### CHAPTER 23 – AIDS AND APPLIANCES

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<th>Description</th>
<th>PD/IB/GL NUMBER</th>
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<tbody>
<tr>
<td>Amputee Care Standards in New South Wales</td>
<td>PD2008_015</td>
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<tr>
<td>Amputee Care – The Use of Post-Operative Rigid Dressings for Trans-Tibial Amputees</td>
<td>GL2008_006</td>
</tr>
<tr>
<td>EnableNSW – Assistive Technology for Communication, Mobility, Respiratory Function &amp; Self-Care</td>
<td>PD2011_027</td>
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</tbody>
</table>
Executive Summary

In 2003, NSW Health commissioned a review of the NSW Artificial Limb Service (ALS) and the health care services provided to amputees in New South Wales. The scope of the review was broad and covered health care provided at all stages of the care pathway from pre-operative information to community care. The review, published in June 2004, presented 27 recommendations for improving the provision of care to amputees. These recommendations are based upon the best available evidence and are consistent with internationally recognised best practice principles. They guide the clinical care of amputees, and service delivery for the ALS.

In May 2005, NSW Health formed the Clinical Guidelines Reference Group (CGRG) to address the implementation of eight of the Review recommendations relating to amputee care, treatment pathways, and the NSW ALS service model. The CGRG consisted of experts in the field of amputee care representing rural and metropolitan areas, paediatric and adult services, and professional and consumer groups. The specialist area of upper limb amputees was also represented. Membership of this group is attached at Appendix 1.

The CGRG produced Amputee Care Standards in New South Wales to assist clinicians in the management of people who have experienced amputation and/or limb deficiency. This policy will assist NSW Health to develop international best practice and patient centred amputee care, from pre-operative assessment, through surgery, acute hospitalisation, rehabilitation, outpatient services, and life long management.

Introduction

Purpose

The purpose of this policy is to:

- Provide clinicians with evidence-based standards for the management of people with amputations in pre-operative, acute hospital, rehabilitation and community care settings.
- Specify where procedures may be tailored to suit local needs, resources and individual circumstances.
- Facilitate equitable care for people with amputations across NSW.

This policy provides standards for the management of people with amputations. It is not intended to replace the clinical judgement of individual health professionals.

Scope

In this document, the amputee service refers to the group of services, which cover the continuum of care required for all people who have experienced amputation of a limb(s) or limb deficiency. This incorporates pre-operative care, acute care, rehabilitation and life long management. A specialist service includes clinicians with recognised skills, knowledge and experience in amputee care.

The specialist team includes:
1. Affiliated surgeons
2. Nurses

Specialist team members may or may not be co-located. The amputee service may operate on a “without walls principle”\(^2\) which will require a commitment to maintaining high quality communication.

The specialist team will collaborate with other clinicians who may not have dedicated amputee knowledge but who provide essential care and support to the patient. This may include but is not limited to:

1. Dietician
2. Employment advisor
3. General practitioner
4. Orthotist
5. Podiatrist
6. Psychologist/psychiatrist
7. Rehabilitation engineer
8. Social worker

The composition of the team at each phase within the amputee service must be appropriate to the type of service being provided and the needs of the amputee.

The patient and/or their carer is to remain at the centre of all decision-making and be an integral member of the team that is providing the care.

An Aboriginal Health Impact Statement has been completed to ensure that the health needs and interests of Aboriginal people have been considered, and where relevant, appropriately incorporated into this policy.

Access is a major barrier to equity of service provision for amputees and is influenced by geographic, economic and socio-cultural factors. Challenges for rural and remote services are particularly apparent where resources are often limited. This policy may include standards that cannot be resourced in all regions of NSW. In such instances procedures may need to be modified to address the resource issue and local solutions developed to ensure that best practice and optimal patient outcomes are maintained.

Using the Policy

Format

The clinical pathway for amputees has been categorised into phases of care. It is recognised that each patient’s journey is unique and they do not necessarily progress through the phases in a linear fashion. It is also understood that there may be overlap between the various phases of care. There are two specialist subsections, for upper limb amputations and for children with a limb deficiency, and a section on staff training.
23. AIDS AND APPLIANCES

Phases of Care

Overall Service Provision

Overall service provision refers to the services provided across the continuum of care by the Area Health Service (AHS), incorporating all the facilities that deliver treatment to the patient. This includes services provided by acute hospitals, rehabilitation units, outpatient and community services, and the NSW Artificial Limb Service (ALS).

Pre-operative

The pre-operative phase begins with the decision to amputate and continues up to the point of surgery.

Surgical

The surgical phase includes all issues relating to the amputation surgery.

Post Surgical

The post-surgical phase incorporates the patient’s journey immediately post-operatively until the patient is ready for rehabilitation.

Rehabilitation

The rehabilitation phase aims to improve functional status with or without prosthesis, and to successfully reintegrate the patient into their community. Comprehensive rehabilitation of the person with an amputation must take into account the whole person, including age appropriate goals and their environment.

