



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**HSE POLICY ON
PROVISION OF POWERED MOBILITY EQUIPMENT (PME)
FOR
ADULTS**

The National Powered Mobility Equipment Working Group gratefully acknowledges all of the Occupational Therapy Departments who generously contributed their local policies, practices and paperwork to inform this policy. Please see list of contributing departments Appendix B.

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| Written by: National Policy Working Group on Provision of Powered Mobility Equipment for Adults and Children | | Title: Appendix A. |
| Approved by: HSE National Disability Governance Group | | |

1.0 Policy Statement

The HSE aims to provide a community health care service that is high quality, safe, value for money and evidence based (HSE 2008). The development of protocols and policies that reflect and support best clinical practice is essential in the provision of care and support to service users and their families. The HSE Occupational Therapy staff is committed to providing an equitable, accountable and transparent process when assessing and issuing powered mobility equipment (PME) for all service users. This will be in partnership with other relevant professionals as indicated by the individual service user's needs. For the purpose of this policy, PME is defined as a powered wheelchair or a scooter.

2.0 Purpose

This policy provides a standardised approach on the assessment, criteria for provision and provision/review of HSE funded PME to service users in a community setting. It is to ensure that service users/carers receive a comprehensive assessment of need and receive adequate training in the use of the PME.

3.0 Scope

The scope of this policy applies to all professional staff working within the HSE and HSE funded organisations who are engaged in assessment and provision of HSE funded PME. This policy should be read in conjunction with relevant standards of Irish professional bodies of those involved in assessment, applications and provision of HSE funded PME.

4.0 Definitions and Abbreviations

4.1 Service User

For the purposes of this policy, service user means a person to whom a prescribing clinician renders a professional service

4.2 Carer

For the purpose of this policy, the carer shall be defined as the person who looks after or supports the service user with their day-to-day activities

4.3 Powered Wheelchair

This is a wheelchair (with or without special seating support) which has a battery powered motor and is controlled by a choice of hand, foot or head controls, depending on the abilities of the user. It can be controlled by the occupant, carer or both. (Novita 2012)

4.4 Mobility Scooter

A mobility scooter is usually battery powered and has a seat over three or four wheels, a flat area or two footplates for the feet and handlebars in front to turn one, two or three steerable wheels. This is a PME aid for outdoor use, generally considered for a service user who does not have complex seating needs.

5.0 Responsibility

5.1 Prescribing Clinician

It is the responsibility of the prescribing clinician to ensure they carry out a comprehensive, thorough assessment as per 6.3 below in collaboration with other professionals relevant to each service user's needs prior to prescribing PME. They must also complete training with the service user/carer in the safe use of this equipment (see Appendix C)

5.2 Line Manager

It is the responsibility of line managers to ensure that all staff within their responsibility are aware of and implement this policy.

5.3 Prescribing clinicians in agencies other than the HSE

5.3.1 Where the assessment has been carried out by staff from agencies other than the HSE, it is their responsibility to liaise with HSE Occupational Therapy staff re the suitability of the PME. The HSE Occupational Therapy service has the ultimate responsibility for recommending approval for funding of PME equipment.

5.3.2 Clinicians from agencies other than the HSE who are prescribing PME must adhere to HSE Terms and Conditions (Appendix L) for HSE funded PME

5.3.3 The State Claims Agency does not provide an indemnity to non HSE clinicians, irrespective of whether the HSE fully or part funds the organisation which employs those clinicians. It is the responsibility of each agency therefore to ensure their employees hold adequate Professional Indemnity Insurance cover.

5.3.4 Where the service user has been assessed for and trained in use of a PME by a clinician from an agency other than the HSE, the service user/carer must agree to the recommendations for use made by that professional.

6.0 Policy

6.1 Provision of PME to adult service users

PME should only be considered where the service user's mobility needs cannot be met by more cost effective solutions such as a manual wheelchair. A service user/carer does not have an entitlement to be provided with an HSE funded PME where they have been deemed suitable following the assessment process and eligible per criteria in section 6.2. The HSE has budgetary restrictions within which it must operate and on which the allocation of PMEs is dependant. For some service users assessed as suitable and eligible for a PME per section 6.2, this may result in a waiting period.

6.2 Criteria for Provision of PME to Adult Service Users

Each service user will be provided with an assessment of need for a PME but a HSE funded PME can only be provided when all of the following criteria are met:

- The service user has a valid medical card, LTI card or HAA card
- The service user has impaired mobility/medical disability which significantly affects their independence and quality of life, e.g. deficit of the locomotor system or chronic heart or lung condition, which has caused a severe and permanent restriction in walking
- The service user must be unable to propel a manual wheelchair sufficiently to carry out activities of daily living (by reason of muscle weakness, increased tone, stiffness, in-coordination, deformity, pain or severe fatigue or breathlessness). The service user may be an occasional user of the manual wheelchair for ease of access to transport and/or as a back up wheelchair
- A full assessment of the service user's ability and needs has been undertaken detailed in 6.3 below and PME has been recommended by the prescribing clinician to promote function and independence. The provision of the PME will enable the service user to maintain their mobility by enabling easier access to the home and work and/or where the external environment is unsuitable for manual wheelchair use
- **Procedure for Assessment and Training of Powered Mobility Users (Appendix C)** has been completed in full when a PME referral is submitted for funding.
- An attendant controlled powered wheelchair may be provided where the family/carer experiences difficulty in pushing the service user in a manual wheelchair and where the service user cannot safely drive a powered chair in/outdoors.
- The service user/carer understands that the PME is for the sole user of the service user and agrees not to permit the PME to be used by another person.
- The service user/carer acknowledges that the PME cannot be altered or modified in any way whatsoever.

