

PROVINCIAL GUIDE-LINES REGARDING THE ISSUING OF ALL MOBILITY ASSISTIVE DEVICES

There is a National Task Team currently investigating standardized policy regarding the budgets, payments, ordering, issuing, recycling etc. of all assistive devices. Until this policy is available, the following guidelines are to be implemented in the interim on Provincial level to ensure equality throughout the Province.

A. BUDGETS

1. BUDGET ALLOCATION:

- 1.1 In the light of the zero budgeting principle, accountability and effective management, separate budgets should be specifically allocated for all categories of mobility assistive devices (Table 1) at each institution at primary, secondary and tertiary level services. Where indicated, budget allocations may be centralised at district level.
- 1.2 Specific budget allocation must also be made for the maintenance and repairs for mobility assistive devices. This allocation will include spares as well. (Table 1)

TABLE 1:

BUDGET VOTE CODES:		
TYPE OF DEVICE	CATEGORY	VOTE CODE / Doelwit
Crutches, walking sticks, walkers, rollators, etc.	Artificial aids	2311- <u>3690</u>
Wheelchairs, cushions, lap-trays, etc.	Artificial aids	2311-3670
Maintenance, repairs and spares	Mechanical	5381-5316

- 1.3 Clinical rehabilitation professionals (Orthopaedic Community Nursing Sisters, Physiotherapists and Occupational Therapists) must be made aware of the final specific budget allocation per vote codes so as to ensure appropriate management of the budget and planning for the financial year.
 - 1.3 Budgets must also make provision for non-tender items, e.g. wheelchair accessories that are critical to the correct and safe seating (Vote code 2311-3670):
 - Cushions
 - Wheelchair trays
 - Lap-straps, leg-straps, etc.
- #### 2. INPUT TO THE BUDGET:
- 2.1 Clinical rehabilitation professionals (Orthopaedic Community Nursing Sisters, Physiotherapists and Occupational Therapists) must be consulted per institution or district (whichever is applicable) in the budgeting process.

- 2.2 Budget requests must be based on:
- * number of new applications received
 - * backlog
 - * number of replacements
 - * repair and service needs

B. ORDERING PROCEDURES:

1. Administrative personnel may not alter specifications on orders for wheelchair or other assistive devices.
2. Tender specifications allow a maximum period of two (2) weeks between order (from the supplier) and delivery of assistive devices. Administrative procedures (from prescription to ordering of the device) within institutions should be completed within one (1) week to prevent unnecessary delays.

C. APPLICATIONS FOR MOBILITY ASSISTIVE DEVICES:

1. A central database (logbook) for all categories of assistive devices should be kept per institution. Where budgets are centralised at district level, a central database should be kept for the district. (Efforts are underway to establish regional databases.)
2. All applications should be logged. It should be clearly indicated in the logbook whether the application was successfully processed or whether the application is waitlisted. The date that the device is issued should be clearly logged. A standardized log-form will be developed.
3. Only clinical rehabilitation professionals (Orthopaedic Community Nursing Sisters, Physiotherapists and Occupational Therapists) may assess clients for mobility assistive devices and prescribe the required devices.

Both physio- and occupational therapy assistants as well as community based rehabilitation workers, may not assess for, or prescribe wheelchairs.

4. Pending applications (wait-list) must be cleared at the beginning of each new financial year, or through funds received for backlogs or by utilizing other avenues. See F2.

D. AVAILABLE WHEELCHAIR STOCK IN INSTITUTIONS:

1. Should the institution not buy customized chairs from the supplier (in other words, if the institution buy in bulk), adequate numbers of different sized chairs should be bought.
2. Should the institution not buy customized chairs from the supplier (in other words, if the institution buy in bulk), a stock of spare-parts and all additional options that may be required (e.g. wide castors, different length footplates, brake extensions, armrests, amputation extensions, etc.), should be readily available on the premises to immediately customize chairs as necessary.
3. All clinical rehabilitation professionals must be trained in basic maintenance and customizing of wheelchairs, i.e. adapting a basic wheelchair to the clients needs.