Rehabilitation with a Prosthesis

This phase comprises all elements of prosthetic rehabilitation.

Life Long Management

This phase acknowledges the fact that the patient will be a service consumer for the remainder of their life.

Specialist Subsection

- Upper Limb
- Children with Congenital Limb Deficiency

The specialist sub-sections incorporate specific standards pertaining to the management of upper limb amputees and congenital limb deficiency patients.

Staff Development

The policy includes standards for the ongoing professional development of staff.
Categorisation of standards

Each standard in each phase of care is rated according to three categories. Standards with an ‘A’ classification are essential to the provision of care and must be adopted by health facilities involved in the care of amputees.

**A Essential Practice**

The minimum level of accepted practice, as assessed through the accreditation process occurring within any health facility in NSW.

**B Good Practice**

Standard practice expected to be in place in any health facility throughout NSW.

**C Desirable Practice**

Best practice based on current available evidence that is not yet standard across Australia.

This policy is based on the “Standards and Guidelines in Amputee and Prosthetic Rehabilitation” of the British Society of Rehabilitation Medicine 2003 with modifications for New South Wales conditions.

**Performance Measures**

Performance measures are to be incorporated into the ongoing management of the amputee care service. They are to include professionally specific functional assessment and rehabilitation tools, which are appropriate to and validated for the amputee population. This is indicated in each of standards and examples are given in Appendix 3.

**Evaluation of the Policy**

The policy was distributed to relevant stakeholder groups for consideration. All views and comments received were taken into consideration. Appendix 2 lists the specific groups that were contacted. In particular, the CGRG would like to thank the following individuals and organisations for providing invaluable feedback and advice:

- Amputee Association of NSW Incorporated
- Australian Association of Occupational Therapists
- Centre for Aboriginal Health, NSW Health
- Centre for Chronic Disease Prevention and Health Advancement, NSW Health
- Community & Government Relations Unit, NSW Health
- Director of Rehabilitation Services, Prince of Wales Hospital
- Family and Primary Health Team, NSW Health
- Greater Southern Area Health Service
- Greater Western Area Health Service
- Head of Physiotherapy, Concord Hospital
- Hunter New England Area Health Service
- Nursing and Midwifery Office, NSW Health
- Physiotherapy Manager, Port Kembla Hospital

67(5/08)
### Review of the Policy

This policy will be reviewed by the NSW Department of Health in 2010.

### 1. Overall Service Provision

An amputee service is defined as the continuum of care required for people who have experienced amputation or limb deficiency, and incorporates acute care, rehabilitation and life long management from health care service providers.

<table>
<thead>
<tr>
<th>Standards</th>
<th>Category</th>
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<tbody>
<tr>
<td>1.1</td>
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<td>1.2</td>
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<td>1.3</td>
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<td>1.8</td>
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<td>1.9</td>
<td>A</td>
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<tr>
<td>1.10</td>
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</tbody>
</table>
1.11 The amputee service is to have access to appropriate prosthetic services.  

1.12 The transfer and/or discharge of patients is to be supported with appropriate documentation to assist in the patient’s ongoing health provision and care.  

1.13 The medical director of the amputee clinic (or their nominated delegate) should be the official representative of the service with the ALS.  

1.14 Amputee service should have established performance indicators and outcome measures for each phase of amputee care for continuous quality improvement purposes. Please refer to Appendix 3 for examples of suitable tools.  

1.15 Clinical input is to be sought in any decision-making regarding the planning, development and delivery of amputee services.  

1.16 Health facilities within the amputee service that provides prosthetic assessment, prescription or manufacturing services are to be accredited by the NSW Artificial Limb Service (ALS).  

1.17 Key stakeholders including patients and carers, should have opportunities to provide input into service planning and review processes.  

1.18 Amputee services should collect data at each phase of amputee care in line with NSW Health Department and ALS requirements and for the purpose of accreditation.  

1.19 Outpatient and day rehabilitation should be supported by adequate transport systems to ensure equity of access to services.  

1.20 Access to community support for those unable to travel to a rehabilitation centre, or for whom rehabilitation is more appropriately conducted in the context of their normal home environment, should be made available.  

1.21 Where possible, AHSs should assist in the provision of peer support to people with amputations.  

2. **Pre-operative**  
The pre-operative phase begins with the decision to amputate and continues to the point of surgery.  

<table>
<thead>
<tr>
<th>Standards</th>
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<tbody>
<tr>
<td>2.1</td>
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<td>2.2</td>
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<td>2.3</td>
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</tbody>
</table>
2.4 Unless clinically contra-indicated a rehabilitation program should be commenced pre-operatively.  

2.5 All surgical departments should provide patients undergoing elective amputations with access to information regarding local peer support and/or amputee associations.  

3. Surgical

This phase includes all issues relating to the amputation surgery.

