



Wheelchair Policy Interpretation Guide

(HCC Policy 6.F.1, Residential Care Services, Benefits and Allowable Charges, Basic Wheelchair Benefit)

This document is confidential and is intended to be used only by Ministry of Health and publicly subsidized residential care facility staff. The information contained in this document is subject to change and does not replace the provincial Home and Community Care Policy.

Policy effective January 1, 2016
This document version published April 1, 2016

Disclaimer Statement

This document was developed to provide information, support, and guidance on implementing and interpreting the revised policy on wheelchair fees in publicly subsidized residential care facilities. It also identifies best practices across the health authorities. First-time users of the document are encouraged to read all sections of this document to understand how each section applies to the various aspects of the revised policy.

This document is intended to be used only by Ministry of Health and health authority staff for the purpose of establishing eligibility, applying, and processing of wheelchair user fees and benefits to clients receiving long term residential care services in publicly subsidized residential care facilities. Information from the document should not be quoted in communications or shared with clients, their families and caregivers, or the public.

The process manual does not replace provincial Home and Community Care policy or related legislation. The information contained in this document is subject to change as provincial policy and legislation is reviewed and revised, as appropriate.

Table of Contents

| | |
|---|----|
| Disclaimer Statement | 2 |
| Wheel Chair Implementation Working Group-I | 4 |
| Wheel Chair Implementation Working Group-II..... | 5 |
| Introduction to Revised Policy on Wheelchair User Fees..... | 6 |
| Definitions..... | 7 |
| FREQUENTLY ASKED QUESTIONS | 8 |
| Basic Wheelchair Checklist, Features Included in a Basic Wheelchair | 16 |
| Basic Wheelchair Approval/ Decision-Making Process Flow Chart..... | 18 |

Appendices

| | |
|--|----|
| Appendix 1 Wheelchair Fees Table..... | 20 |
| Appendix 2 Draft Sample Basic Wheelchair Loan Agreement..... | 22 |
| Appendix 3 Seating Identification Tool | 24 |

Wheel Chair Implementation Working Group-I

Phase 1 Implementation (Feb- June 2015)

Members:

Ramani Kumar, Ministry of Health, Project Lead & Working Group Chairperson

Ministry of Health:

Jennifer Ingram-Kum, Ministry of Health, Director of Health Authority Funding, Guest

Jason Strauss, Ministry of Health, Research Officer, Working Group Project Support

Meghan Duesterwald, Ministry of Health, Risk & Issues Analyst, Guest

Health Authority:

Cathy Sleiman, Fraser Health Authority

Dee Chatha, Fraser Health Authority

Jerry Stanger, Fraser Health Authority

Nicole Quilty, Fraser Health Authority

Donna Wunderlich, Interior Health Authority

Karen Bloemink, Interior Health Authority

Jason Giesbrecht, Interior Health Authority

Jennifer Thompson, Interior Health Authority

Melanie Reinhardt, Interior Health Authority

Karen Condon, Vancouver Coastal Health Authority

Bob Champman, Vancouver Coastal Health Authority

Natalie McCarthy, Vancouver Coastal Health Authority

Michael McMillan, Northern Health Authority

Jessica Kraska, Northern Health Authority

Tim Orr, Vancouver Island Health Authority

Dan Slamet, Vancouver Island Health Authority

Wheel Chair Implementation Working Group-II

Phase II Implementation (August- December 2015)

Members:

Ramani Kumar, Ministry of Health, Director, Project Lead & Working Group Chairperson

Ministry of Health:

Jennifer Ingram-Kum, Ministry of Health, Director of Health Authority Funding, Guest
 Jason Strauss, Ministry of Health, Research Officer, Working Group Project Support
 Yanping Cui, Ministry of Health, Senior Analyst, Working Group Project Support
 Meghan Duesterwald, Ministry of Health, Risk & Issues Analyst, Guest

Health Authority:

Cathy Sleiman, Fraser Health Authority
 Dee Chatha, Fraser Health Authority
 Jerry Stanger, Fraser Health Authority
 Nicole Quilty, Fraser Health Authority
 Donna Wunderlich, Interior Health Authority
 Karen Bloemink, Interior Health Authority
 Jennifer Thompson, Interior Health Authority
 Melanie Reinhardt, Interior Health Authority
 Karen Condon, Vancouver Coastal Health Authority
 Bob Champman, Vancouver Coastal Health Authority
 Natalie McCarthy, Vancouver Coastal Health Authority
 Michael McMillan, Northern Health Authority
 Jessica Kraska, Northern Health Authority
 Tim Orr, Vancouver Island Health Authority
 Dan Slamet, Vancouver Island Health Authority

Associations & Industry:

Susan House, Denominational Health Association
 Jeanette Thompson, Denominational Health Association
 Elizabeth Harris, Denominational Health Association
 Lori Sidjak, Denominational Health Association
 Karen Wasden, Denominational Health Association
 Daniel Fontaine, BC Care Providers Association
 Elaine Price, BC Care Providers Association
 Michael Kary, BC Care Providers Association

Introduction to Revised Policy on Wheelchair User Fees

Purpose

To provide direction to health authorities and residential care service providers regarding basic wheelchairs and specialized wheelchairs in accordance with Policy 6.F.1 Residential Care Services, Benefits and Allowable Charges, Basic Wheelchair Benefit, Home and Community Care Policy Manual.

Policy 6.F.1 clarifies wheelchair benefits and chargeable items for clients receiving publicly subsidized residential care services.

These guidelines apply to all home and community care clients in subsidized long-term residential care facilities.

Policy Intent

Assistive devices help improve the health and quality of life of the user and promote access and independence. The availability of a basic wheelchair as a residential care benefit ensures that clients have access to a safe basic wheelchair.

Policy Principles

- **Client centered care:** A basic wheelchair, if required, will be provided as a benefit for the personal exclusive use of the long-term residential care client.
- **Transparency and fairness:** In accordance with the Resident's Bill of Rights, clients requiring specialized wheelchairs will be informed of the option to purchase, rent and maintain a specialized wheelchair (as well as modifications to a basic wheelchair) if the option is directly available through the facility/service provider.
- **Accessibility:** If the cost of modifications or a specialized wheelchair would cause serious financial hardship for the client, the client can apply for a hardship waiver of their client rates in order to offset the cost. For more information see Home and Community Care Policy Manual, Chapter 7.D.

Summary of Policy Changes

- Basic wheelchairs for personal exclusive use, if they are required, will be provided to the client as a benefit, at no additional cost over and above the client rate.
- Clients who require a modified basic wheelchair will be responsible possibly for the full cost of the modifications. Service provider is not expected to provide this service.

Source: Revised Policy on Wheelchair User Fees, policy paper, March 24, 2015

Definitions

Basic contoured seat cushion: A cushion not indicated for compromised skin integrity.

Basic wheelchair: A manual, self-propelled, safe and durable wheelchair that enhances personal mobility; has a basic contoured seat cushion; and which is reasonable to obtain and maintain.

Furthermore, a basic wheelchair possesses the following attributes: light-weight frame, variable seat height not lower than 12 ½ inches, variable seat width/depth, upholstery back, adjustable padded arm rests, rear wheels (solid, pneumatic or semi-pneumatic), front casters, wheel brakes (with brake extensions as necessary), anti-tippers, regular swing-away foot rests, rear handles, and a weight capacity not exceeding 113.4 kg/250 lbs.