6.3 Assessment for provision of PME for Adult Service Users

- A full **Powered Mobility Assessment Record** will be completed and documented on the **Powered Mobility Equipment Assessment Record (Appendix D)**. This will include:

- Home environment to ensure adequate space for movement/storage of the PME
- Physical Assessment in collaboration with other relevant professionals to ascertain the adult's seating and pressure management needs
- Perceptual Assessment, Behavioural and/or Cognitive Screen where indicated
- The **Letter to Service User/Carer (Appendix E)** will be sent to the service user/carer, along with the **Letter to GP (Appendix F)** and **Request for Medical Information Form (Appendix G)** to be completed by the GP and returned to the assessor.
- On re-referral, review assessments will only require completion of this step when the assessor has concerns about significant changes in the service user's medical condition
- A **Refusal Letter to Service User/Carer** and their GP/referrer including the reasons for refusal will be sent if the service user is unsuitable for PME (see **Appendix H**). In this case, a copy of the HSE's "Your Service, Your Say" will also be included with the Refusal Letter. This is in order to facilitate service users/carers who might wish to challenge such a refusal decision through the HSE internal complaint system.
- **The Powered Mobility Equipment Training Agreement (Appendix I)**, a signed contract between the service user and the prescribing clinician must be completed prior to starting PME training and a copy provided for the service user/carer.
- In addition, the '**Terms and Conditions for the Supply on Loan of the Powered Mobility Equipment (appendix L)**', also a signed contract between the service user/carer and prescribing clinician, must be completed prior to starting PME training and a copy provided for the service user/carer
- The prescribing clinician submitting the completed assessment and application for HSE funded PME must include the '**Terms and Conditions for the Supply on Loan of the Powered Mobility Equipment**' signed and dated by the service user/carer as relevant.
- Competence in the use of the PME using the **Powered Mobility Skills Test (Appendix J)** must be demonstrated by the service user (in a service user controlled powered wheelchair) or by the carer (in an attendant controlled powered wheelchair) and documented

- The prescribing clinician submitting the completed assessment and application for HSE funded PME must include the ‘**Terms and Conditions for the Supply on Loan of the PME (Appendix L)**’ signed and dated by the service user/carer as relevant

6.4 Specialised Seating

This policy focuses on the service user’s need and suitability for PME. While the clinician’s assessment will include the evaluation of the service user’s postural/positioning needs, the need for this specialised seating does not determine the service user’s suitability for PME.

6.5 Consultation

Consultation with other professionals involved with the service user may also be carried out according to the individual young person’s needs

7.0 Training and Education

- The prescribing clinician is responsible for providing comprehensive training in the use of the PME to the service user (for self controlled) or the carer (for attendant controlled PME) to ensure competent use of the equipment. Each training session should be recorded using the **Powered Mobility Skills Test (Appendix J)**
- A **Powered Mobility Skills Practice Sheet (Appendix K)** should be provided to the service user /carer with skills to be practiced between sessions.
- The prescribing clinician must ensure that the service user/carer is competent in safe use of the equipment, including all aspects of manual handling, seating and safety on the road.
- It is the responsibility of the relevant line manager to ensure that all relevant staff are trained and/or receive training in the assessment for and the use of PME
- The “**Powered Mobility Equipment Completion Checklist**” (**appendix M**) must be fully completed by the end of the training and education and kept in the service user’s file

8.0 Third Party Insurance

The prescribing clinician must advise the service user/carer that they should consider investing in appropriate insurance to cover the service user/carer’s liabilities arising from their use of the PME. The service user /carer must accept that they will be responsible for

loss and injury to persons or property caused by the negligent use of the PME whilst it is under their control. They must agree to indemnify the HSE/PME provider arising from their breach of the Terms and Conditions of Use and sign the Terms and Conditions form (Appendix L) to that effect.

9.0 Restrictions of Use

Following assessment, and during and/or on completion of training, the prescribing clinician may provide the service user/carer with restrictions of use of their PME for their safety and the safety of others.

The State Claims Agency has recommended that PMEs should not be used on the road except in exceptional circumstances where necessary and that prescribing clinicians should advise PME users accordingly.

10.0 Transport of PME

Where a service user is being transported in their PME in a vehicle, the prescribing clinician should advise the service user/carer to follow equipment suppliers transport safety recommendations as outlined in the Service User manual for the specific PME.