<table>
<thead>
<tr>
<th>Standards</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Each hospital where planned amputations are performed is to have access to a surgeon with specialist expertise in amputation surgery.</td>
<td>A</td>
</tr>
<tr>
<td>3.2 An amputation is to be performed or supervised by a suitably experienced surgeon using currently recognised operative techniques. All surgical interventions must take into consideration future rehabilitation potential and prosthetic use, except in cases of extreme urgency.</td>
<td>A</td>
</tr>
<tr>
<td>3.3 The surgical team is to liaise with the rehabilitation service to ensure continuity of care.</td>
<td>A</td>
</tr>
<tr>
<td>3.4 Rigid dressings should be applied according to the NSW Health Guideline, Amputee care - the use of post-operative dressings in trans-tibial amputees. Refer to standard 6.2.</td>
<td>B</td>
</tr>
<tr>
<td>3.5 The NSW Department of Health Dressing Data Collection Form is to be completed for all patients post-operatively whether a rigid or soft dressing is used. See the NSW Health Guideline on Rigid Dressings.</td>
<td>A</td>
</tr>
</tbody>
</table>

4. Post Surgical

The post surgical phase incorporates the patient’s journey immediately post-operative until the patient is ready for rehabilitation.

<table>
<thead>
<tr>
<th>Standards</th>
<th>Category</th>
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</thead>
<tbody>
<tr>
<td>4.1 All patients are to be referred for assessment by the rehabilitation team.</td>
<td>A</td>
</tr>
<tr>
<td>4.2 All relevant clinical information, incorporating any special needs, is to be made available to the rehabilitation team at the point of referral.</td>
<td>A</td>
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<tr>
<td>4.3 All patients are to be assessed by the appropriate members of the multidisciplinary team to assist in the patient’s ongoing management and care.</td>
<td>A</td>
</tr>
<tr>
<td>4.4 All patients are to be consulted about the outcome of assessments and their ongoing health care plan.</td>
<td>A</td>
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</tbody>
</table>
5. **Rehabilitation**

The Rehabilitation phase commences when the patient’s post-operative recovery permits. Rehabilitation aims to improve functional status with or without a prosthesis, and to successfully reintegrate the patient into their community. Comprehensive rehabilitation of the person with an amputation must take into account the whole person in the context of their environment and their goals.

<table>
<thead>
<tr>
<th>Standards</th>
<th>Category</th>
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<tbody>
<tr>
<td>5.1</td>
<td>A</td>
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<tr>
<td>All patients, including those who may not be a prosthetic candidate, are to be provided with an opportunity to participate in a rehabilitation program in accordance with the policies and procedures of the treating facility.</td>
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<td>5.2</td>
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<tr>
<td>All referrals for rehabilitation should be acknowledged and suitable follow up provided in a timely manner.</td>
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<tr>
<td>5.3</td>
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<tr>
<td>Rehabilitation is to be responsive to changes in the individual patient’s lifestyle, occupation and/or general health.</td>
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<td>5.4</td>
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<tr>
<td>All patients undertaking a rehabilitation program are to be assessed and realistic rehabilitation goals established in conjunction with the patient and/or carers. These goals and reasons for any inability to achieve goals are to be documented.</td>
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<tr>
<td>5.5</td>
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<tr>
<td>When a prosthesis is not prescribed, reasons for the decision are to be clearly documented and alternative rehabilitation plans implemented. Outcomes must be reported back to referring agencies and the patient/carer.</td>
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<tr>
<td>5.6</td>
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<tr>
<td>All patients should have access to members of the specialist team as required.</td>
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</tr>
<tr>
<td>5.7</td>
<td>B</td>
</tr>
<tr>
<td>The rehabilitation service should provide access to counselling and support services consistent with the needs of the patient and their significant others.</td>
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</tr>
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<td>5.8</td>
<td>C</td>
</tr>
<tr>
<td>All patients should be provided with referral/access to vocational support services where appropriate.</td>
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<tr>
<td>5.9</td>
<td>A</td>
</tr>
<tr>
<td>Patients are to be educated about the care of their intact limb where a risk of amputation exists.</td>
<td></td>
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<tr>
<td>5.10</td>
<td>A</td>
</tr>
<tr>
<td>The rehabilitation service is to have a system in place for managing patient review and follow-up based on appropriate assessment and referral criteria.</td>
<td></td>
</tr>
<tr>
<td>5.11</td>
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<tr>
<td>The General Practitioner and other relevant agencies are to be regularly updated on progress and discharge planning via appropriate documentation.</td>
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<tr>
<td>5.12</td>
<td>A</td>
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<tr>
<td>All patients are to be provided with suitable discharge arrangements and follow-up services based on their individual rehabilitation goals.</td>
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</table>

6. **Rehabilitation with prosthesis**

This phase comprises all elements of prosthetic rehabilitation.

<table>
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<tr>
<th>Standards</th>
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<tbody>
<tr>
<td>6.1</td>
<td>B</td>
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<tr>
<td>If prosthetic rehabilitation is planned, the prosthesis should be prescribed in consultation with relevant members of the multi-disciplinary team.</td>
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</tbody>
</table>
6.2 A mechanical interim prosthesis manufactured by a prosthetist is to be made available to all amputees assessed as suitable for prosthetic rehabilitation. This is not required for amputees who are only suitable for a cosmetic prosthesis.