Basic Cleaning: Includes disinfection and removal of visible dirt and debris (provided on an as needed basis) to preserve clinical effectiveness and resident dignity.

Basic Maintenance: Minor adjustments which do not require technical or mechanical adjustment by a wheelchair technician. Repair/ replacement of wheelchair components due to normal wear and tear must also be provided as a benefit.

Modification: Any non-permanent change to a basic wheelchair. Clients are allowed to modify their benefit basic wheelchair, at their own cost, if the modification is non-permanent. When the client no longer requires the basic wheelchair it must be returned to the service provider in its original condition so that it can be used by another client; any modifications need to be non-permanent so that the attributes of the basic wheelchair remain available for the next client who uses the wheelchair.

Personal exclusive use: Exclusive and non-restricted use by a single client.

Specialized/ Customized wheelchair: Any wheelchair not meeting the definition of a basic wheelchair. This includes bariatric wheelchairs (weight capacity greater than 113.4 kg/250 lbs.), custom-built wheelchairs, powered wheelchairs, tilt-in-space wheelchairs, and super-low seating wheelchairs (seat height lower than 12 ½ inches).

Upholstery back: A non-solid back.

Wheelchair: a device providing wheeled mobility and seating support for a person with mobility issues.

FREQUENTLY ASKED QUESTIONS

I. Definition and Eligibility:

1. Who can assess for basic wheelchairs?

Final approval (wheelchair assessment and determination) must be made by a professional registered with either the College of Occupational Therapists of British Columbia or the College of Physical Therapists of British Columbia.

What is a basic wheelchair?

A basic wheelchair is a manual, self-propelled, safe and durable wheelchair that enhances personal mobility; has a basic contoured seat cushion; and which is reasonable to obtain and maintain.

A basic wheelchair is a wheelchair without modification, upgrade, customization or specialization. A custom made wheelchair is not a basic wheelchair.

Bariatric wheelchairs and wheelchairs with super-low seating are not basic wheelchairs-, these are specialized wheelchairs.

For more information on what constitutes a basic wheelchair, please see the “Basic Wheelchair Checklist” contained within this document.

2. What is a modified wheelchair?

Any non-permanent change to a basic wheelchair constitutes a modification. When the client no longer requires the modified basic wheelchair it must be returned to the service provider in its original condition so that it can be used by another client; any modifications need to be non-permanent so that the attributes of the basic wheelchair remain available for the next client who uses the wheelchair.

3. What about clients who already have or are eligible for wheelchair benefits from other organizations?

Service providers must not provide funding for a basic wheelchair benefit to a client who has access to or is eligible for wheelchair benefits from another source such as the Ministry of Social Development and Social Innovation, Veteran’s Affairs Canada, a Worker’s Compensation Board, or any other provincial or federal government Ministry, agency, program or crown corporation.

Service providers must ensure that basic wheelchairs are provided to clients who do not qualify/ are not eligible for other programs that provide mobility equipment including wheelchairs.

If the client has other health benefits (such as extended health benefits) which provide assistance with wheelchairs, the service provider is advised to talk with the client about the different options.

5. Can service providers provide a basic wheelchair to a client if the client actually needs a specialized wheelchair?

Client safety and quality of care is paramount. Provision of inappropriate equipment compromises quality of care and client safety. Service providers should not provide a basic wheelchair to a client who is not assessed and determined to need a basic wheelchair.

II. Ownership of Wheelchairs (see Appendix 1 for details):

6. Who owns basic wheelchairs and donated wheelchairs that are provided as a benefit?

Basic wheelchairs provided as a benefit are owned by the service provider/designate and are not the property of the client. When the basic wheelchair is no longer needed, it must be returned immediately to the service provider/ designate in its original condition. *Client may be responsible for any costs incurred as a result of failure to return the basic wheelchair in a timely manner.*

7. Who owns modifications to the modified basic wheelchair that are provided as a benefit?

As the client is responsible for the full cost of modifications (equipment and service¹ costs), modifications (equipment) are owned by the client and remain the property of the client.

8. What agreements can the service provider require from a client who is provided a basic wheelchair as a benefit?

At the discretion of the service provider/ designate, an agreement can be required from a client receiving a basic wheelchair as a benefit. The topics in the agreement may include, but are not limited to, responsibility for damage which is beyond regular wear and tear.

An example of Sample loan agreement is contained within this document. You must exercise and complete due diligence prior to using the sample agreement.

¹ Service includes installation and adjustments; excludes basic maintenance and cleaning costs.

9. Are there any restrictions on the modifications and upgrades that a client can do to a basic wheelchair owned by the service provider?

The client cannot alter a basic wheelchair without the consent of the service provider/designate. Service provider/designate must consent to the modifications to a basic wheelchair approved by a registered physical therapist or an occupational therapist.

10. What if the client already has a basic wheelchair?

If a client acquired or entered into a rental agreement for a basic wheelchair or modified basic wheelchair before the policy came into effect, no reimbursement will be available.

After the policy comes into effect, a client has the option to continue to keep their own/rented wheelchair or transfer into one provided as a residential care benefit. However, all expenditure to discontinue an active rental agreement and modify a new basic wheelchair is the responsibility of the client.

Note: It is the responsibility of the service provider/designate to discuss with clients the benefits and disadvantages of continuing with their ownership or rental agreement for a basic or modified wheelchair. As an incentive, service providers will provide clients with basic maintenance and basic cleaning for all basic wheelchairs owned by service providers, free of cost.

III. Maintenance and Cleaning of Wheelchairs (see Appendix 1 for details):

11. Who is responsible for basic maintenance and basic cleaning² of wheelchairs?

Wheelchair owned by the service provider/designate:

Service providers are responsible for basic cleaning and maintenance for all types of wheelchairs that they own. The service provider/ designate may request a client to sign a waiver form that the service provider/ designate is not responsible for damage/ loss before undertaking basic cleaning and maintenance of the wheelchair.

Wheelchair rented/owned by the client:

Service providers are responsible for ‘basic’ cleaning of wheelchairs that are rented/owned by the client. Basic maintenance overall will be the financial responsibility of the client irrespective of the type of wheelchairs that are rented/owned by the client. If a client is not maintaining their own wheelchair in good working condition and thus compromising their own safety and/or safety of others, the client may enter into an agreement with the service provider or another party and is charged for this service.

² Basic cleaning frequency should be reasonable and is at the discretion of service providers.

12. Who is responsible for non-basic maintenance and emergency cleaning of the wheelchair?

The responsibility for non-basic maintenance and emergency cleaning of wheelchairs varies by ownership and type of the wheelchair (see Appendix 1).

With respect to basic and modified basic wheelchairs owned by the service provider, the service provider is responsible for non-basic cleaning and maintenance services including emergency cleaning and maintenance, except under certain circumstances where the client will be charged fees.

For specialized wheelchairs owned by the service provider, the client will be responsible for these non-basic services.

For wheelchairs rented by the client irrespective of the type of wheelchairs, the client will be responsible for non-basic services. It is recommended that the service provider NOT undertake this work as it should already be covered by the client's existing agreement with the vendor, and any damage/changes may nullify the client's existing contract.