11.0 Change in Service User's Condition

Notwithstanding the entitlement of the HSE to review, it is the service user/carer's responsibility to contact the prescribing clinician if there is a change in the service user's condition which impacts on their ability to use the PME.

12.0 Ordering and Maintenance of the PME

12.1 Ordering of the PME

All PME must be recommended for funding approval by the HSE Occupational Therapy Manager and/or Senior Occupational Therapist prior to ordering and ordered in accordance with local purchasing approval requirements. The HSE National Financial Regulations 1 Purchase to Pay (2012) apply to all equipment purchases within the HSE.

12.2 Adjustment of the PME

Any necessary modifications or alterations are to be carried out strictly and solely by the PME provider in agreement with the manufacturer's recommendations. Any alteration or modification to the PME by the service user/carer constitutes a breach of the Terms and Conditions of Use and the provision of Section 14.0 shall apply.

12.3 Repair of the PME

It is the service user/carer's responsibility to contact the OT Department/Appliance Department if there is a breakdown of equipment. The HSE provides for repair as a result of normal wear and tear. The service user/carer is liable for repairs and maintenance arising from misuse of the PME.

12.4 Service and Maintenance of the PME

It is the responsibility of the HSE to arrange a service of HSE funded PME. It is the responsibility of the prescribing clinician to contact the local HSE OT Department for local procedures. Manufacturer's guidelines should be adhered to in all cases.

12.5 Recycling of the PME

It is the service user/carer's responsibility to contact the HSE OT Department when the PME is no longer required to arrange for it to be returned to their local HSE OT Department. On return, the Occupational Therapy Department will arrange for decontamination, a maintenance check and recycling if deemed appropriate

13.0 PME Completion Checklist

The **PME Completion Check List (Appendix M)** must be fully completed by the end of the training and education and kept in the service user's file in the prescribing clinician's organisation along with all documentation in relation to the PME provision.

14.00 HSE/PME Provider Review of Use of the PME by the Adult

The HSE/PME provider may at any time review the use of the PME by the service user/carer in order to ensure that he/she continues to comply with the Terms and Conditions for use of the PME and to establish generally that the PME continues to be suitable for their needs. Such a review may where appropriate include the carrying out by

the HSE/PME provider of a risk assessment in order to determine whether the continued use by the service user/carer of a PME might constitute a risk to the health or safety of the service user or others and for the purposes of assessing the magnitude of such a risk.

The HSE/PME provider shall be entitled to require the immediate return of the PME from the service user/carer, (or refuse to return the PME to the service user/carer) in the event that the service user/carer is found following review to have breached, or continues to be in breach of, any of the Terms and Conditions of Use of the PME where it is likely to result in injury to the service user or others. Where the safety of the service user or others permits, the service user/carer will be given a reasonable opportunity to remedy any breach of the Terms and Conditions of Use and the HSE/PME provider shall engage with the service user/carer and provide advice and guidance on how to achieve compliance with the Terms and Conditions of Use. Where the service user/carer does not avail of the opportunity provided to comply with the Terms and Conditions of Use, the HSE/PME provider shall be entitled to require the return of the PME (or where the PME is in the possession of the HSE, refuse to return the PME to the service user/carer)..The service user/carer shall be entitled to appeal any decision by the HSE to remove a PME and the procedure applying to such an appeal shall be as set out in the HSE “Your Service Your Say” policy.

15.0 Frequency of Audit/Review of this Policy

This policy will be reviewed by HSE Occupational Therapy Managers annually or more frequent as required.

Appendix A: National Policy Working Group Members

Ann Bourke (Chair), Senior Manager, National Disability Unit, HSE

Berenice Keatley, Occupational Therapist Manager, HSE DML

Carmel McGrath Occupational Therapist Manager, HSE DNE

Anne O Neill, Senior Administrative Officer, HSE West

Helena O Reilly, Disability Service Manager, HSE DNE

Elizabeth McCue, Senior Paediatric Occupational Therapist, HSE West

Mary Howard, Senior Paediatric Occupational Therapist, HSE South

Deirdre Oman, Finance Manager, DML

Yvonne Finn Orde, General Manager, HSE South

APPENDIX B: CONTRIBUTORS

Association of Occupational Therapists Ireland (AOTI) and its relevant Special Interest Groups

Occupational Therapy Department, Central Remedial Clinic, Vernon Avenue, Clontarf, Dublin 3

Hazel Monaghan, Occupational Therapy Manager, HSE Cork North

HSE Office of Legal Services

HSE PCCC Occupational Therapy Staff in:

- Dublin North-East
- Dublin Mid-Leinster
- West
- South

Irish Posture and Mobility Network

Occupational Therapy Department, Sandymount, Dublin 4

Seat Tech, Enable Ireland, Sandymount, Dublin 4

Appendix C: **Procedure for Assessment and Training of Powered Mobility Users**

This applies to the provision of training for service users (or carers where attendant controlled) in the use of electrically powered indoor/outdoor mobility aids (PME).