The NSW ALS will fund the manufacture of a patient’s mechanical interim limb where AHS has implemented the NSW Department of Health Guideline, Amputee care - the use of post-operative dressings in trans-tibial amputees, by 1 January 2008. Refer to standard 3.4. Training on the application of rigid dressings is available through the NSW ALS.

Cost savings for AHSs as a result of this change are to be redirected into compliance with this policy directive.

6.3 Prosthetists are to follow the manufacturers’ instructions and guidelines on risk management and any deviations from standard practice are to be fully documented.

6.4 If the patient abandons limb use, reasons are to be documented and the treating physician informed.

6.5 The amputee service should have a written and agreed policy for the provision of prosthetic limbs such as a cosmesis, leisure limbs, and water activity limbs to patients. For clients of the NSW Artificial Limb Service, please refer to the NSW ALS policy.

6.6 Facilities for the design and supply of custom made/one off appliances required for amputees, especially for work related activities, should be available and managed within the policies and procedures of the treating facility. For clients of the NSW Artificial Limb Service, please refer to the NSW ALS policy.

7. Lifelong management

This phase acknowledges the fact that the patient will be a service consumer for the remainder of their life and the standards reflect life long management issues.

<table>
<thead>
<tr>
<th>Standards</th>
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<tbody>
<tr>
<td>7.1 All service facilities are to have a written policy on patient follow-up.</td>
<td>A</td>
</tr>
<tr>
<td>7.2 The amputee service is to offer the patient access to the rehabilitation team for the purpose of review to meet the changing needs of individual patients.</td>
<td>A</td>
</tr>
<tr>
<td>7.3 Feedback to the treating physician and any other relevant services should be provided on follow-up when clinically indicated.</td>
<td>B</td>
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</table>

8. Staff Development

This policy includes standards pertaining to continued professional development for staff.

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<thead>
<tr>
<th>Standards</th>
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<tbody>
<tr>
<td>8.1 Systems for continuous quality improvement and clinical governance are to be linked to the appropriate accreditation procedure. There must be a system of regular appraisal for all staff.</td>
<td>A</td>
</tr>
<tr>
<td>8.2 All amputee services are to undertake quality improvement activities as a routine part of clinical practice.</td>
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</tbody>
</table>
Each phase of the amputee service is to have a written policy on staff training and professional development.

Staff should be actively encouraged to attend relevant educational forums to enhance their skills and knowledge in amputee care. This should include national and international conferences.

Opportunities should be sought for multi-disciplinary and inter-agency education and training about the management of patients with amputations or limb deficiencies, including the involvement of patients in the management of their disability.

All professional staff are to be updated on current best practice in amputee care.

Staff should have access to current health literature relevant to their role within the amputee care pathway.

Adequate funding should be available to ensure all staff have access to appropriate educational forums.

Staff working with Aboriginal patients are to participate in cultural respect training.

9. **Specialist Subsection – Upper Limb**

It is recognised that upper limb amputee patients require specific recommendations pertaining to their care.

<table>
<thead>
<tr>
<th>Standards</th>
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<tbody>
<tr>
<td>9.1 During pre-amputation consultation for upper limb amputees, particular emphasis should be placed on the likely functional outcome with or without a prosthesis.</td>
<td>B</td>
</tr>
<tr>
<td>9.2 All upper limb amputations are to be carried out by an appropriately experienced upper limb surgeon using currently recognised upper limb amputation techniques with due consideration of future rehabilitation potential including prosthetic use, except in cases of extreme urgency.</td>
<td>A</td>
</tr>
<tr>
<td>9.3 Experienced clinical counselling and psychological support is to be made available to all patients to assist with issues such as adjustment and pain management.</td>
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</table>

10. **Specialist Subsection - Children with Congenital Limb Deficiencies**

It is recognised that children with congenital limb deficiency require specific recommendations pertaining to their care.

