EMS Assessor Guide

Request for EMS Advice: Equipment

*Useful information to consider or include when completing a Request for EMS Advice*

*Key:*

* *Equipment and Modifications Services – EMS*
* *Disability Support Services - DSS*
* *Long-Term Support - Chronic Health Conditions - LTS-CHC*
* *Behavioural Support Services -BSS*
* *Needs Assessment Service Coordination – NASC*
* *Accident Compensation Corporation – ACC*
* *Cerebrovascular accident – CVA*



[*www.disabilitysupport.govt.nz/providers/equipment-and-modification-services/manuals-and-practice-guidelines#manuals-for-providers-and-ems-assessors*](http://www.disabilitysupport.govt.nz/providers/equipment-and-modification-services/manuals-and-practice-guidelines#manuals-for-providers-and-ems-assessors)

# EMS Funding Stream, before you start - check:

* Refer to DSS| EMS Manual 2.2.1 to ensure eligibility for DSS or LTS-CHC funding are met. i.e.Is the disability expected to continue for at least 6 months and remain after treatment?
* Check if the person’s condition is a medical/surgical condition rather than a disability (with a long-term functional loss)
* Has alternative funding, such as ACC , private or LTS-CHC funding been considered?
* If under 65 years and the primary diagnosis is a chronic health condition, NASC confirmation of LTS-CHC funding is required and should be attached with your advice request

# Background Information – consider:

* Who does the person live with?
* What supports (paid/unpaid) are current?
* External care - hours per week, type of care, number of support people who visits per day.
* Reason for the recent assessor input, e.g. referred by District Nurse due to pressure injury.
* What about their situation has changed e.g. fast/gradual deterioration, recent CVA, hospital episode or fall (if so, when)?
* Refer to BSS if required. Check if pathway A or B is applicable.
* Comment if this is a shared care situation

# Current Functional Ability – describe:

* What functional issues/difficulties is the person having? What specifically are the areas of concern?
* Describe the current techniques/strategies – why are these no longer working?
* What mobility or other equipment is currently in place (whether DSS funded or not).
* How does the person transfer and/or complete personal care, what assistance is required and what equipment is used?
* Why is any current equipment/support no longer meeting their needs?
* Discuss/provide your analysis of the person’s functional challenges.

**e.g. Bed/mattress request for funding**

* What is the person’s ability to change position on the bed and complete bed transfers?
* Do they need to get up to the toilet in the night and what assistance is needed?
* Pressure injury risk factors and management strategies, i.e. history of pressure injuries, low weight, length of time spent in bed during the day (as well as at night), state current preventative techniques/strategies. Include Waterlow or Braden scale/score.

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# Clinical Reasoning – describe:

* What is the outcome following your assessment, provide details
* If your proposed solution is outside the preferred product list one/two/three, provide a clinical rationale why our product list equipment (less complex equipment) will not meet the essential disability need.
* For equipment related to challenging behavior, indicate whether it is considered an enabler or restraint, and how Pathway A (e.g., referred to NASC or B (attach report/behavioral support plan) is being followed.
* Bed/mattress - if proposing a bed size larger than a single, or bed accessories - what is the rationale for this?
* Hoists - what lifting height/range is needed?
* Second Seating - if the person already has a funded seating system (static or mobility) e.g., lift-out chair, rehab chair, wheelchair – what is the genuine & exceptional circumstances rationale for a second funded request for seating? *Refer to our second seating guide.*

# Proposed Solution

* If known, include details of the solution, e.g., product name, size, and supplier.
* If you do not hold the correct credentialing, comment on who is supporting you.

# Attachments

* Provide quotes for any non-list items or items requiring accessories.
* Provide photos if possible, this can help the Clinical Advisory Team to understand the environment, current equipment, and functional loss.
* Functional/activity reports from other specialists or therapists can be provided to support the request.
* Gantry hoists – provide a floor plan of the room, including measurements and any windows, doors or obstructions, and any photos if possible.