ASSESSMENT

Referral received for assessment for a PME



Medical assessment form sent to G.P. prior to assessment



Completed medical assessment form returned from GP



Home Visit – Environmental Assessment

(i) Service User Goals Identified _____

(ii) Assessment performed by prescribing clinician as to the suitability of the home environment for a PME



(iii) Environment not suitable – service user advised of ineligibility at this time and may reapply if amended/changed. Recorded in service user's file.



(iv) Environment is suitable and recorded in service user's file. Then proceed



(v) PME not suitable due to seating difficulties – refer for specialised seating assessment

Comments: _____

FURTHER ASSESSMENT

(i) Initial suitability confirmed
If indicated complete cognitive, perceptual assessment, and/or behavioural screen

Cognitive Assessment:

Perceptual Assessment:

Behavioural Screen

Deficits noted:

If unsuitable for PME, letter sent to service user & GP explaining reasons why and copy kept in file

If the service user/carer is suitable for a PME, proceed.



(ii) Training programme discussed with service user and training assessment completed with PME and outcome recorded on **Powered Mobility Skills Test (Appendix J)**

If suitability for further training confirmed, continue



(iii) **Powered Mobility Equipment Training Agreement (Appendix I)** signed by the service user and therapist and copy in service user's file



(iv) **Terms and Conditions for the Supply on Loan of the PME (Appendix L)** acknowledged and signed by carer and prescribing clinician, copy given to the service user/carer, copy to file



(iv) Prescription for PME completed and same ordered



(v) Suitable date for next appointment agreed.



TRAINING

(i) Commence training programme as per training programme sheet over agreed route



(ii) Discuss session with service user, identify successes and problems encountered during session.



(iii) Record outcomes on **Powered Mobility Skills Test (Appendix J)** as necessary for up to 6 sessions



(iv) Advise service user re: Road safety and rules of road available from local Post Office



(v) Advise service user that they should consider investing in third party insurance to cover any potential claims, should the user cause injury or damage to persons or property



(vi) If the service user is using the PME under supervision or other conditions, add these specific conditions to the Terms and Conditions of Use Agreement which is signed by both the prescribing clinician and the PME operator Y N/A



(v) Agree test for final Assessment with service user

HANDOVER OF PME

(1) **PME Completion Check List (appendix M)** completed

(ii) All relevant documentation kept in service user's file

Appendix D:
Powered Mobility Assessment Record

1. Service User's Details / History

Service User's Name: _____ Sex: Male / Female

Date of birth: _____ Medical card/LTI/HHA no: _____

Address: _____

Medical History:

Reason for use of powered mobility: _____

Has medical clearance been provided by the service user's GP: Yes No

2. General Information

Has an initial / review assessment been completed: Yes No

What activities will the PME be used for? _____

Has Medical Clearance been provided by the service user's GP: Yes No

3. Physical Environment

What environments are the service user's powered wheelchair / scooter to be used in:

Home: Yes No

Comment: _____

Access/egress _____

Internal circulation _____

Storage _____

Power points for charging _____

Community: Yes No

Comment: _____

Work: Yes No

Comment: _____

School:

Yes No

Comment: _____

Other _____

Are there any environmental difficulties identified that would negatively affect the service user's ability to use PME: Yes No
If yes, please detail: _____

Does the service user require assistance to transfer on / off their PME? Yes No

Are necessary social supports in place to allow the service user to use PME? Yes No
If no, please detail the difficulties: _____

4. Sensory Screen

Does the service user wear glasses? Yes No

Does the service user have any visual impairment that might affect their PME driving ability? This may include but is not exclusive to glaucoma, cataracts, diabetes, neurological conditions. Yes No

Does the service user have difficulty seeing items to the side or need to turn their head to see objects to the far right and left? Yes No

Does the service user have difficulty distinguishing between object outlines blurring into each other? Yes No

Does the service user have increased difficulty seeing at night? Yes No

Does the service user have difficulty seeing with bright lights? Yes No

Does the service user have a hearing aid? Yes No

Does the service user wear their hearing aid? Yes No

Does the service user have any tactile deficits? Yes No

Additional information: _____

5. Cognitive / Perceptual screen

| Standardised screening tool completed | Date | Results | Interpretation / Comments |
|---------------------------------------|------|---------|---------------------------|
| | | | |
| | | | |
| | | | |

Is further assessment indicated? Yes No

What aspect of cognition/ perception requires further assessment e.g. memory, attention:

Results of further screening: _____

6. Behavioural Screen

During your interactions with the service user, has he/ she demonstrated any behaviour that may affect their or others safety? These may include but are not exclusive to impulsivity, frustration, aggression, agitation, anxiety. Yes No

If yes, describe: _____

Based on this assessment, should the service user be considered for PME Yes No
If no, please provide details: _____

Letter of non-eligibility sent to the service user's GP / referrer _____ on
__/__/__

Letter of non-eligibility sent to the service user/carer on __/__/__, including a copy of HSE "Your Service Your Say" complaints leaflet, should they wish to challenge the decision to refuse via the HSE Complaints Procedure.