For wheelchairs owned by the client irrespective of the type of wheelchairs, in principle, non-basic services are the financial responsibility of the client. Nonetheless, the service provider has the option to offer these services as a benefit; if so, it is recommended that the client sign a liability waiver.

IV. Chargeable extras related to wheelchairs:

Service providers must inform client/ family and obtain client's consent prior to charging them for chargeable extras.

13. Should a seat belt for transportation and positioning purposes be provided as a benefit at no additional cost to the client?

Yes.

14. What if a client requires a cushion indicated for compromised skin integrity?

A cushion indicated for compromised skin integrity is a chargeable extra.

15. Can a service provider charge a damage deposit for a basic wheelchair?

No. A service provider cannot charge a damage deposit for a basic wheelchair.

16. What about wheelchairs which have been donated to the service provider?

Service providers must not charge clients for wheelchairs which have been donated- basic, modified, or customized wheelchair.

Basic cleaning and basic maintenance for donated wheelchairs (basic and non-basic) is free of cost. However, any modifications to a donated basic wheelchair or a modified or specialized wheelchair are the financial responsibility of the client.

17. Are bariatric wheelchairs a chargeable extra?

Yes. Bariatric wheelchairs are a specialty wheelchair.

18. Are super-low seating wheelchairs a chargeable extra?

Yes. Super-low seating wheelchairs are a specialty wheelchair.

19. The basic wheelchair criteria/ definition indicates “upholstery back.” Can you elaborate on this?

The meaning and intent for the term “upholstery back” is a non-solid back.

20. Can service providers charge for assessment and determination fees?

Contracted service providers may charge assessment and determination fees (therapist fees and related expenses) associated with basic, modified and specialized wheelchairs, if they experience a financial impact relating to this service.

Fees must be reasonable, and service providers must inform and receive consent from clients and/ or their family prior to charging the fees. At this time, health authority owned/operated service providers cannot charge for this service.

V. Hardships or Temporary Rate Reductions**21. What if the cost for a specialized wheelchair (or for modifications) causes financial hardship?**

If the cost of modifications or the cost of a specialized wheelchair creates serious financial hardship, the client may be eligible for a temporary rate reduction of their client rate.

22. If the client purchases or rents a specialized wheelchair, are they eligible for a TRR?

Yes. If the costs cause a serious financial hardship, the client may be eligible for a temporary rate reduction of their client rate.

23. Can the client claim PT/OT fees for wheelchair assessment and determination as an expense on the TRR form?

Yes, if the client has incurred an out-of-pocket expense for the specific purpose of wheelchair assessment and determination.

VI. Miscellaneous:

24. When is the revised policy on wheelchair fees effective?

The policy is effective January 1, 2016.

25. Are there any grandfathering or retroactive provisions I should be aware of?

None.

26. Can a health authority make exceptions to this revised policy?

Any exceptions to this policy would need to be made in accordance with Chapter 1A of the Home and Community Care Policy Manual.

27. What about walkers, crutches, canes, and other devices?

Walkers, crutches, canes and other devices are still chargeable extras.

28. What about the other chargeable extras?

The remaining chargeable extras policy will remain unchanged. The Ministry in collaboration with health authorities will continue to update the chargeable extras policy as issues arise.

29. Can you provide a list of decision-making tools that can support me as a service provider?

- Basic Wheelchair Checklist, Features Included in a Basic Wheelchair
- Basic Wheelchair Approval/ Decision-Making Process Flow Chart
- Wheelchair Fees DECISION CHART
- SIT Manual

Note: The above are included in the Guide and are basic guiding tools. Please note that clinical decision and specific client circumstances will be the determining factors in your final decision.

30. What if client/family insists on opting for a basic wheelchair even though they were assessed for a modified/customized one?

If client or family determines that they will opt for a free basic wheelchair even though they are assessed and determined for a modified/ upgraded/ specialized wheelchair, the facility manager/ designate has the right to decline providing a free basic wheelchair as inappropriate for the client.

VII. Client Specific Questions:

31. What if I rented, purchased or acquired a wheelchair with my own resources prior to the revised policy coming into effect?

If you purchased or rented a wheelchair with your own resources prior to the revised policy, there is no reimbursement/ retroactive payment available. But if the cost of the equipment is causing financial hardship (defined as an inability to pay for adequate food, monthly mortgage/ rent, sufficient home heat, prescribed medication, or other required prescribed health care services), speak to your service provider about applying for a temporary rate reduction of your client rate.

32. What about the maintenance and cleaning costs I incurred before the revised policy came into effect?

There is no reimbursement/ retroactive payment available.

33. If I bought a basic wheelchair prior to this revised policy, can I still benefit?

It is important to discuss with your service provider the benefits and disadvantages of continuing with your existing ownership or rental agreement for a basic or modified wheelchair. As an incentive, service providers will provide clients with basic maintenance and basic cleaning for all basic wheelchairs owned by the service provider, free of cost.

It is also important to be aware that you will have to go through an assessment and determination on/ after Jan 1, 2016 to establish your eligibility and qualify for a benefit wheelchair.

34. I do not agree with the assessment and determination. What can I do?

You can speak to the facility manager and if dissatisfied lodge a complaint with your local Patient Care Quality Office.

VIII. Service Provider Specific Questions:

35. As a service provider (residential care facility operator), what do I do if I don't have basic wheelchairs available on January 1, 2016 when the policy is officially implemented?

The basic wheelchair policy is being implemented province-wide on January 1, 2016. Service providers are expected to do everything reasonable to meet the demand for basic wheelchairs as soon as possible.

Some options you should explore include- reaching out to your regional health authority to see if you can access their supply for the interim; discussing with other facilities in your location to see if any interim arrangements can be agreed upon to meet client needs; and, finally informing the eligible client and family about when you can reasonably provide a basic wheelchair.

36. As a service provider (residential care facility operator), what service standards are you expected to follow with respect to basic wheelchair assessment/ determination wait times?

Service providers are expected to make reasonable attempts to meet the demand for basic wheelchairs as soon as possible. This includes arranging for wheelchair assessments and determination in a timely fashion so that client needs are met.

