibility of the employer. Consideration may be given when a client requires equipment in the workplace and Home Care staff are assigned to provide care.

- Home Care staff must report to their supervisor if the equipment and related supplies are not present in the home, do not appear to be safely installed, are broken or appear unsafe to use. In such cases, services may be placed on hold until the situation is resolved.
- The equipment must be available through the approved vendor. Equipment outside the approved list requires authorization in accordance with Home Care Special Approval Request Form Over Service/Over Protocol (CLI.5411.PL.001) prior to ordering.
- To prevent the spread of infection/disease, equipment is not transferred from one client to another. Equipment no longer required is returned to the supplier. Home Care does not clean equipment so it can be used for another client.

PROCEDURE:

1. The Case Coordinator is responsible to complete a comprehensive assessment.
2. The Case Coordinator determines if and what type of equipment item is required to support the clients care plan in accordance with the equipment eligibility criteria.
3. In the event a client is independent in self-care but would benefit from the use of equipment from the approved list i.e. nebulizer, commode, etc. the client may be approved for the equipment.
4. When a Home Care client is assessed as requiring an equipment item(s), the care plan will:
 - Be discussed/developed in collaboration with the client/family/caregiver.
 - Clearly identify the equipment Home Care will provide and that the client is responsible for.
5. Where assessed that the care to be provided requires client specific training, the Case Coordinator in collaboration with the multidisciplinary team, will arrange for the training of Home Care staff (including family/caregiver) prior to the provision of care. Initial teaching partners may include the Occupational Therapist or Physiotherapist. The Nurse Educator/Direct Service Nurse will participate in the training and is responsible for training of new Home Care employees. For example, this may include training for transfers using a Hoyer lift by an Occupational Therapist or SCHIPP Peer Leader or training for range of motion exercises by a Physiotherapist, Direct Service Nurse or Nurse Educator.
6. It is the responsibility of the client, family/caregiver to notify the Case Coordinator regarding equipment-related issues. The Case Coordinator will reassess and take necessary action.
7. Process for ordering equipment through the various agencies
 - Vendor
 - Product information is obtained through the Vendor catalogue
 - Complete and **fax** order form and keep a copy on client file. Place a red dot or sticker on front of client chart next to client label. This indicates that client is open to and has equipment in the home.

- Regional Logistics and Supply
 - Specialty equipment not available through vendors may be sourced through Logistics and Supply Chain Management as per policy **ORG.1710.PL.001** Purchase Requisitions e.g. Therapeutic Mattresses – refer to Pressure Ulcer Prevention and Treatment Guideline (CLI.6710.SG.001)
- 8. The process for returning equipment is as follows:
 - Client/family/caregiver contacts vendor to arrange pick up of equipment.
 - Client/family/caregiver is to contact the Case Coordinator when equipment is picked up. The Case Coordinator documents in client chart, closes client to Equipment department in Procura and removes red dot on chart.
- 9. The Case Coordinator:
 - Registers client to “Equipment” in Procura.
 - Reconciles equipment in accordance with regional practice.
 - Reviews and signs the Home Care Client Information Sheet: Equipment (CLI.5411.SG.002.SD.01) with client/family/caregiver (leave with client/family/caregiver).
 - Documents on the Care Plan Information MG-1840 form (CLI.5411.FORM.01) the information sheets reviewed and left with client/family/caregiver and the services provided.

SUPPORTING DOCUMENTS:

- [CLI.5411.SG.006.SD.01](#) Home Care Client Information Sheet: Equipment
[CLI.5411.SG.006.SD.02](#) Responsibility for Payment for Equipment and Supplies

REFERENCES:

- Manitoba Health, Seniors and Active Living, *Equipment and Supplies HCS 207.9*, July 2012
- Responsibility for Payment for Equipment and Supplies (*Prepared by Antoinette Zloty, Manitoba Health, in consultation with the Provincial Home Care Managers Network*).
- Home Care Direct Service Protocols (WRHA) *based on Manitoba Health Direct Service Protocols*, September 2009
- Eligibility for Home Care ([CLI.5410.PL.004](#))
- Manitoba Health & Healthy Living - [Care Plan Information MG-1840 form](#)
- Home Care Special Approval Over Service Over Protocol Request Form ([CLI.5411.PL.001.FORM.02](#))
- Purchase Requisition Form (*Non Routine Purchases*) ([ORG.1710.PL.001.FORM.01](#))
- Standard Medical/Equipment Order Form – MDA