Signed: _____

Date completed: _____

Prescribing clinician

Appendix E

Letter to Service User

Service User's Name

Address

Date:

Dear _____

A referral has been received by your prescribing clinician for an assessment of

Powered Wheelchair

Powered Scooter

In order to proceed with the assessment, it is essential that we have a relevant medical history from your General Practitioner (GP). **Please have your GP complete the enclosed form and return to me as soon as possible**

Yours sincerely

Prescribing clinician

Encl:

- 1) A letter to GP
- 2) Request for medical information form

Appendix F

Letter to GP

Date:

Re: *Service User's Name*

Address

D.O.B:

Dear Dr. _____

Mr/Ms. _____ has been referred an assessment of powered mobility and we require your medical opinion on his/her suitability for further assessment.

We would be most grateful if you would please fill in the enclosed form.

Thank you for your assistance in this matter.

Yours sincerely,

Prescribing clinician

Appendix G

Request For Medical Information Form

Name: _____

DOB: ___ / ___ / ___

Address: _____

Diagnosis and relevant medical history: _____

Does this person have any problems in the following areas that would impede their ability to drive PME?

| PROBLEM AREAS | No | Yes | If yes, please give further details |
|--|----|-----|-------------------------------------|
| Visual problems in relation to Powered Mobility | | | |
| Wears Prescription glasses | | | |
| Has the vision been tested in the past two years | | | |
| Cognitive impairment | | | |
| Alcohol/Solvent abuse | | | |
| History of Epilepsy or Seizures | | | Details of any interventions |
| If so, when was the last seizure? | | | |
| Is the service user medically stable to drive powered mobility equipment? | | | |
| Side effects from medication e.g., drowsiness, impaired concentration, etc | | | |
| Hearing difficulties | | | |

Any other issues that you are aware of that affects this service user's ability to safely use powered mobility : _____

From a medical point of view, in your opinion, is this person a suitable candidate for a powered mobility assessment? : Yes No

Doctor signature: _____ **Telephone No.** _____

Reg No.: _____ **Doctor's Stamp**

Appendix H

Refusal letter to the Service User

Service User's Name
Address

Date

Dear _____

Following the assessment completed on _____, we are unable to issue you a powered wheelchair / scooter for the following reason/s:

Short interpretation of reason with justification

Please note that should the above circumstances change in the future, you may request a re-assessment. If you are not satisfied with this decision, please see the enclosed HSE's "Your Service Your Say" leaflet to address your concerns through the HSE's complaints system

Should you require any further information or clarification in this regard please do not hesitate to contact me.

Yours sincerely

Prescribing Clinician

cc: Dr _____

Appendix I

Powered Mobility Equipment Training Agreement

1. Service User's Details

Name: _____ D.O.B: __ / __ / __

Address: _____

Tel No: _____

2. Contract

Following identification of suitable powered wheelchair/scooter for you, a period of training is essential to ensure safe and independent use of the device. You are agreeing that you can participate in this period of training in the clinic, your home and in your local environment. The prescribing clinician will determine the number of training sessions required and inform you of this. During this training, the prescribing clinician may deem you unsuitable for powered mobility use and will provide a full explanation to you. Once training is completed, the prescribing clinician will advise you that either:

1. You are competent to use the device and may do so from now on either alone or with supervision and subject to any restrictions or otherwise

Or

2. You are not competent / safe to use the device.

If you are not satisfied with the decision that you are deemed unsuitable for powered wheelchair/scooter use, please see the enclosed HSE's "Your Service Your Say" leaflet, should you wish to address your concerns through the HSE's complaints system.

Upon handover of the powered wheelchair/scooter to you during your training session, you will be required to agree to and sign the "**Terms and Conditions for the Supply on Loan of HSE Powered Mobility Equipment**". All of these Terms and Conditions will apply fully during your training period and will continue to apply after final handover of the motorised wheelchair/scooter, assuming you successfully complete training.

Service User/Carer _____ **Date:** _____

Prescribing Clinician: _____ **Date:** _____

Copy to service user's file

Powered Mobility Skills Test

Name: _____ Model of Mobility Device: _____
 Date: _____ Date: ----- ----- ----- ----- -----

INDOOR TESTS

* Applicable N/A

1. Transfers in and out of Mobility Device

| | Assessment | | Session 2 | | Session 3 | | Session 4 | | Final Session | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | yes | no |
| Ensures chair is braked | <input type="checkbox"/> |
| Adjust position and/or remove footrests/armrests | <input type="checkbox"/> |
| Transfers into mobility device | <input type="checkbox"/> |
| Transfers out of mobility device | <input type="checkbox"/> |

Notes: _____

* A N/A

2. Control Operation

| | yes | no |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Switch the mobility device on and off | <input type="checkbox"/> |
| Demonstrate the operation of forward and reverse | <input type="checkbox"/> |
| Release the joystick or controls to stop | <input type="checkbox"/> |
| Select or adjust the hi/low speed | <input type="checkbox"/> |
| Demonstrate the operation of right and left | <input type="checkbox"/> |
| Client/Carer demonstrates disengagement of the drive motors | <input type="checkbox"/> |
| Connect and disconnect the battery charger | <input type="checkbox"/> |