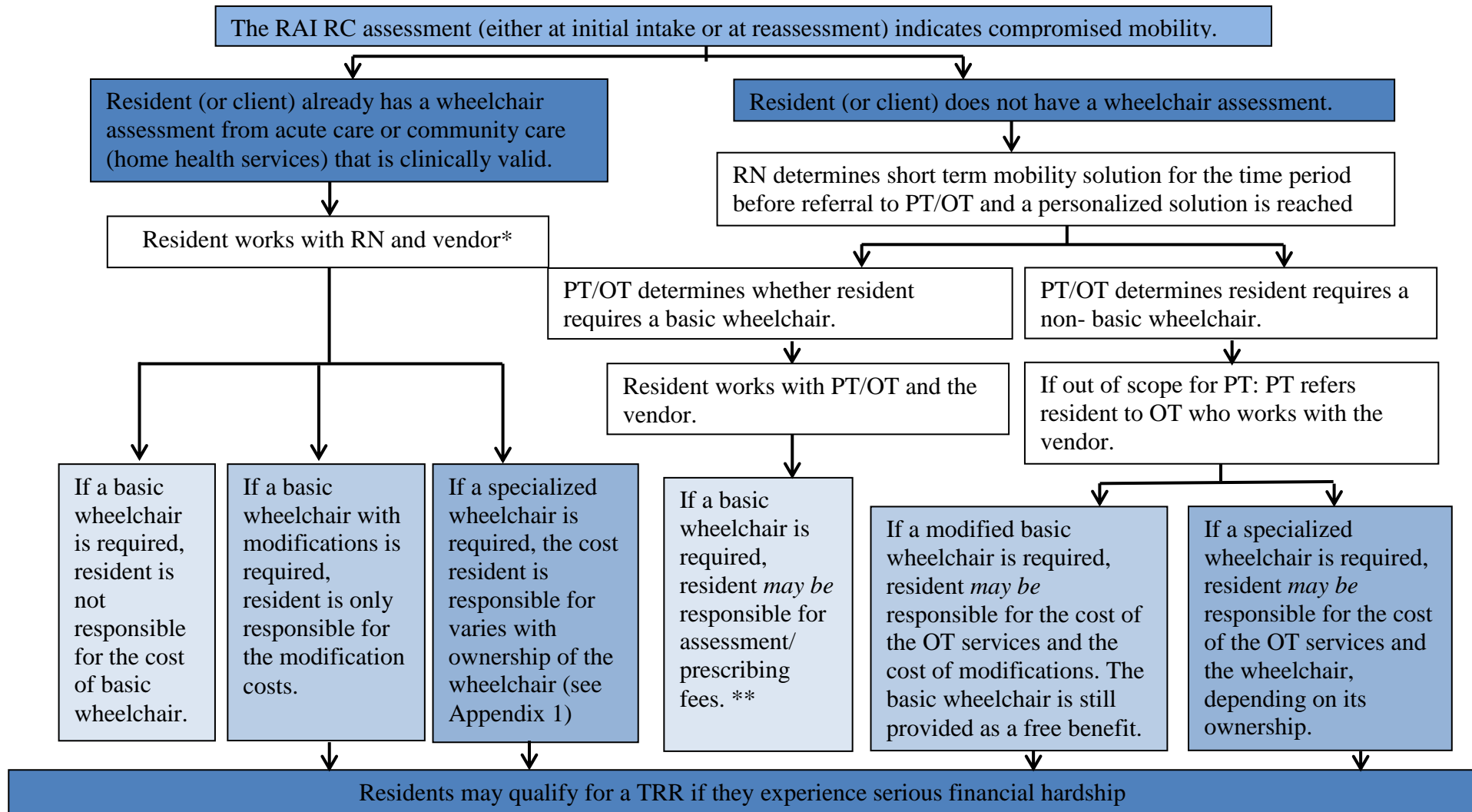
Finally, it is important to have ongoing discussions with the client and family regarding wait times and inform the client and family of other available options regarding wheelchair assessments and determination.

| Basic Wheelchair Checklist, Features Included in a Basic Wheelchair | | | |
|---|------------------|---------------------------|------------------------|
| Wheelchair Feature/Attribute | Basic Wheelchair | Modified Basic Wheelchair | Specialized Wheelchair |
| Light-weight frame (typically <35 lbs) | ✓ | ✓ | ✓ |
| Variable seat heights* | ✓ | ✓ | ✓ |
| Upholstery/fabric back | ✓ | ✓ | ✓ |
| Adjustable padded arm rests | ✓ | ✓ | ✓ |
| Solid, pneumatic or semi-pneumatic rear wheels | ✓ | ✓ | ✓ |
| Front casters (any size) | ✓ | ✓ | ✓ |
| Wheel brakes with extensions as necessary | ✓ | ✓ | ✓ |
| Anti-tippers | ✓ | ✓ | ✓ |
| Swing-away foot rests | ✓ | ✓ | ✓ |
| Rear handles | ✓ | ✓ | ✓ |
| Seat belt for bus transportation | ✓ | ✓ | ✓ |
| Weight capacity up to 113.4 kg/250 lbs | ✓ | ✓ | ✓ |
| Reclining back | ✗ | ✓ | ✓ |
| Padded backs, contoured backs, supportive backs, back positioning devices, lateral back supports, lumbar supports | ✗ | ✓ | ✓ |
| Swing-away arm rests | ✗ | ✓ | ✓ |
| Lap trays (full or half), lap cushions, extended arm rests, elevating arm rests, comfort or gel arm rests, arm trays, modified arm rests, safety positioners | ✗ | ✓ | ✓ |
| Anti-roll back devices | ✗ | ✓ | ✓ |
| Articulating (i.e. elevating) foot rests | ✗ | ✓ | ✓ |
| Calf pads/supports, foot/leg troughs, footrest extenders, leg supports, leg straps, knee adductors, foot cradles, foot supports, amputee boards, toe straps | ✗ | ✓ | ✓ |
| Lap belts, safety belts, retainer straps, pelvic positioning devices, knee/thigh belts | ✗ | ✓ | ✓ |
| Chest harnesses, torso supports, posture supports, | ✗ | ✓ | ✓ |
| Head supports, neck supports | ✗ | ✓ | ✓ |
| Wheel grip covers, grip attachments | ✗ | ✓ | ✓ |
| Rear handle extensions | ✗ | ✓ | ✓ |
| Wheelchair alarms | ✗ | ✓ | ✓ |
| Oxygen holders, cane/crutch holders | ✗ | ✓ | ✓ |
| Flags, bags, drink holders, incontinence holders/bags | ✗ | ✓ | ✓ |
| Weight capacity >113.4 kg/250 lbs | ✗ | ✗ | ✓ |
| Tilt-in-space capacity | ✗ | ✗ | ✓ |
| Power mobility, accessories with electrical components | ✗ | ✗ | ✓ |
| ✓ included; ✗ not included. Note: While each ✓ indicates included, some features may be unnecessary for a client. *Only non-permanent modifications are allowed to be made to the basic wheelchair. If permanent structural changes are required, that client does not qualify for a basic wheelchair. | | | |

Advice:

**For specific basic wheelchair models,
please contact your regional health
authority**

Basic Wheelchair Approval/ Decision-Making Process Flow Chart



*RN will support the client and coordinate with vendor, if required.

**However, resident (or client) may opt to go out in the community for a PT/OT assessment and approval of a basic wheelchair. Resident may use their extended health coverage or MSP eligibility to cover the cost. Facility provider is not expected to reimburse these costs.