E. PAYMENT:

1. The current Provincial policy is to be followed for the payment of assistive devices.

The current policy is set out in the hospital fee department manual. (Procedure manual: Chapter 18: Hospital Fee Structure: reference number 7/3/1/B, Circular number H90/1998.) Current policy includes the following:

- All patients should pay for wheelchairs and assistive devices according to the sliding scale as set out in the document.
 - Where patients cannot pay the full amount at once, the required assistive device should be issued immediately if stock is available and an account raised thereafter. Where stock is not available, the device must be ordered immediately.
 - Patients are all allowed to pay off in monthly installments.
 - Deposits are not required before receipt of an assistive device.
2. Patients must receive proof of any payments made.
 3. Patients can make payments for assistive devices at their closest hospital or community health care facility, irrespective of level of issue of the device.

F. ISSUE OF DEVICE:

1. It is the discharging institution's responsibility to provide the assistive device, i.e. the institution where the client is treated and/or receives his/her rehabilitation. The discharging institution is where the client is taught the necessary skills to use and maintain the device during the rehabilitation process.
2. In the case of insufficient funds, it remains the ultimate responsibility of the discharging hospital to provide the required device/s. This may be done by either wait-listing the application (C2 + C4) or approaching other institutions in writing, applying to special projects or accessing special funds. For clients requiring wheelchairs, referrals can also be made to special funds, hiring services, NGO's and other projects or organizations, e.g. patients with cancer to the Cancer Association and rugby injuries to the Chris Burger Fund.
3. Prescriptions (specified options on the type of wheelchair, type of walking aid, etc.) may not be altered by any person/s doing the ordering, administration or issuing of these items.
4. Because of budgetary constraints not all applications for mobility assistive device will be successful in one financial year. Each individual application must be considered on its own merits. This can only be done by the clinical rehabilitation staff and not by administrative personnel. Assistive devices may not be refused solely on the grounds of social and/or home circumstances, area of residence, diagnosis, medical condition or age.
5. No client categorized as Private or Private Hospital patients should be issued with assistive devices from institutional stock. This stock is dedicated to State Hospital clients who are dependent on State subsidized services. However, it remains the duty of the clinical rehabilitation professional treating these clients to assist them in obtaining the necessary device/s privately.
6. Prescription forms for wheelchairs and other assistive devices do not have to be co-signed by a medical practitioner or medical superintendent. The prescription is to be co-signed by individual departmental heads (Physio- and/or Occupational Therapy) or the regional/district Orthopaedic Community sisters who are fully cognizant of the budget allocations.
7. Clients should sign the standardized contract form with receipt of the assistive device. The contract is completed in duplicate and the original handed to the client, while the copy is filed at the institution. (See attached Pro Forma document.)

This contract should state the following:

- The device belongs to the institution and is only on loan to the client.
 - The device should be returned when no longer needed.
 - There will be no refund on return of the device.
 - The device may not be sold or loaned to another person.
8. A full record of the type of device and serial number (where applicable) should be logged with the patient data (name, address, file number, etc.) and kept on file.
 9. The name of the institution issuing the device must appear on the device.
 10. Assistive devices should be issued to the patient by the prescribing clinical rehabilitation professional (excluding administrative and financial procedures) and not by administrative personnel.
 11. Clients from other Provinces: All clients should be issued with the necessary devices. Hospital administration of the issuing institute then claims back the exact amount per L29 from the other Province as per current policy. The clinician issuing and ordering the device should provide the following to the administrative offices: General requisition with patient name, address, file number, the Province of origin and the complete address of the client in that Province. Copies of the following documents must accompany the requisition: copies of the devices requisition form, order and invoice.
 12. Motor vehicle accident (MVA) patients are to be classified according to their income. See Chapter 18: Procedure manual paragraph 6.2.13.1 and Circular No H30/1998. Assistive devices are therefore to be issued according to the income classification as set out in this document.