<table>
<thead>
<tr>
<th>Standards</th>
<th>Category</th>
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</thead>
<tbody>
<tr>
<td>10.1 If a limb deficiency is detected antenatally, referral to a geneticist for advice on diagnosis and management should occur as soon as possible with subsequent referral to a Limb Deficiency Clinic.</td>
<td>B</td>
</tr>
<tr>
<td>10.2 If a congenital limb deficiency is detected at birth, the paediatrician should make a referral to a geneticist for advice as soon as possible and to the rehabilitation physician in the Limb Deficiency Clinic within one month of birth.</td>
<td>B</td>
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<tr>
<td>10.3</td>
<td>Parents/guardians are to be made aware of general and specific expert advice on all relevant treatment options (including the advisability or otherwise of prosthetic and surgical management).</td>
</tr>
<tr>
<td>10.4</td>
<td>The child and parents/guardians should be seen in a Specialist Limb Deficiency Clinic within 3 months of birth.</td>
</tr>
<tr>
<td>10.5</td>
<td>Where appropriate (for example where there are major joint abnormalities) the paediatrician or rehabilitation physician must, in consultation with parents/guardians, refer the child to a specialist orthopaedic surgeon.</td>
</tr>
<tr>
<td>10.6</td>
<td>All children with congenital limb deficiency are to have access to a therapist experienced in the management of limb deficiency.</td>
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<tr>
<td>10.7</td>
<td>Prosthetists experienced in congenital limb deficiency are to be involved in the assessment, treatment and ongoing management of all children with congenital limb deficiency.</td>
</tr>
<tr>
<td>10.8</td>
<td>Expert orthotic advice and treatment should be readily available.</td>
</tr>
<tr>
<td>10.9</td>
<td>Specific prosthetic solutions should be incorporated into treatment plans to facilitate participation in sport, leisure and recreation.</td>
</tr>
<tr>
<td>10.10</td>
<td>Participation in school activities should be facilitated by the physiotherapist, occupational therapist and rehabilitation physician in consultation with the school.</td>
</tr>
<tr>
<td>10.11</td>
<td>The multi-disciplinary team is to provide ongoing care for the child and parents/guardians with an appropriate and documented follow-up plan.</td>
</tr>
<tr>
<td>10.12</td>
<td>Experienced clinical counselling and psychological support is to be made available for all children and their families.</td>
</tr>
<tr>
<td>10.13</td>
<td>Planning for transition to an appropriate adult amputee service is to commence one to two years prior to school leaving.</td>
</tr>
</tbody>
</table>
Bibliography

Evidence Based Clinical Guidelines for the Physiotherapy Management of Adults with Lower Limb Prostheses – British Association of Chartered Physiotherapists in Amputation Rehabilitation 2003


National Guidelines for Acute Stroke Management – The National Stroke Foundation 2005


## Appendix 1 - Clinical Guidelines Reference Group (CGRG)

### April 2005 - December 2005

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organisation</th>
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</thead>
<tbody>
<tr>
<td>Prof Ian Cameron</td>
<td>Rehabilitation Consultant</td>
<td>Royal Rehabilitation Centre</td>
</tr>
<tr>
<td>Ms Michelle Barakat-Johnson</td>
<td>Clinical Nurse Consultant</td>
<td>The College of Nursing</td>
</tr>
<tr>
<td>Ms Fiona Barnett</td>
<td>Prosthetist</td>
<td>Australian Orthotic &amp; Prosthetic Association</td>
</tr>
<tr>
<td>Ms Linda Cutler</td>
<td>Director of Clinical Ops.</td>
<td>Greater Western Area Health Service</td>
</tr>
<tr>
<td>Ms Judith Davidson</td>
<td>Occupational Therapist</td>
<td>Australian Association of Occupational Therapists</td>
</tr>
<tr>
<td>Mr Rudi Doller</td>
<td>Prosthetist</td>
<td>Prosthetic Manufacturers Association</td>
</tr>
<tr>
<td>Mr Tony Graham</td>
<td>Surgeon</td>
<td>Royal Australasian College of Surgeons</td>
</tr>
<tr>
<td>Dr Ross Hawthorne</td>
<td>Rehabilitation Consultant</td>
<td>Australasian Faculty of Rehabilitation Medicine</td>
</tr>
<tr>
<td>Ms Rebecca Kemp</td>
<td>Manager</td>
<td>NSW Artificial Limb Service</td>
</tr>
<tr>
<td>Dr Martin Kennedy</td>
<td>Rehabilitation Consultant</td>
<td>Calvary Hospital</td>
</tr>
<tr>
<td>A/Prof Ben Marosszeky</td>
<td>Rehabilitation Consultant</td>
<td>Westmead Hospital</td>
</tr>
<tr>
<td>Ms Kathy McCosker</td>
<td>Manager</td>
<td>Hunter Prosthetic &amp; Orthotic Service</td>
</tr>
<tr>
<td>Dr Andrew Nunn</td>
<td>Rehabilitation Consultant</td>
<td>Monash University</td>
</tr>
<tr>
<td>Ms Beryl Owen</td>
<td>Consumer</td>
<td>Amputee Association of NSW Inc.</td>
</tr>
<tr>
<td>Ms Angela Stark</td>
<td>Physiotherapist</td>
<td>Australian Physiotherapy Association</td>
</tr>
<tr>
<td>Ms Leanne Turner</td>
<td>Paediatric Social Worker</td>
<td>Australian Association of Social Workers</td>
</tr>
<tr>
<td>Ms Bronwyn Scott</td>
<td>A/Manager</td>
<td>Service Delivery Improvement Unit</td>
</tr>
<tr>
<td>Ms Leanne Wallace</td>
<td>Director</td>
<td>Primary Health and Community Partnerships Branch, NSW Health Department</td>
</tr>
</tbody>
</table>
Appendix 2 - Stakeholder groups consulted