APPENDICES

Appendix 1

Wheelchair Fees – Table Illustrating a BENEFIT, CHARGEABLE EXTRA or RESIDENT RESPONSIBILITY

WHEELCHAIRS THAT ARE PROVIDED BY THE SERVICE PROVIDER (SP) OR DESIGNATE:

| Scenario: | Wheelchair Itself | ‘Basic’ Cleaning | ‘Basic’ Maintenance (repair/replaceme nt) | Non Basic and/or Emergency Cleaning | Non Basic Maintenance and/or Repairs | Fees related to OT/PT Assessment |
|--|--|---------------------|--|---|--|--|
| <p><u>BASIC OR BASIC DONATED</u> wheelchair provided to the resident by the facility *Wheelchairs that are lower than 12 ½ inches are not considered to be basic.</p> | BENEFIT | BENEFIT | | Treat as a BENEFIT (with the exception of damage deliberately caused by resident) | | <p>Health Authority owned/operated sites - cannot charge for OT/PT assessments.</p> |
| <p><u>MODIFIED BASIC OR MODIFIED BASIC DONATED</u> wheelchair provided to the resident by the facility NOTE: Resident is responsible for costs related to modifications, as well as cost of returning chair to ‘basic’ once the resident is done with the wheelchair.</p> | <p>Basic Wheelchair is a BENEFIT</p> <p>ANY Modifications made specifically for the resident that are a financial impact to the facility may be passed along to resident as a chargeable extra</p> | BENEFIT | | <p style="text-align: center;">Treat as a BENEFIT</p> <p>(In the <u>following scenarios</u>, may be treated as a chargeable extra:</p> <ul style="list-style-type: none"> • Where damage is deliberately caused by resident; and • where non-basic cleaning/maintenance/ repairs are primarily related to the modification, the facility may charge the resident for expenses it incurs related to these modifications. | | <p>Contracted facilities – may charge the resident if the SP experiences a financial impact related to this service.</p> <p>IE – if the assessment is done by their staff or service is sub-contracted. Fee must be ‘reasonable’ and resident must be provided with information in advance and must agree to charges prior to billing</p> |
| <p><u>SPECIALIZED</u> wheelchair provided to the resident by the facility</p> | MAY BE A CHARGEABLE EXTRA | BENEFIT | | May be a CHARGEABLE EXTRA | | |
| <p><u>SPECIALIZED</u></p> | BENEFIT | | | | | |

| | | | | |
|--|--|--|--|--|
| DONATED wheelchair provided to the resident by the facility | | | | |
|--|--|--|--|--|

WHEELCHAIRS THAT ARE RENTED OR OWNED BY THE RESIDENT:

| Scenario: | Wheelchair Itself | 'Basic' Cleaning | 'Basic' Maintenance (repair/replacement) | Non Basic and/or Emergency Cleaning | Non Basic Maintenance and/or Repairs | Fees related to OT/PT Assessment | |
|---|-------------------------|---|---|-------------------------------------|--------------------------------------|---|---|
| BASIC wheelchair RENTED by the resident | RESIDENT RESPONSIBILITY | BENEFIT | RESIDENT RESPONSIBILITY (Vendor) (It is recommended that the facility <u>not</u> undertake this work as it should already be covered by the resident's existing agreement with the vendor, and any damage/changes may nullify the resident's existing contract). | | | HEALTH AUTHORITY OWNED AND OPERATED SITES - cannot charge for OT/PT assessments. | |
| MODIFIED BASIC wheelchair RENTED by the resident | | *ONLY SURFACE CLEANING TO BE PROVIDED BY FACILITY | | | | | |
| SPECIALIZED wheelchair RENTED by the resident | | | | | | | |
| BASIC wheelchair OWNED by the resident | RESIDENT RESPONSIBILITY | BENEFIT | RESIDENT RESPONSIBILITY (Facility has the option to offer as a benefit; if so, it is recommended that resident sign a liability waiver) | | | | CONTRACTED FACILITIES – may charge the resident if the Service Provider experiences a financial impact related to this service. I.E. – if the assessment is done by their staff or the service is sub-contracted. |
| MODIFIED BASIC wheelchair OWNED by the resident | | *ONLY SURFACE CLEANING TO BE PROVIDED BY FACILITY | | | | | |
| SPECIALIZED wheelchair OWNED by the resident | | | | | | | |

NOTES:

For any CHARGEABLE EXTRAS: Charge must be 'reasonable' and resident must be provided with information in advance and must agree to charges prior to billing. Revised Feb 17 2016, approved by the Ministry of Health February 18, 2016

Appendix 2

Draft Sample Basic Wheelchair Loan Agreement

Use as an example only, no legal opinion has been sought on this document.

I (Name of client), the resident in facility xxxxx accept the loan of a basic wheelchair on the following terms and conditions:

1. I understand that the basic wheelchair always remains the property of the service provider and that it must be returned at the service provider's request (for any reason).
2. I understand that I am only entitled to the use of the basic wheelchair while I meet the eligibility criteria for publicly subsidized home and community care services as described in the *Home and Community Care Policy Manual* Chapter 2.B Eligibility, while my individualized client care plan includes long-term residential care, while I am a long-term resident of residential care, and while a basic wheelchair is prescribed to me.
3. If I move outside of British Columbia, I will return the basic wheelchair before I leave the province.
4. I will only use the basic wheelchair for my own personal mobility.
5. I will not sell, loan, or allow any other person to use the basic wheelchair.
6. I will not pledge the basic wheelchair as security in a financial loan or similar agreement.
7. I will store the basic wheelchair in a secure, heated and dry place to avoid damage or loss.
8. I am responsible for using the basic wheelchair with reasonable care. I will not misuse the basic wheelchair, intentionally damage it, or be negligent in protecting it from damage, theft and loss.
9. I will make the basic wheelchair available for maintenance and cleaning as required by the service provider.
10. I will not remove, erase, or deface any identification stickers, tags, or similar markings.
11. I understand that the service provider may re-assess my medically required need for a basic wheelchair at any time. I understand and accept that if I am re-assessed as not requiring a basic wheelchair, the service provider can take the basic wheelchair back. I agree to make myself available for any requested re-assessment and to return the basic wheelchair promptly if requested.
12. If I exit residential care, I agree to return the basic wheelchair to the service provider before leaving.
13. If I move from one residential care facility to another residential care facility, I understand that I may need to return my basic wheelchair to the service provider and request another basic wheelchair from my new facility.

14. I will not make any permanent alterations to the basic wheelchair. If I modify or upgrade the basic wheelchair (with a different backrest, different cushion, different leg supports, different arm supports, etc.) I will not permanently alter the basic wheelchair in doing so.

15. I understand that if the basic wheelchair suffers damage beyond regular wear and tear, if it is stolen, or if it is lost, my liability can be as high as the replacement cost of the basic wheelchair.

By signing, I acknowledge that I have read and understood this loan agreement and that I accept all of these terms and conditions.

_____ Signature of client or client's legal representative

_____ Please print your name here

_____ Date of Signature

Appendix 3

The Seating Identification Tool (SIT) Manual is used with permission from the author.

THE SEATING IDENTIFICATION TOOL (SIT)

Development, Testing and Guidelines

of the Seating Identification Tool

William C Miller, PhD, OT

Francine Miller, BScOT

Funding for the SIT Manual was partially provided by St. Joseph's Health Centre/Parkwood Seating Program, London, Ontario, Canada, the Vancouver Hospital & Health Sciences Centre, Vancouver, British Columbia, Canada and a Canadian Institute of Health Research grant.