G. REPLACEMENT OF MOBILITY ASSISTIVE DEVICES:

1. There may be no limits on the number of replacements of assistive devices to an individual, unless poor maintenance, neglect or abuse of the device is evident. See table 2 for the legally accepted life span of assistive devices.

TABLE 2:

EXPECTED LIFE-SPAN OF ASSISTIVE DEVICES	
DEVICE	TIME IN YEARS
Wheelchair (dependent on the activity level and weight of the user, and the terrain used)	5-8 years
Wheelchair cushions: (depending on full-time or part time use and body-weight) Foam type cushions: Egg-box cushion Paracare/Clinicare cushions	3 months - 2yrs 1-2 years
Aluminium crutches (depending on amount of weight-bearing through crutches)	1-8 years
Other aluminium devices (including walkers, rollators, quadropods, walkers with wheels, and walking sticks)	5-8 years

2. The institution that originally issued the device is responsible for replacing the device, as condemning reports are required for replacement of devices.
3. In the event of the client moving from one district/region to another, the device may be transferred according to current policy from the issuing institution to the institution closest to the client. The institution to where the device was transferred to, is then liable for replacement and repairs of the device.

H. ASSISTIVE DEVICES REPAIRS:

1. The institution issuing the device is fully liable for repairs and maintenance. Patient payment for repairs to be according to the Procedure Manual: Chapter 18: Hospital Fee Structure: reference number 7/3/1/B, circular number H90/1998.
2. The client should be able to approach his closest institutions for repair services. Current procedure allows for the local hospital fees department to bill the issuing institution for repairs. This ensures that the client is assisted immediately, as the local institution arranges for the repairs after approval from the issuing institution. Alternatively, devices should be officially transferred after issue from the issuing institution to the client's local institution.
3. Clients may not be denied repairs or maintenance to any assistive device, solely on financial grounds.

4. WHEELCHAIRS:

- 4.1 If a wheelchair is broken during the guarantee period, it is to be repaired by the supplier as set out in the wheelchair tender document and Contract Notice 38/96, Reference number H2/0/15/7/233.
- 4.2 Institutions should keep all records of maintenance and repairs carried out on all wheelchairs. In the event of repairs done at locations other than the issuing institution, details of the repairs must be forwarded to the issuing institution for record keeping.
- 4.3 Where there are no trained wheelchair technicians available at hospital workshops, hospitals must contract out the repairs of wheelchairs to private organizations as per regulation. This can be done by either the hospital providing the spare parts themselves and being billed for labour only, or the service provider obtaining the spare parts at tender price from the suppliers and furnishing the hospital with an itemized bill for spare parts and labour. Spare parts may only be provided at tender prices to the hospital, i.e. there may be no mark-up on prices.
- 4.4 To prevent secondary complications in clients, wheelchair repairs must be completed within a maximum period of three (3) weeks. Hospitals must bring this to the attention of the service provider doing repairs and form part of the basic agreement between the two institutions.
- 4.5 Patients should be able to take their wheelchair to their closest hospital or community health care facility, irrespective of the level of issue of the wheelchair. Repairs are done according to H4.3 of this document and billing according to H2.

I. RECYCLING OF DEVICES:

1. Mobility assistive devices should be followed up at least once a year.
2. A contract should be signed by the client stipulating that the chair will be returned if no longer needed or used. See F2 and attached Pro Forma document.

J. RE-ISSUING OF DEVICES:

1. Before a device is re-issued, the institution that owns the device is responsible to ensure that the device is fully serviced and supplied with new parts where necessary. The issuing institution is liable to provide the client with a safe and functional device.
2. The cost of repairs to recycled devices is billed to the institution, as the device belongs to the institution.
3. Should the device no longer be suitable for re-issue, it should be condemned and replaced (see table 2 above with expected life span of devices).
4. Supply of a recycled device to the client is according to the policies set out in the Hospital Fee Structure Manual. See E1-3.

