

Transferring from A to B

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Overview

- Introductions
- Quick overview EMS budget, criteria, procurement process
- Frameworks ICF and GMFCS, Clinical Profiles
- Band List and Non-List equipment Advice & EMS Portal tips
- Sling options and considerations
- Questions & Answers



EMS Funding Principles

- Fair allocation of resources is guided by
 - an effective contribution towards helping a person live as others do
 - value for money, now and in the future
 - consistent, principled and equitable approach across a diverse range of people
 - decisions which reflect a long term perspective, noting people grow, age, develop, change over time



Access Criteria

EMS Equipment Manual 11.6 Personal Care

Equipment to enable a person to carry out one or more of the following personal care activities in their home, work or place of study:

- Eating and drinking
- Personal hygiene (washing and toileting)
- Getting dressed
- Transferring from their bed or chair
- Getting in, out of and around their home



Mandatory Consultation

- Clarification of policy Eligibility
- Equipment likely to cost \$5,000 or more to meet a person's Personal Care, Household Management, Walking or Standing needs

(excluding Band 1 and Band 2 items unless moderation is appropriate on a case-by-case basis)

New technology



EMS Advice or EMS Rationale

- A clear MOH disability diagnosis or clear LTS-CHC diagnosis with NASC approval
- An 'essential' need is discussed functional presentation
- Alternatives are discussed
- A sustainable solution that can be made suitable for the person long term
- Growth, environment and transportation
- Cost effectiveness



What is "Band"?

- Procurement Process
 - Contractual
 - Tender process
 - Engagement, after service, parts, stock
 - Features align nationally
 - Volumes = fleet management, agreed cost



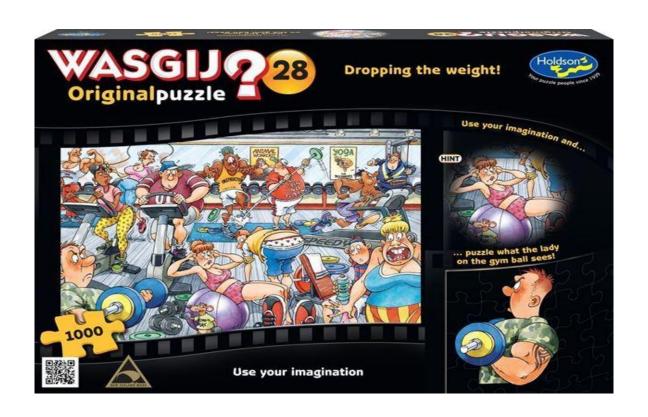








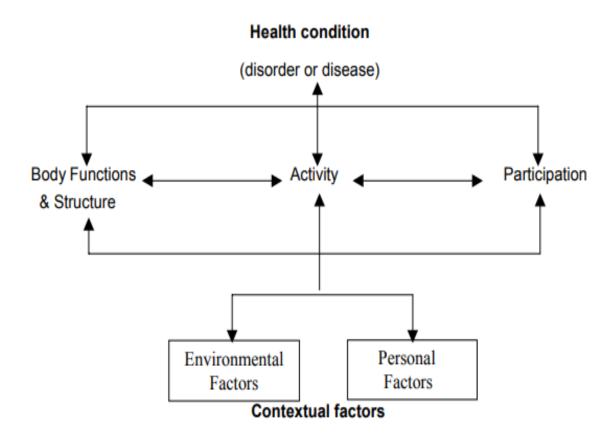
Frameworks - the bits of the puzzle





International Classification of Functioning, Disability and Health (ICF)

World Health Organisation Geneva 2002



(https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health)



ICF Domains

Body Functions: The physiological functions of body systems (including psychological functions)

Body Structures: Anatomical parts of the body such as organs, limbs, and their components

Activities: The execution of a task or action by an individual

Participation: Involvement in a life situation

Environmental factors: The physical, social and attitudinal environment in which people live and conduct their lives; these are either barriers to, or facilitators of, the person's functioning. Home environment and access to supports