The following organisations were provided with a draft copy of the guidelines for consideration and comment:

- Aboriginal Medical Service Redfern
- Amputee Association of NSW Incorporated
- Amputee Association of Sydney Incorporated
- Area Health Services
  - Greater Southern
  - Greater Western
  - Hunter/New England
  - North Coast
  - Northern Sydney/Central Coast
  - South Eastern Sydney/Illawarra
  - Sydney South West
  - Sydney West
- Australasian Faculty of Rehabilitation Medicine
- Australian Association of Occupational Therapists - NSW Branch
- Australian Association of Social Workers - NSW Branch
- Australian Orthotic Prosthetic Association
- Australian Physiotherapy Association - NSW Branch
- LimbKids Support Association Incorporated
- NSW Health Department Branches & Units
  - Aboriginal Vascular Health Program
  - Centre for Aboriginal Health
  - Chronic Disease Prevention & Health Advancement Branch
  - Community & Government Relations Unit
  - Dementia, Carers & Disability Team
  - Family Health & Primary Health Team
  - Health Services Performance Improvement Branch
  - Nursing & Midwifery Office
  - Statewide Services Development Branch
  - Workforce Development & Leadership Branch
- NSW Physiotherapists in Amputee Rehabilitation
- Prosthetic Manufacturers Association
- Royal Australasian College of Surgeons
- Royal Australian College of General Practitioners
- The NSW College of Nursing
Appendix 3 - Performance Measures

DISCUSSION PAPER PREPARED BY THE QUALITY WORKING GROUP FOR
THE PROSTHETIC ADVISORY COMMITTEE
(October 2005)

The NSW ALS Quality Working Group investigated a range of tools to assess outcomes for clients utilising a prostheses. The working group focused on outcome tools designed for lower limb amputees. However, the group does recognise the need to research outcome tools specific to upper limb amputees.

A number of tools were investigated and rated according to their psychometric properties (reliability and validity) and ease of use to administer within a clinic setting. The tools recommended by the committee have met the following criteria:

- Simple and quick to administer.
- Able to be undertaken within the clinic setting by any discipline and where possible can be administered by clerical support staff.
- Able to be adapted to a machine-readable format for future analysis/research opportunities.

The assessment tools chosen address mobility and functional outcomes for the patient, as well as client satisfaction with the prosthesis and service. It should be noted that tests of functional outcome generally cover a range of tasks outside the scope of use of the prosthesis and therefore only sub-sections of an instrument may be relevant to administer. Furthermore, it was felt that overall satisfaction and outcomes for amputees might also be managed through modification of the existing NSW ALS forms.

A number of tools were piloted at two sites (Albury and Hunter) to look at practical issues such as ease of use and face validity.

RECOMMENDATIONS

The following tools and scales were recommended for use in conjunction with the Policy Directive, Amputee Care in New South Wales

Mobility Tools
- Locomotor Capabilities Index in Amputees (LCI)
- Timed Get Up and Go Test (TGUG)

Activity Limitation and Participation Tools
- SMAF (Functional Autonomy Measuring System)

Classification of componentry
- K Classification

Patient Satisfaction Tool
- SATPRO (Satisfaction with Prosthesis)
- SAMPLE AMPUTEE CLINIC SURVEY
Mobility Tools

Locomotor Capabilities Index in Amputees (LCI)
The LCI is a self-administered scale designed for people with lower-limb amputation. It is composed of 14 questions about different locomotor activities phrased, as “Would you say that you are able to do the following activities with your prosthesis on?” A 4-level ordinal scale (0-3 points) ranging from “not able” to “able to accomplish the activity alone” scores the degree of a person’s perceived independence in performing each of the 14 activities, while wearing the prosthesis. A composite measure representing the global locomotor ability level is obtained by adding the individual scores with a maximum possible score of 42. The LCI can be divided into 7-item subscales that cover basic and advanced activities. Higher scores reflect greater locomotor ability with the prosthesis and less dependence on assistance. A further rating can be added to assess if the patient can perform the task alone with ambulation aids and thus the scale becomes a 5-level scale.

Timed Get Up and Go Test (TGUG)
The TGUG is a measurement of mobility. It includes a number of tasks such as standing from a seating position, walking, turning, stopping, and sitting down which are all important tasks needed for a person to be independently mobile. For the test, the person is asked to stand up from a standard chair and walk a distance of approximately 3m, turn around and walk back to the chair and sit down again. The individual uses their usual footwear and can use any assistive walking device they normally use. The person is seated with their back to the chair, their arms resting on the arm rests, and any walking aid they may use should be in hand. Timing, using either a wristwatch with a second hand or a stopwatch, begins when the individual starts to rise from the chair and ends when they are again seated in the chair. The normal time required to finish the test is between 7-10 seconds. This information should be documented as a baseline and repeated if any change in mobility occurs or at least yearly.