K. WHEELCHAIRS ON LOAN:

1. Wheelchairs should be made available on loan at all institutions for:
 - (a) persons with temporary disabilities (i.e. disabilities requiring wheelchair use for six (6) months or less) and
 - (b) clients whose chairs have gone in for repairs and
 - (c) clients awaiting chairs from special funds, projects or organizations.

L. TRAINING:

1. Not all new graduates (physiotherapy, occupational therapy and orthopaedic community nurses) have sufficient knowledge to prescribe, customize and maintain wheelchairs and to use the tender document. All new graduates should be trained soon after commencement of employment, so as to ensure a uniform standard of knowledge. A standardized training course is currently being developed.

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PROVINCIAL ADMINISTRATION OF THE WESTERN CAPE
HOSPITAL AND HEALTH SERVICES BRANCH
MOBILITY ASSISTIVE DEVICES CONTRACT
TO BE COMPLETED IN DUPLICATE

NAME:

ADDRESS:

.....

.....

PHONE NUMBER: **DATE OF BIRTH:**

INSTITUTION: **FILE NUMBER:**.....

ASSISTIVE DEVICE: **SERIAL NUMBER:**

DATE ISSUED:

I declare that I understand the following:

1. My assistive device remains the property of the Provincial Administration of the Western Cape
2. I have not bought the device, but am only renting it.
3. When I no longer need the device, or in the event of my death, the device:
 - may not be sold or lent to any other person
 - must be returned to the address below.
4. There will be no refund on returning the device.

Thank you for your co-operation.

.....
PAWC OFFICIAL: Signature

Name in print

Contact telephone number:

.....
Signature/thumbprint of client/care-giver/family member

Name and address and/or
logo of issuing institution

TERMS OF REFERENCE FOR THE PAWC WHEELCHAIR AND ASSISTIVE DEVICES ADVISORY COMMITTEE OF DIRECTORATE PROGRAMME DEVELOPMENT

• Aim of Committee

To ensure that the provision of wheelchairs and assistive devices, by PAWC to consumers, appropriately and cost-effectively addresses the needs and rights of all consumers in the Western Cape.

1. Membership

1.1 Composition

- Not more than 15 persons.
- Membership shall be comprised of representatives of service providers from all of the levels of care and representatives of consumers and Disabled People's Organisations (DPO's).
- The consumers / DPO's should comprise at least one third ($\frac{1}{3}$) of the membership of the committee.

1.2 Term of Office

- The Committee shall be constituted for a two year period.
- A two-year period shall be calculated from the date of the first officially constituted meeting of the new committee.
- Members are eligible for re-election.

1.3 Appointment to the Committee

It will be one of the tasks of the existing committee to determine the process by which the next committee will be appointed.

1.4 Structure

A Chairperson shall be elected by committee members.

A Secretary shall be elected by committee members.

Other members may be assigned designated portfolio's.

A representative from the sub-directorate: Chronic Care, Care of the Elderly Rehabilitation

The secretariate will be provided by Sub-directorate: Chronic Care, Care of the Elderly Rehabilitation.

2. Roles and Responsibilities

2.1 To research and identify problems facing service providers and consumers in the provision and maintenance of wheelchairs and assistive devices.

2.2 To make recommendations regarding policy development and the development of non-guidelines and protocols for the provision and maintenance of wheelchairs and assistive devices.

- 2.3 To monitor and evaluate the implementation of above policies, norms, guidelines and protocols.
- 2.4 To promote equity between the regions.
- 2.5 To promote self-representation by disabled persons.
- 2.6 Committee members have the responsibility of sending apologies if they are unable to attend a meeting.
- 2.7 Committee members may not miss more than two consecutive meetings, or more than twenty-five percent of meetings in one year. Should this occur, the membership of the person shall be reviewed by the committee.