VERSION 1
September 2001

Contact: William C. Miller, PhD., O.T.(C)
Assistant Professor, School of Rehabilitation Sciences
OT Research Scientist, Vancouver Hospital & Health Sciences Centre
T325-2211 Wesbrook Mall, Vancouver, B.C. Canada V6T 2B5
Tel: (604) 875-4111 ext 68471 Email: bcmiller@telus.net

TABLE OF CONTENTS

| | | |
|-----|---|----|
| I | INTRODUCTION | 3 |
| II | DEVELOPMENT OF THE SIT | 3 |
| III | INSTRUCTION GUIDELINES FOR THE SIT | 4 |
| IV | SCORING THE SIT | 10 |
| V | RESEARCH | 11 |
| VI | REFERENCES | 12 |
| VII | SEATING IDENTIFICATION TOOL | 13 |

THE SEATING IDENTIFICATION TOOL (SIT)

I INTRODUCTION

There is a growing body of knowledge that supports the premise that an optimum fit between a person and their wheelchair/seating system will improve mobility, function and comfort while reducing the need for restraint and repositioning and potentially decrease the incidence of decubiti ulcers. Clinical experience suggests that the fit is not always optimum and that frequently wheelchairs are used to 'store' individuals, especially in long-term care facilities. Ensuring that there is a good fit necessitates that an individual, usually a therapist with seating experience, assesses the situation. Unfortunately few long-term care facilities have seating therapists on staff. The health care providers in long-term care facilities generally make the decisions regarding the need for wheelchair and seating despite having little knowledge in this area. Identifying the need for assessment and intervention is the first step in ensuring appropriate equipment is provided.

A review of the literature revealed that there is no assessment tool that can assist health care providers who have limited understanding of issues related to wheelchair and seating prescription, to identify individuals who need a formal assessment. Given this dilemma a screening tool, the Seating Identification Tool (SIT), was developed to fill this need.

II DEVELOPMENT OF THE SEATING IDENTIFICATION TOOL

To develop the SIT we used a modified form of the Delphi-Technique. The seating team, consisting of a PT and OT, developed a list of 25 items that were considered important indicators of the need for wheelchair/seating intervention. The 25 items were derived based on a review of the literature (Medline, CINAL, EMBASE) and the clinical experience of those involved. The list was circulated to 13 other health professionals in the fields of OT, PT and nursing in order to ensure that all possible indicators were included. The final list (which included no new additions) was compiled and operationalized into question format and circulated to the 13 member panel for feedback regarding the wording of the SIT items. Further we requested that the panel identify those items they thought were critical to include, those that were unimportant and those that were redundant. A total of 15 questions remained as a result of the panel review.

The SIT was then subject to a reliability and validity study. The results of this study (to be included in a subsequent version of these guidelines) indicated that four of the items generated unreliable results and two items

needed additional operationalization. The SIT was reduced to its current total of 11 items and subjected to a second round of study of the psychometric properties.

The present version of the SIT contains items from five different categories related to wheelchair use. These categories include: skin condition, comfort, positioning, stability and mobility.

III INSTRUCTION GUIDELINES FOR THE SEATING IDENTIFICATION TOOL

The Seating Identification Tool is a screening tool to assist caregivers to identify individuals who require seating and/or wheelchair intervention. The following definitions of the SIT items are designed to assist users to better understand the meaning behind the questions posed in the individual items. Further the descriptions guide the scoring of the SIT. We recommend that individuals who have little or no experience in the area of wheelchair and seating intervention review these guidelines prior to using the tool and keep the guidelines close by when using the SIT. Moreover, we recommend new users discuss any items that are unclear to them with an experienced therapist or one of the authors of this manual. Following these guidelines will assist in providing the best quality data. (Please Note: The SIT items in these guidelines are not presented in the “correct” numerical order. This was done to reduce redundancy of discussing items that have similar definitions (SIT items 1 and 3 and 2 and 4).

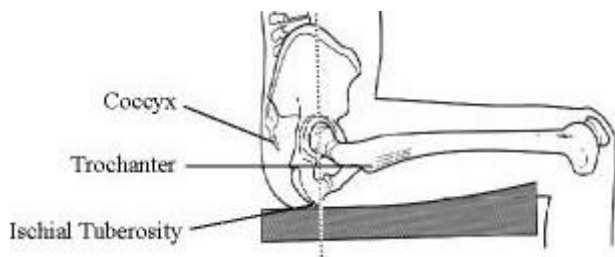
Collecting Data

A variety of techniques can be used to answer the SIT items. These techniques include observation, questioning the wheelchair user, their caregiver(s) or archiving their chart. The best technique depends on the rater who is completing the SIT. For example, caregivers are likely to have knowledge of the individual without having to access other sources. For the best quality of information we recommend that raters use multiple sources to cross-reference the information they are collecting.

ITEM 1: Has the individual had red areas on their bottom in the *past 4 weeks*?

Give a score of 2 for “Yes” and a score of 0 for “No”.

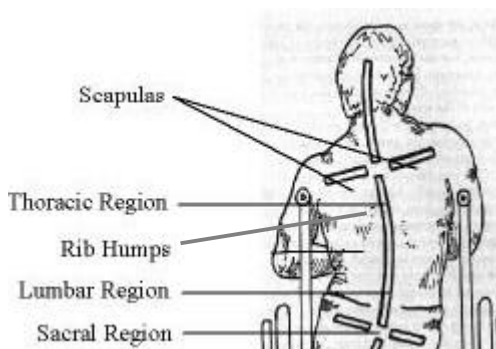
Common areas to consider are the buttocks (ischial tuberosities), coccyx, and hips (trochanters).



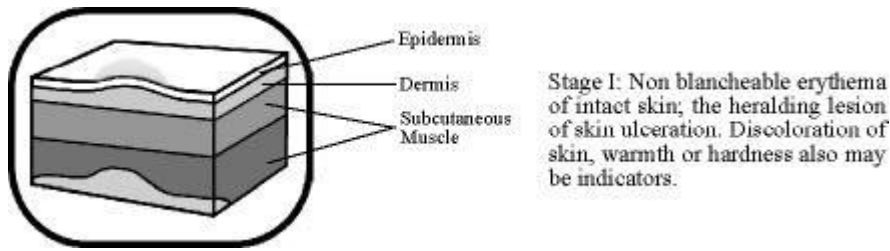
ITEM 3: Has the individual had red areas on their back in the *past 4 weeks*?

Give a score of 1 for “Yes” and a score of 0 for “No”.

Common areas to consider are the spinous processes of the thoracic, lumbar and sacral regions, scapulas and rib humps.