Notes: _____

| | Date: ----- | | ----- | | ----- | | ----- | | ----- | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <i>Assessment</i> | | <i>Session 2</i> | | <i>Session 3</i> | | <i>Session 4</i> | | <i>Final Session</i> | |
| | yes | no |
| * <input type="checkbox"/> A <input type="checkbox"/> N/A | | | | | | | | | | |
| <u>3. Driving in a corridor</u> | <input type="checkbox"/> |
| <i>“Drive down the corridor. Stop when I say ‘Stop now.’”</i> | <input type="checkbox"/> |
| Moves forward through the corridor | <input type="checkbox"/> |
| Tracks straight | <input type="checkbox"/> |
| Avoids obstacles | <input type="checkbox"/> |
| Stops immediately on command | <input type="checkbox"/> |

Notes: _____

| | <i>Assessment</i> | | <i>Session 2</i> | | <i>Session 3</i> | | <i>Session 4</i> | | <i>Final Session</i> | |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | yes | no | yes | no | yes | no | yes | no | yes | no |
| | * <input type="checkbox"/> A <input type="checkbox"/> N/A | | | | | | | | | |
| <u>4. Controlled Turning</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>“Make a right turn through that doorway. After you are through the door, turn around and come back through the doorway, turning into the corridor.”</i> | | | | | | | | | | |
| Adjusts speed appropriate for manoeuvring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Turns through doorway | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Turns around 180 degrees to the right or clockwise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: _____

| Indoor Tests * <input type="checkbox"/> A <input type="checkbox"/> N/A | Date: ----- | | ----- | | ----- | | ----- | | ----- | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Assessment yes | no | Session 2 yes | no | Session 3 yes | no | Session 4 yes | no | Final Session yes | no |
| 5. Manoeuvring in a Tight Area. | <input type="checkbox"/> |
| <i>“Drive through this [bedroom, bathroom, other]. Position your mobility device next to the [bed, toilet dresser, closet, sink] as if you were going to transfer to, access or use the item, but do not perform transfer. Wait 5 seconds, then exit the room”</i> | <input type="checkbox"/> |
| <input type="checkbox"/> | | | | | | | | | | |
| Manoeuvres through area safely | <input type="checkbox"/> |
| Avoids contact with stationary objects | <input type="checkbox"/> |
| Positions mobility device next to bed, toilet, dresser, closet, and/or sink | <input type="checkbox"/> |
| Exits area without contacting stationary objects | <input type="checkbox"/> |

Notes: _____

| * <input type="checkbox"/> A <input type="checkbox"/> N/A | yes | no |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6. Approach/Depart Table | <input type="checkbox"/> |
| <i>“Drive up to the table as if you were going to eat or work there for a while. Then wait for further instruction,” “Now pull away from the table and drive to X”</i> | | | | | | | | | | |
| Approaches table/departs table safely | <input type="checkbox"/> |
| Positions mobility device at table without contacting other chairs or obstacles or colliding with table | <input type="checkbox"/> |
| Prepares for task (such as eating) by turning off device | <input type="checkbox"/> |

Notes: _____

Date: -----

* A N/A

7. Operate Doorways (That pull open)

“Proceed all the way through the door ahead of you”

| | ----- | | ----- | | ----- | | ----- | | ----- | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | yes | no |
| Positions mobility device to grab and pull door | <input type="checkbox"/> |
| Backs up holding door open | <input type="checkbox"/> |
| Drives forward allowing door to close behind | <input type="checkbox"/> |

(That push open)

“Proceed all the way through the door ahead of you”

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Does not ram door` | <input type="checkbox"/> |
| Presses door open slowly | <input type="checkbox"/> |

Notes: _____

Date: -----

OUTDOOR TESTS (considers urban or rural settings)

Session

* A N/A

| | ----- | | ----- | | ----- | | ----- | | ----- | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | yes | no |
| 1. Negotiate Path/Road Environment | <input type="checkbox"/> |
| <i>“Drive to the corner ahead”</i> | | | | | | | | | | |
| Negotiates path/road, staying safe distance from the kerb | <input type="checkbox"/> |
| Slows or stops to negotiate uneven surfaces | <input type="checkbox"/> |
| Slows or stops to look for traffic at driveway crossing | <input type="checkbox"/> |

Drives at appropriate speed around pedestrians/obstacles

Notes: _____

| | Date: ----- | | ----- | | ----- | | ----- | | ----- | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| * <input type="checkbox"/> A <input type="checkbox"/> N/A | yes | no |
| <u>2. Negotiate Kerb/Road Crossing Environment</u> | <input type="checkbox"/> |
| <i>"Cross road and stop at the other side"</i> | | | | | | | | | | |
| Demonstrates traffic signal use | <input type="checkbox"/> |
| Positions mobility device in preparation to cross road | <input type="checkbox"/> |
| Looks for traffic before crossing road | <input type="checkbox"/> |
| Drives up _____-inch step or kerb | <input type="checkbox"/> |
| Drives down _____-inch step or kerb | <input type="checkbox"/> |
| Negotiates step or kerb straight on | <input type="checkbox"/> |
| Recognises surface hazards eg gravel etc | <input type="checkbox"/> |