DEFINITIONS:

- Wheelchairs: Any wheelchair or buggy.
- Assistive device: Any assistive device which improves the capacity of the consumer to function independently or more independently.
- Consumer: Any person (adult/child) requiring permanent or temporary usage of wheelchair/assistive device in order to facilitate independent functioning.
- Service Provider: Any employee of PAWC or Local Authority involved with the provision and/or maintenance of wheelchairs or assistive devices to a consumer.
- Provision: Means the entire process from the assessing of the consumer's needs, provision, maintenance, and replacement of the wheelchair or device.

D. SPECIFICATIONS FOR WHEELCHAIRS, BUGGIES AND CUSHIONS

WHEELCHAIR SPECIFICATIONS

1. **Manufacturer:**
 Clinical Emergencies Presta Other: Specify:

2. **Type of wheelchair:**
 Standard Finged back Short back Tall back Semi-recliner Low-slung seat
 Short back, low-slung Motorised

3. **Special options:**
 None One-arm-drive Left One-arm drive Right Reinforced frame
 Amputation extensions Anti-tip levers Amputation stump support Left / Right

4. **Size:**

Wide 20" or 51cm seat: 40cm	Standard 18" or 46cm seat: 40cm	Narrow 16" or 41cm seat: 40cm	Large juvenile 16" or 41cm seat: 40cm	Small juvenile 14" or 36cm seat: 30cm
Special standard 17" or 43cm seat: 40cm	Special large juvenile 15" or 38cm seat: 40cm	Special small juvenile 14" or 36cm seat: 40cm	Kiddies 12" or 30cm seat: 30cm	

4.2 **Special seat depth required:**
 No Yes: specify:

5. **Finish:**
 Chrome covered Epoxy-coated: (blue)

6. **Upholstery:**

Type	Vinyl (waterproof)	Nylon (breathable)
Colour	Black (Vinyl / nylon)	Grey (Vinyl only)
Reinforced	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adjustable back upholstery	Yes <input type="checkbox"/> No <input type="checkbox"/>	

7. **Armrests:**

Number	None	Two
Type	Full	Sport
Skirt-guard	Plastic	Aluminium
Special	Specify:	Desk

8. **Nylon skirt guards (only if no armrests):**
 None Include

9. **Rear wheels:**

Type	Spokes	Mags
Width	24 x 1 3/8 standard	24 x 1.75 (tuffee)
Tyre / tube	Pneumatic	No-more-flats
Other	Standard	Quick-release

22 x 1 3/8 (12" chair) mag only
 Krypton tyre (not for 22" wheel)
 Capstan pushrims

10. **Front castors:**

Type	Standard	Colson
Size	1" (standard)	2" (wide)

11. **Foot-plates:**

Type	Standard			Elevating		
	None	1 left	1 right	Two	1 left	1 right
Number	None	1 left	1 right	Two	None	Two
Hanger	Adult	Juvenile	N/A	Small juv. chair only	Elevating	Elevating
Foot-plate	Adult	Narrow	Juv	Growing	Adult	Narrow
Foot rest type	Plastic	Aluminium	One solid	Plastic	Aluminium	Aluminium

BUGGY SPECIFICATIONS

Indicate buggy and options:

1.1 McClaren	Chariot (Presta)		Shonaquip	
1.2	Small	Medium	Large	Tuffee
1.3	1" front castors		2" front castors	Small
				Madiba
				Long

CUSHION SPECIFICATIONS

Indicate type of cushion:

Basic pressure care type	Wedge pressure care type	Basic wedge for positioning
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To fit size of chair:

20" (51cm) w x 40cm l	18" (46cm) w x 40cm l	16" (41cm) w x 40cm l	14" (36cm) w x 30cm l
17" (43cm) w x 40cm l	15" (38cm) w x 40cm l	14" (36cm) w x 40cm l	12" (30cm) w x 30cm l

Special options (Specify):

Width: cm Length: cm Height (front): cm Height (back): cm

WHEELCHAIR TRAY TABLES

Indicate size of wheelchair:

20" or 51cm	18" or 46cm	17" or 43cm	16" or 41cm	15" or 38cm	14" or 36cm	12" or 30cm
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