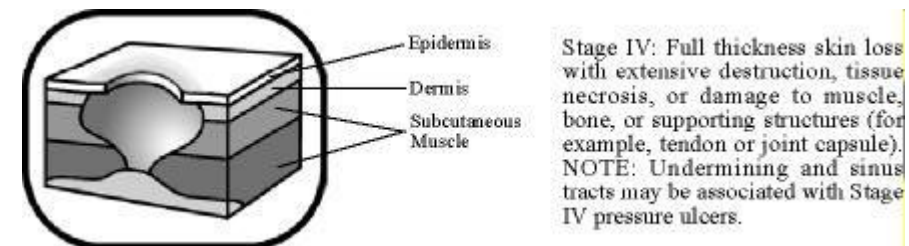
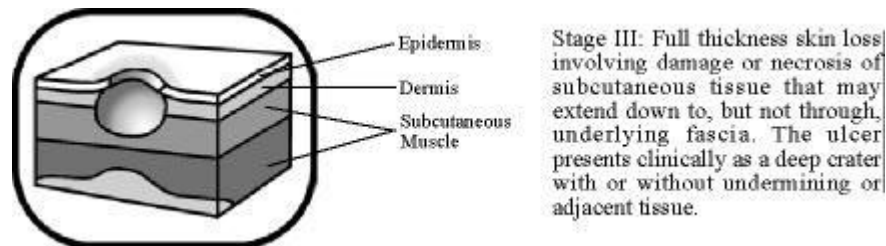
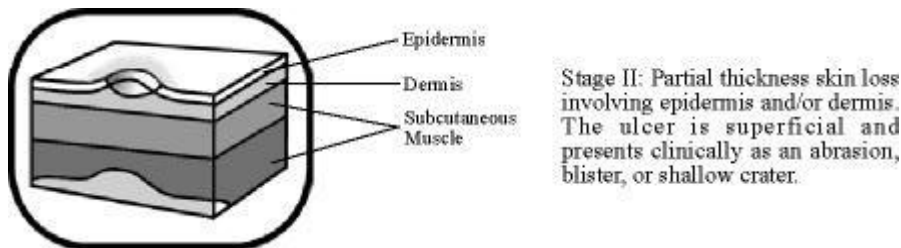
Definition: Red areas are defined as Stage 1 skin breakdown by the Agency of Healthcare Policy and Research (AHCPR) Guidelines (1994). See figure below.



ITEM 2: Has the individual had an open pressure sore on their bottom in the *past 4 weeks*?
Give a score of 2 for “Yes” and a score of 0 for “No”.

ITEM 4: Has the individual had an open pressure sore on their back in the *past 4 weeks*?
Give a score of 2 for “Yes” and a score of 0 for “No”.

Definition: Open pressure sores are defined as Stage 2, 3, 4 of the AHCPR Guidelines (1994). See figure below.



Please Note: Because of the similarities between items 1 and 3 and items 2 and 4 (eg skin that is broken down is also likely to be red), raters are encouraged to select either item 1 or 3 and either item 2 or 4, unless the area of skin breakdown is remotely different than the area that is red.

ITEM 5: Has the individual reported or demonstrated behaviours that indicate they could be in discomfort or pain while sitting for any length of time in the *past 4 weeks*?
Give a score of 1 for “Yes” and a score of 0 for “No”.

Definition: Signs of discomfort or pain may be indicated by moaning, grimacing, crying, agitation or frequent weight shifting.

ITEM 6: Has the individual had difficulty propelling their wheelchair in the *past 4 weeks*?
Give a score of 1 for “Yes” and a score of 0 for “No”.

Definition: This assumes the individual has the capability to self propel the chair through the use of hand and/or feet. Difficulty propelling the wheelchair may be the result of a chair that is too large, too high, inaccessibility of the hands to the rear wheels or feet to the floor. If the individual cannot move the chair, a score of 0 is given.

ITEM 7: Has the individual required repositioning as a result of sliding or leaning in the *past 4 weeks*?
Give a score of 1 for “Yes” and a score of 0 for “No”.

Definition: The need for repositioning is the key criteria for this item. An indication that an individual has slid forward in their wheelchair is that there is a space between the back of the individual’s buttocks and the back of the wheelchair. Another indication is the individual appears to be slumped in their chair.

Below is an example of an individual in a proper seating position and an individual who is sliding forward in the wheelchair.



Definition: An indication that an individual is leaning in their wheelchair is that their head is not in midline, their shoulders are not level and they are laterally flexed through the trunk. They may be leaning over one side of the wheelchair.

Below is an example of an individual in a proper seating position and an individual leaning in a wheelchair.



ITEM 8: Has an anti-slide device such as a foam bolster, pommel, roll bar, posture pal, or posey restraint been used in the *past 4 weeks*?
Give a score of 1 for “Yes” and a score of 0 for “No”.

Definition: A foam bolster is a 4-6” U-shaped foam covered with fabric that is fit across the individual’s abdomen and jams the individual into the chair. A pommel, which can be used therapeutically for positioning, is usually a wedge shaped piece of wood covered in foam and placed between the knees. A roll bar is a metal bar covered in foam in the shape of a rolling pin that attaches onto the wheelchair armrests and is placed in front of the individual’s abdomen. A posey restraint is a Y-shaped piece of fabric and webbing that is placed across the individual’s hips and down under their groin area and is usually tied around the back of the chair. Below are two common examples of restraints.



Please Note: The use of physical restraint devices in wheelchair and seating prescription is problematic and controversial. In many cases an individual’s wheelchair system may be adequate however, a physical restraint may have been ordered for such reasons as preventing falls, family wishes or facility policy. Restraints are also occasionally used to achieve “positioning” goals. Proper scoring of the SIT requires raters to identify the reason such devices are used. A score of 1 should be assigned if the device is being used to position the individual.

ITEM 9: Have rolled blankets, pillows or homemade devices been used to prevent leaning in the *past 4 weeks*?
Give a score of 1 for “Yes” and a score of 0 for “No”.

Definition: These homemade solutions are usually stuffed into spaces between the individual and their wheelchair. This is indicative of a wheelchair that is too large for the individual or there is a lack of trunk and pelvic support.

ITEM 10: Has the individual not been using a wheelchair seat cushion in the *past 4 weeks*?
Give a score of 2 for “Yes” and a score of 0 for “No”.

A wheelchair cushion should offer comfort, positioning and pressure reduction. A folded flannel, sheepskin, pillows and open cell foam are not appropriate cushions. Immediately below are examples of “unsuitable” or inappropriate wheelchair cushions.

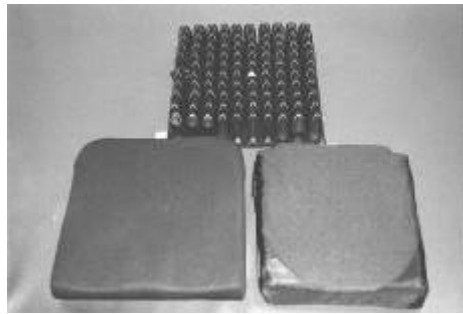


a. Clockwise from top: folded flannel, folded sheet, sheepskin.



b. Clockwise from top: pillow, open cell foam, kitchen chair cushion.

Proper wheelchair cushions are available in prefabricated commercial forms or may be custom made. Cushions generally fall into three categories: foam, gel/foam combinations or air. They usually have a removable cover. Immediately below are examples of appropriate wheelchair cushions.



Clockwise from top: air cushion, foam cushion with cover, gel/foam combination cushion with cover.

Please Note: Several geriatric wheelchairs chairs (see below) have “built in” cushions. The authors advocate against the use of unsuitable cushions or cushions identified as appropriate (as identified above) in geriatric wheelchairs that have “built in” cushions. In this instance the score for SIT item 10 should be recorded as a 2.

ITEM 11: Has the individual tipped their wheelchair or been at risk of tipping their wheelchair in the *past 4 weeks*? Give a score of 1 for “Yes” and a score of 0 for “No”.

Definition: This is indicative of a wheelchair that is not stable and can be found among agitated and bariatric individuals. To score a “Yes” for this item risk of tipping can include rocking the chair backwards and side to side so that all four wheels are not in contact with the ground at any one time. Otherwise, score this item as “No”.