Personal Factors: Internal personal factors which can include gender, age, education, profession, past and current experience, character and other factors that influence how disability is experienced by the individual. Cultural considerations



Gross Motor Function Classification System

Expanded and Revised (GMFCS – E&R) 2007

https://canchild.ca/

GMFCS - E & R © Robert Palisano, Peter Rosenbaum, Doreen Bartlett, Michael Livingston, 2007

CanChild Centre for Childhood Disability Research, McMaster University

GMFCS © Robert Palisano, Peter Rosenbaum, Stephen Walter, Dianne Russell, Ellen Wood, Barbara Galuppi, 1997

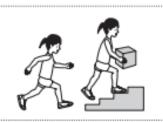
CanChild Centre for Childhood Disability Research, McMaster University

(Reference: Dev Med Child Neurol 1997;39:214-223)



GMFCS E&R (12th – 18th year)

Descriptors and illustrations



GMFCS Level I

Youth walk at home, school, outdoors and in the community. Youth are able to climb curbs and stairs without physical assistance or a railing. They perform gross motor skills such as running and jumping but speed, balance and coordination are limited.



GMFCS Level II

Youth walk in most settings but environmental factors and personal choice influence mobility choices. At school or work they may require a hand held mobility device for safety and climb stairs holding onto a railing. Outdoors and in the community youth may use wheeled mobility when traveling long distances.



GMFCS Level III

Youth are capable of walking using a hand-held mobility device. Youth may climb stairs holding onto a railing with supervision or assistance. At school they may self-propel a manual wheelchair or use powered mobility. Outdoors and in the community youth are transported in a wheelchair or use powered mobility.



GMFCS Level IV

Youth use wheeled mobility in most settings. Physical assistance of 1-2 people is required for transfers. Indoors, youth may walk short distances with physical assistance, use wheeled mobility or a body support walker when positioned. They may operate a powered chair, otherwise are transported in a manual wheelchair.



GMFCS Level V

Youth are transported in a manual wheelchair in all settings. Youth are limited in their ability to maintain antigravity head and trunk postures and control leg and arm movements. Self-mobility is severely limited, even with the use of assistive technology.



Focus In On Transfer Ability

Level III: Youth are capable of walking using a hand-held mobility device. Compared to individuals in other levels, youth in Level III demonstrate more variability in methods of mobility depending on physical ability and environmental and personal factors. When seated, youth may require a seat belt for pelvic alignment and balance. Sit-to-stand and floor-to-stand transfers require physical assistance from a person or support surface. At school, youth may self-propel a manual wheelchair or use powered mobility. Outdoors and in the community, youth are transported in a wheelchair or use powered mobility. Youth may walk up and down stairs holding onto a railing with supervision or physical assistance. Limitations in walking may necessitate adaptations to enable participation in physical activities and sports including self-propelling a manual wheelchair or powered mobility.

Level IV: Youth use wheeled mobility in most settings. Youth require adaptive seating for pelvic and trunk control. Physical assistance from 1 or 2 persons is required for transfers. Youth may support weight with their legs to assist with standing transfers. Indoors, youth may walk short distances with physical assistance, use wheeled mobility, or, when positioned, use a body support walker. Youth are physically capable of operating a powered wheelchair. When a powered wheelchair is not feasible or available, youth are transported in a manual wheelchair. Limitations in mobility necessitate adaptations to enable participation in physical activities and sports, including physical assistance and/or powered mobility.

Level V: Youth are transported in a manual wheelchair in all settings. Youth are limited in their ability to maintain antigravity head and trunk postures and control arm and leg movements. Assistive technology is used to improve head alignment, seating, standing, and mobility but limitations are not fully compensated by equipment. Physical assistance from 1 or 2 persons or a mechanical lift is required for transfers. Youth may achieve self-mobility using powered mobility with extensive adaptations for seating and control access. Limitations in mobility necessitate adaptations to enable participation in physical activities and sports including physical assistance and using powered mobility.