Notes: _____

| | Date: ----- | | ----- | | ----- | | ----- | | ----- | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Session | Assessment | | Session 2 | | Session 3 | | Session 4 | | Final | |
| * <input type="checkbox"/> A <input type="checkbox"/> N/A | yes | no |
| <u>3. Negotiate Exterior Ramp or Slope</u> | <input type="checkbox"/> |
| The standard ramp should have a grade of 1:12 minimum | | | | | | | | | | |
| <i>"Drive up this ramp/slope turn around and then drive back down the ramp/slope"</i> | | | | | | | | | | |
| Transitions onto ramp by approaching straight on | <input type="checkbox"/> |
| Travels up ramp/slope | <input type="checkbox"/> |
| Turns around on ramp/slope safely | <input type="checkbox"/> |

| | | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Travels down ramp/slope, stops while travelling downhill | <input type="checkbox"/> |
| Transitions off ramp/slope by driving off straight | <input type="checkbox"/> |

Notes: _____

| | | | | | | |
|---|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Date: | ----- | ----- | ----- | ----- | ----- |
| Outdoor Tests | | Assessment | Session 2 | Session 3 | Session 4 | Final Session |
| * <input type="checkbox"/> A <input type="checkbox"/> N/A | | yes no |
| <u>4. Low Floor Bus/Train</u> | | <input type="checkbox"/> |
| <i>"Ask the driver to lower the ramp at the bus stop. Position your chair in front of the ramp and drive onto the bus. Exit the bus at your stop"</i> | | | | | | |
| Drives safely onto the bus | | <input type="checkbox"/> |
| Positions chair in the wheelchair space on the bus | | <input type="checkbox"/> |
| Safely exits the bus at intended stop | | <input type="checkbox"/> |

Notes: _____

| | | | | | | |
|---|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Date: | ----- | ----- | ----- | ----- | ----- |
| Outdoor Tests | | Assessment | Session 2 | Session 3 | Session 4 | Final Session |
| * <input type="checkbox"/> A <input type="checkbox"/> N/A | | yes no |
| <u>5. Negotiate Lift</u> | | <input type="checkbox"/> |
| <i>"Take the lift to your floor and then exit the lift"</i> | | | | | | |
| Positions mobility device to call the lift | | <input type="checkbox"/> |
| Positions mobility device to enter the lift without blocking passengers who are exiting | | <input type="checkbox"/> |
| Drives forward or back into lift slowly | | <input type="checkbox"/> |
| Exits lift without running into other pedestrians | | <input type="checkbox"/> |

Notes: _____

| | Date: ----- | | ----- | | ----- | | ----- | | ----- | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | yes | no |
| * <input type="checkbox"/> A <input type="checkbox"/> N/A | | | | | | | | | | |
| 6. Knowledge of breakdown procedure | <input type="checkbox"/> |
| “What would you do if you broke down?” | | | | | | | | | | |
| Demonstrates Knowledge of maintaining safety | | | | | | | | | | |
| (eg getting assistance to finish crossing the road/get home) | <input type="checkbox"/> |
| Demonstrates knowledge of who repairs chair | <input type="checkbox"/> |

Notes: _____

* A: Applicable NA: Not Applicable

FINAL ASSESSMENT

Programming of Controls: _____
(note alterations made) _____

Indoor Environment

- All appropriate tasks completed independently
- User needs close supervision

Outdoor Environment

- All appropriate tasks completed independently
- User needs close supervision

Conditions of Use

Assessors: _____
Senior Occupational Therapist Occupational Therapy Assistant

Date: _____

Comments:

Appendix K

Powered Mobility Skills Practice Sheet

Name: _____

Address: _____

Date: _____

Skills to Practice:

Service User's signature: _____

Prescribing clinician's signature: _____

Appendix L

Terms and Conditions for the supply on loan of HSE Powered Mobility Equipment

Your powered wheelchair/scooter remains the property of the HSE and is made available to you both during your training period and thereafter upon successful completion of training for use on the following **Terms and Conditions** which you must comply with in full. **You , the service user/carer (depending on who is operating the device) must:**

- Provide suitable and safe storage for the powered wheelchair/scooter
- Charge the powered wheelchair/scooter according to the instructions given
- Keep the powered wheelchair/scooter clean and in good working order
- Ensure the powered wheelchair/scooter is used only for the person and purpose it was prescribed and in accordance with the User’s Manual
- Ensure the powered wheelchair/scooter user wears the lap strap provided when using the powered wheelchair/scooter outdoors
- Ensure no modifications whatsoever are carried out on your powered wheelchair/scooter
- Submit all requests for repairs to your powered wheelchair/scooter to your prescribing clinician
- Fund the repair or replacement of your powered wheelchair/scooter when required due to misuse. In this circumstance, a review will be carried out and the powered wheelchair/ scooter may be removed
- Ensure that you comply in full with any directions or restrictions on the use of the powered wheelchair/ scooter that you have been notified of in the course of your training and assessment for suitability for use of the powered wheelchair/ scooter
- Ensure that you operate the powered wheelchair/ scooter at all times with due care and attention for your safety and safety of others
- Ensure you never operate the device while under the influence of alcohol or drugs/medicine, other than those medically prescribed and approved to be taken when using the device
- Inform the HSE/ powered wheelchair/scooter provider if
 - Your medical condition has changed
 - the powered wheelchair/scooter is involved in an accident, lost or damaged