Types of Wheelchairs

The SIT also collects information on the type of chair the individual is currently using. The following are examples of different types of chairs.

1. Geriatric Wheelchair

A geriatric chair, also called geri chairs is a seating system that has the seat and back cushion “built in”. Geri chairs are generally a one size fits all system that allows minimal adjustment for individual fitting. Further these chairs are difficult if not impossible for the wheelchair user to move as there is no large “push” wheel.

These are examples of geriatric chairs.

a. Geri-chair



b. Broda geri-chair



c. Horizon geri-chair



C...r, PhD., O.T.(C)
A...l of Rehabilitation Sciences

OT Research Scientist, Vancouver Hospital & Health Sciences Centre
T325-2211 Wesbrook Mall, Vancouver, B.C. Canada V6T 2B5
Tel: (604) 875-4111 ext 68471 Email: bcmiller@telus.net

2. Standard Manual Wheelchair

A standard manual wheelchair has a seat and back frame with armrests and footrests. There are large wheels in the back which are usually 22” or 24”. There are front casters (small rotating wheels) which are usually 6 or 8 inches. It does not tilt or recline.¹

This is an example of a standard manual wheelchair.



3. Broda Wheelchair

A Broda chair has webbing across the back and seat frame. It usually reclines and/or tilts. It has front casters and can have rear casters or large rear wheels. It is not compatible with the majority of commercial seating components. This type of chair is difficult for self-mobilization and can be difficult to push also.

This is an example of a Broda chair.



¹ Tilt occurs when the wheelchair back and seat can be rotated backwards allowing the person to be tipped backward (see #4 below). Recline occurs when only the chair back slants backward but the seat position remains static.

4. Tilt-in-Space Wheelchair

A tilt-in-space wheelchair looks very similar to a standard manual wheelchair however it can tilt back. It usually has large rear wheels from 12” to 24” diameter and small front casters. It is compatible with commercial seating components that are available “off the shelf” at local wheelchair suppliers or with custom seating.

This is an example of a tilt-in-space manual wheelchair.



IV SCORING THE SIT

The SIT consists of 11 items that assess five areas related to wheelchair and seating issues (skin conditions or pressure areas, discomfort behaviors, mobility, positioning and stability). All of the item responses are recorded as either a yes or no. A score is given for a positive response (yes) to all items. All responses are scored as 1 except for items **1, 2, 4 and 10**, which are weighted as 2 (see table below). These items were weighted with a score of 2 as they are considered to leave the individual at a higher level of risk of other health complications. The responses are summed to provide a total score that ranges from 0 (no need for intervention) to 15 (serious need for intervention). A score of 2 or higher is indicative of a need for a formal intervention by a therapist with wheelchair and seating experience.

| Category | SIT Item Numbers | Score Weight |
|---------------------------------|------------------|--------------|
| Skin Condition or Pressure Area | 1, 2, 4 | 2 |
| | 3 | 1 |
| Discomfort | 5 | 1 |
| Positioning | 7,8,9 | 1 |
| | 10 | 2 |
| Mobility | 6 | 1 |
| Stability | 11 | 1 |

V RESEARCH

To date the SIT has been subjected to two separate studies in order to determine the reliability and validity and a third study is currently being implemented. The second study was conducted to assess the psychometric properties after the SIT had been modified to improve the operationalization based on results and feedback from the first study. Here we present a brief review of the results of the psychometric testing of the SIT from the second study. The study objectives were to assess: i) inter-rater reliability; ii) test-retest reliability; and iii) the concurrent validity of the SIT.

A test-retest design was used to assess the psychometric properties of the SIT on a sample of 43 residents. The subjects were randomly selected from a list of all wheelchair users at a long-term care facility in London, Ontario, Canada. To be included subjects had to be 60 years of age or older and had to be using a wheelchair as their primary seating and/or mobility device. Two assessors, both health care providers with no wheelchair/seating experience, who knew the residents, were selected to administer the SIT on two separate occasions, two weeks apart. As there is no gold standard the assessment of an experienced seating therapist provided an indication of the concurrent validity. The seating therapist assessed the subjects within 2-6 hours of the first application of the SIT. At no time did the seating therapist have access to any of the rater's SIT results.

Analyses

The intra-class correlation coefficient (ICC) was derived to assess total score test-retest and intra-rater reliability and Cohen's Kappa was used to assess item by item reliability. Sensitivity and specificity statistics were derived to assess the validity of the SIT.

Study Results

One resident died before the final study was complete. Of the remaining 42 subjects, 39 were female. The sample had a mean age of 83.2 years. Inter-rater reliability was ICC=0.83 and the two week test-retest reliability was 0.86. Individual item inter-rater agreement ranged from 0.29-1.00 and test-retest agreement ranged from 0.25-1.00. The sensitivity of the SIT was 100% and the specificity was 65%. The positive predictive value was 80%.

Discussion

The SIT was found to have good reliability and validity when used among health care providers who had little or no seating experience. It is possible that further development of the SIT may improve the specificity, however, as there are no serious implications resulting from having an assessment, improving the specificity is not considered to be critical. In summary, the SIT is a tool that can assist health providers, with limited knowledge of seating and wheelchair issues, to identify individuals who need a formal seating/wheelchair assessment.

VI REFERENCES

Agency of Healthcare Research and Quality, 1994. Agency of Healthcare Policy and Research Guidelines for Staging an Ischemic Ulcer (www.ahrq.gov)

Statistics Canada, Selected Nation Series Macrodata, Population by Five-Year Groups (12A), 1996 Census form 93F0022XDB96002

Recognition: Special thanks goes out to those subjects who helped us with various SIT projects and Nora Dun (OT student) who assisted with the creation of the manual.

SEATING IDENTIFICATION TOOL (SIT)

| WITHIN THE LAST FOUR (4) WEEKS: | YES | NO |
|---|-----|----|
| 1) Has the individual had red areas on their bottom? | 2 | 0 |
| 2) Has the individual had an open pressure sore on their bottom? | 2 | 0 |
| 3) Has the individual had red areas on their back? | 1 | 0 |
| 4) Has the individual had an open pressure sore on their back? | 2 | 0 |
| 5) Has the individual reported or demonstrated behaviours that indicate they could be in discomfort or pain while sitting for any length of time? (such as moaning, grimacing, or agitation) | 1 | 0 |
| 6) Has the individual had difficulty propelling their wheelchair? <i>(if the individual does not propel their wheelchair circle 0)</i> | 1 | 0 |
| 7) Has the individual required repositioning as a result of sliding or leaning? | 1 | 0 |
| 8) Has an anti-slide device such as a foam bolster, pommel, roll bar, posture pal, or posey restraint been used? | 1 | 0 |
| 9) Have rolled blankets, pillows or homemade devices been used to prevent leaning? | 1 | 0 |
| 10) Has the individual <i>not</i> been using a wheelchair seat cushion? <i>(do not include linens, pillows, incontinence pads, or home made foam cushions)</i> | 2 | 0 |
| 11) Has the individual tipped their wheelchair or been at risk of tipping their wheelchair? | 1 | 0 |
| OVERALL SCORE | | |

The overall score is the sum of all items. Scores greater than or equal to two indicate a need for intervention. The higher the overall score the greater the need for intervention. Intervention may include formal assessment or education.