Activity Limitation and Participation Tools

SMAF (Functional Autonomy Measuring System)
The SMAF is an instrument used to evaluate autonomy. It was developed from the World Health Organisation’s functional concept of health and international classification of impairments, disabilities and handicaps in 1983 and revised in 2002. It evaluates 29 functions related to Activities of Daily Living (ADL), mobility, communication, mental functioning and instrumental activities of daily living (IADL). It also includes a section for evaluating the human resources available to overcome disabilities and the stability of these resources over the next month. It has undergone numerous validity and reliability tests and has also been tested for sensitivity to change.

Evaluation is based on what the person does and not what they could or should do. Then an evaluation is undertaken if the person has the human resources or help necessary to overcome the identified disability or activity limitation. Sections of the SMAF relevant to the clinic assessment include the IADL and mobility components. The SMAF needs to be administered by a clinician. Whilst the AusTOMS for Occupational Therapists was considered, it was not deemed useful within a clinic setting.
K Classification

These are descriptive functional levels from the American Orthotic and Prosthetic Association (AOPA) used by manufacturers in classifying components.

K0 Functional Level 0  The patient does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility.

K1 Functional Level 1  The patient has the ability or potential to use a prosthesis for transfer or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.

K2 Functional Level 2  The patient has the ability or potential for ambulation with the ability to traverse low-level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator.

K3 Functional Level 3  The patient has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic or exercise activity that demands prosthetic utilisation beyond simple locomotion.

K4 Functional Level 4  The patient has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress or energy levels. Typical of the prosthetic demands of the child, active adult or athlete.

Patient Satisfaction Tool

SATPRO (Satisfaction with Prosthesis)

The SATPRO is a measure of satisfaction of lower limb amputees with their prosthesis, developed by Bilodeau (1994). It was constructed on the basis of 17 consumer-based criteria for the evaluation of assistive devices described by Batavia and Hamer (1990). It is a self-administered tool taking around 5 minutes to complete and is designed for use after rehabilitation has been completed. It investigates satisfaction with the prosthesis, with use of the prosthesis and with services provided. It contains 15 questions and uses a 4-point ordinal scale. The patient is asked to check how they agree with each statement. A score of 0 is attributed to dissatisfaction and 3 for total satisfaction. Items 16 and 14 have been inverted to ensure that respondents do not systematically check all items the same way. The scores for these two items must therefore be inverted and scores can range from 0 to 45. The sum is divided by the maximum possible and multiplied by 100 in order to yield a total SATPRO score.

Useful References for Outcome Tools


SAMPLE AMPUTEE CLINIC SURVEY

The amputee clinic wants to measure lower limb amputee’s SATISFACTION and USE of their prosthesis. Please answer every item as honestly as you can. There are no right or wrong answers. Your responses will remain confidential.

The information gained from the survey helps the clinic improve its services to people with an amputation.

1. Are you Male [ ]
    Female [ ]

2. What is your age? _____ years

3. How long ago did you have an amputation? _____ years

4. How long have you had your artificial limb? _____ years _____ months

5. What type of artificial limb do you have? (please tick the appropriate box)
   - Below-knee [ ]
   - Through-knee [ ]
   - Above-knee [ ]
   - Other (please specify) __________________________

6. What was your amputation a result of? (please tick the appropriate box)
   - Peripheral Vascular Disorder [ ]
   - Diabetes [ ]
   - Cancer [ ]
   - Accident [ ]
   - Other (please specify) __________________________

---

Office Use Only

Name of Clinic: ____________________ Date Completed ________

K Classification (circle) 0 1 2 3 4

67(5/08)
Satisfaction with Prosthesis

For each question, please circle the number that best describes your satisfaction with your prosthesis.

Satisfaction With Prosthesis (SATPRO)

1. My prosthesis is comfortable.
   1) Totally agree  
   2) Rather agree  
   3) Rather disagree  
   4) Totally disagree

2. When I am in the presence of people other than my family, I am at ease wearing my prosthesis.
   1) Totally agree  
   2) Rather agree  
   3) Rather disagree  
   4) Totally disagree

3. My prosthesis is easy to clean.
   1) Totally agree  
   2) Rather agree  
   3) Rather disagree  
   4) Totally disagree

4. My prosthesis works well regardless of the weather.
   1) Totally agree  
   2) Rather agree  
   3) Rather disagree  
   4) Totally disagree

5. My prosthesis is easy to put on.
   1) Totally agree  
   2) Rather agree  
   3) Rather disagree  
   4) Totally disagree

6. There are chances that I will hurt myself with my prosthesis.
   1) Totally agree  
   2) Rather agree  
   3) Rather disagree  
   4) Totally disagree

7. I find it easy to move with my prosthesis.
   1) Totally agree  
   2) Rather agree  
   3) Rather disagree  
   4) Totally disagree
8. The repairs/adjustments to my prosthesis are done in reasonable time.
   1) Totally agree
   2) Rather agree
   3) Rather disagree
   4) Totally disagree

9. My prosthesis will last me a long time.
   1) Totally agree
   2) Rather agree
   3) Rather disagree
   4) Totally disagree