The Puzzles Match





Hoisting Options



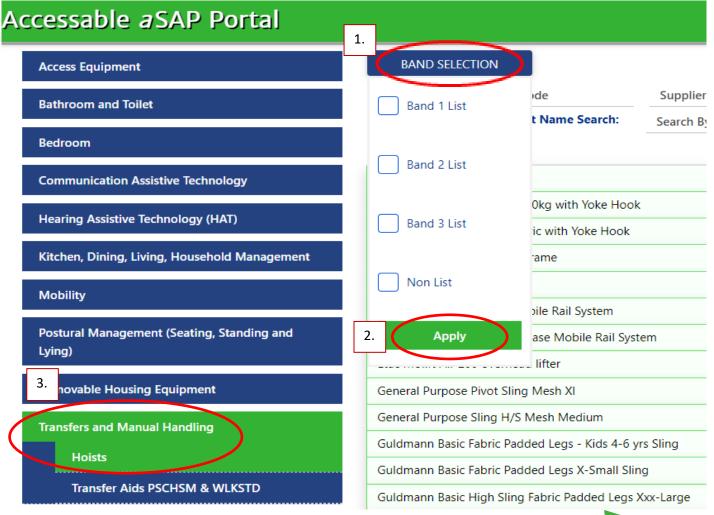


Assessment – what next?





aSAP Catalogue





MOH Band List Options

Band One: transfer belt,
 Molift Raiser, transfer board
 (all PSCHSM & WLKSTD)





- Band Two: Sara Stedy (PSCHSM & WLKSTD),
 Micros and Sonata full sling hoists + slings, Minilift 160 sit to stand
- Selected to meet most peoples' needs







Non-List Options





Non-List Options

- Mobile/floor full sling hoist with a longer boom; wider opening legs; electronic vs manual leg spread
- Two post gantry hoist
- Four post gantry hoist
- EMS Advice needed





Differences





2 vs 4 Point Spreader Bar

Spreader bars connect to the boom of the hoist unit and provide a stable structure to hang a sling from

This gives a more balanced and supportive lift to the user

 2 Point Spreader Bars - most common lifting requirements and for use with most slings



 4 Point Spreader Bars Suitable when larger spacing between back and leg is required





Pivot Frame



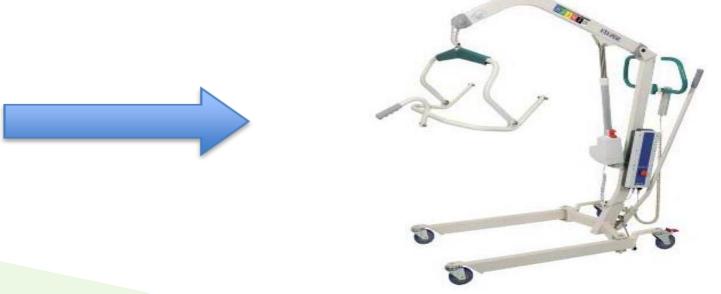


Pivot Frame

 Allows the whole frame to be tilted back and forward to assist in the positioning of the client

Assists with the lifting of a client in either a sitting or lying

position





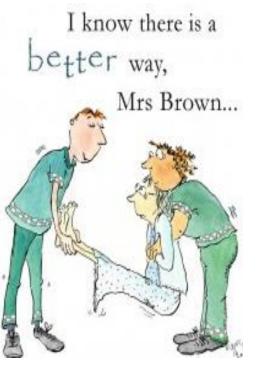
Slings

- Material environment, frequency, maintenance
- Transfer vs hygiene











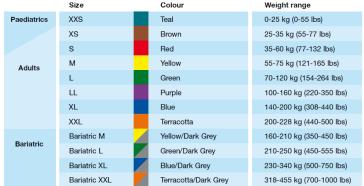
Slings continued...

• Attachments – loop or clips





Sizing – Pediatric and Adult



Support – head, amputee







