

OVERHEAD LIFTS PRIORITIZATION CRITERIA FOR – LEVEL OF RISK

The following prioritization criteria is used to provide a priority rating for Overhead Lift applications:

P1: HIGH RISK

- High potential for client/caregiver injury or injury has already occurred related to the patient transfer or positioning
- Time limited diagnosis (i.e. palliative)
- Imminent caregiver burnout
- Day to day crisis; unable to manage day to day transfers or positioning
- Cost-effective reduction of service (does this relate to the 2 vs 1 person transfer?)
- Hospital discharge pending installation of equipment
- **Direction: Purchase and provide lift as soon as possible**

P2: MODERATE RISK

- Client and/or Home Care staff managing with alternate modes of lifting, positioning, and transferring but not an appropriate long term solution (i.e. repetitive strain, injury)
- Identifiable safety issues and risk for staff; less than optimal body mechanics for ease of transfer in client environment (i.e. using mechanical floor lift but still having to move client manually)
- Caregiver/family strain
- Overhead lift would facilitate getting client into tub for hygiene; maintain skin integrity; pressure management care plan
- **Purchase of lift would be an appropriate long term solution, however client and caregivers can wait for funding/equipment availability and may be placed on wait list**

LOW RISK/DENIAL

- Not an optimal situation, but managing current transfer method; i.e. mechanical floor lift
- Client unwilling to make possible environmental changes, i.e. pulling up carpet, changing location of bed, rearranging furniture etc.