- the powered wheelchair/scooter requires any modifications, alterations or repairs
- you change your address/telephone number
- you no longer require the device
- you have changes in your circumstances, including home or domestic circumstances, which may affect the use of the powered wheelchair/scooter

Third Party Insurance

By accepting and using the powered wheelchair/scooter, you accept that you will be responsible for loss and injury to persons or property caused by your negligent use of the powered wheelchair/scooter whilst it is under your control. You agree to indemnify the HSE/ PME provider for any losses, expenses or damages incurred by the HSE/ PME provider arising from your breach of these terms and conditions of use. You acknowledge that you have been advised to purchase appropriate insurance to cover your liabilities arising from your use of the powered wheelchair/scooter.

Change in Medical Condition of the Powered Wheelchair/Scooter User

If you show evidence of problems in safely operating the powered wheelchair/scooter due to a change in medical condition, you:

- may be required to take the Powered Mobility Driving Test again
- may have your driving privileges restricted or suspended for safety reasons
- may need to have the powered wheelchair/scooter modified
- may have the powered wheelchair/scooter removed

Review

You accept that the powered wheelchair/scooter provider may at any time and, at its discretion, conduct a review including a risk assessment from time to time to ensure that you continue to meet the criteria to operate the device and to ensure that you are in compliance with these Terms and Conditions for its use. If following such a review, it is found that you have failed/are failing to comply with these Terms and Conditions, leading to a risk of injury to yourself or others, the HSE/ PME provider is entitled to require you to immediately hand back the device and you are required to comply immediately with such a demand. If the HSE/ PME provider becomes aware of any alteration or modification to the device during the course of its maintenance or inspection,

you accept that the HSE/ PME provider may retain the device. Where safety considerations allow, you will be given a reasonable opportunity and assistance to remedy any breach by you of these Terms and Conditions of use before the HSE/PME provider can require you to hand back the device. You are entitled to appeal a decision to remove the device from you using the procedures set out in HSE policy “Your Service Your Say”.

The Health Service Executive/ PME Provider is not responsible for:

- Loss, injury, or damage to any third party or property as a result of using the wheelchair/scooter
- Repair/ replacement of your powered wheelchair/scooter when required due to misuse
- Rain covers, capes, personal apparel, etc
- Cleaning, replacing or repairing any type of flooring or covering, walls and doors
- Damage to furniture and fittings.

Recommended Use of Powered Wheelchair/Scooter

- 1. Indoor
- 2. Outdoor
- 3. Indoor and Outdoor
- 4. Attendant Controlled
- 5. Accompanied
- 6. Independent

Other Restrictions: _____

By signing this agreement, you agree to be bound by the Terms and Conditions set out above

I/We have received and understood instructions given on the safe use of the powered wheelchair/scooter Yes

I/We have been informed of and understand the Terms and Conditions of Supply on Loan of the powered wheelchair/scooter and agree to them Yes

Name of Service User: _____

Signature of Service User : _____

Date: __/__/__

Name of Carer (where applicable): _____

Signature of Carer (where applicable): _____

Date: __/__/__

Name of Prescribing Clinician: _____

Signed: _____

Date: __/__/__

Organisation: _____

Address: _____

Phone Number _____

Copy to Service User's File

Appendix M

Powered Mobility Check List

- 1.1 Clinical Reasoning was documented as to the assessment for the PME Yes
- 1.2 Medical letter from GP in file. Yes
- 1.3 Assessment of the suitability of the environment documented. Yes
- 1.4 Cognitive and perceptual assessment completed. Yes
- 1.5 Powered Mobility Equipment Training Agreement & Terms and Conditions signed by service user/carer and prescribing clinician and copy given to service user Yes
- 1.6 Trial of PME completed. Yes
- 1.7 Quotations obtained for PME Yes
- 1.8 Provision of PME and powered mobility skills test completed with service user Yes
- 1.9 Powered Mobility Skills Practice Sheet completed Yes
- 1.10 PME Completion Checklist completed and filed in service user's file Yes
- 1.11 Annual service date recorded on data base Yes

Bibliography:

The Powered Mobility Assessment & Training Tool has been developed by a group of Community Occupational Therapists with a view to standardising powered mobility equipment assessment tools in the former ERHA. It represents a considerable amount of work involving much research on models of practice both in the UK and USA. The Powered Mobility Skills test has been adapted from Beneficial Designs, Inc (USA)

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