10. When I wear my prosthesis, I can accomplish more things than without it.
    1) Totally agree
    2) Rather agree
    3) Rather disagree
    4) Totally disagree

11. I am satisfied with the look of my prosthesis.
    1) Totally agree
    2) Rather agree
    3) Rather disagree
    4) Totally disagree

12. I find it easy to use my prosthesis with or without a walker/cane.
    1) Totally agree
    2) Rather agree
    3) Rather disagree
    4) Totally disagree

13. It was easy to understand how to use my prosthesis.
    1) Totally agree
    2) Rather agree
    3) Rather disagree
    4) Totally disagree

14. My prosthesis causes me physical pain or discomfort.
    1) Totally agree
    2) Rather agree
    3) Rather disagree
    4) Totally disagree

15. In general, I am satisfied with my prosthesis.
    1) Totally agree
    2) Rather agree
    3) Rather disagree
    4) Totally disagree
Whether or not you wear your prosthesis, at the present time, would you say that you are “able” to do the following activities WITH YOUR PROSTHESIS ON?

<table>
<thead>
<tr>
<th>ITEM</th>
<th>No</th>
<th>Yes, if someone helps me</th>
<th>Yes, if someone is near me</th>
<th>Yes, alone, with ambulation aids</th>
<th>Yes, alone, without ambulation aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Get up from a chair</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Walk in the house</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Walk outside on even ground</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Go up the stairs with a handrail</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Go down the stairs with a handrail</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Step up a sidewalk curb</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Step down a sidewalk curb</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Basic Activities Score**

1. Pick up an object form the floor (when you are standing up with your prosthesis) | 0 | 1 | 2 | 3 | 4 |
2. Get up from the floor (e.g. if you fall) | 0 | 1 | 2 | 3 | 4 |
3. Walk outside on uneven ground (e.g. grass, gravel slope) | 0 | 1 | 2 | 3 | 4 |
4. Walk outside in inclement weather (e.g. snow, rain, ice) | 0 | 1 | 2 | 3 | 4 |
5. Go up a few steps (stairs) without a handrail | 0 | 1 | 2 | 3 | 4 |
6. Go down a few steps (stairs) without a handrail | 0 | 1 | 2 | 3 | 4 |
7. Walk while carrying an object | 0 | 1 | 2 | 3 | 4 |

**Advanced activities score**

| Total score | 67(5/08) |
The purpose of this guideline is to advise the use of rigid dressings immediately post operatively (within 20 minutes of completing surgery) in patients who have undergone a trans-tibial amputation.

The purpose of a rigid dressing, both removable and non-removable, are:

- To control oedema and thereby facilitate wound healing.
- To protect the residual limb from possible trauma.
- To allow shaping of the residual limb prior to prosthetic fitting.
- To assist with pain control.

The NSW Amputee Care Clinical Guidelines Reference Group (CGRG) discussed the merits of various post-operative dressing regimes for trans-tibial amputees and recommend the use of rigid dressings in place of alternative protocols.

The NSW Amputee Care CGRG recommended that a rigid dressing be applied to the amputated limb immediately post operatively. This type of dressing may be applied in two ways:

1. A rigid removable dressing (RRD) applied directly post operatively by an appropriately qualified person. This should ideally be a prosthetist but may be a physiotherapist, surgeon, a plaster technician or another person who has been trained specifically to fit RRDs in clients with trans-tibial amputations. The surgeon may wish for the RRD not to be removed for a nominated amount of time following surgery. The RRD finishes just below the patella and allows the knee to flex.

2. A plaster cast dressing, usually put on by the surgeon, that remains in place for approximately three days after surgery or until the surgeon wishes it to be removed. This plaster cast encompasses the knee and ceases mid-thigh. After it is removed this initial dressing is substituted by a rigid removable dressing (RRD).

An RRD allows frequent wound inspection and simulates the donning and doffing of a prosthesis.

Postoperative rigid dressings have been utilised effectively for a number of years in the United Kingdom, America and in parts of Australia, decreasing rehabilitation hospital stays (Baker et al, 1977). Concerns raised regarding the difficulty of wound monitoring have been resolved by the replacement of the rigid non-removable dressing after approximately three days by the RRD. The use of RRDs immediately post surgery was so beneficial in Ballarat, Victoria, the amputee team do not propose to use alternative forms of postoperative dressings for their trans-tibial amputee clients.

A recent review of the available literature has shown that, while not conclusive, there are strong indications that RRDs may be the most effective form of post surgical dressing in trans-tibial amputee patients. The most current study by Deutsch et al in 2005 compared standard soft dressings with an

---

RRD in a randomised controlled trial. The study showed that wound-healing time was decreased by two weeks in subjects using RRDs and that RRDs may protect the new residual limb from trauma caused by falls. Other research indicated that the use of RRDs may reduce the time to fitting of a prosthesis (Hughes et al., 19985), promote more rapid healing and are associated with a shorter duration of hospitalisation (Vigier et al., 19996).

The NSW Department of Health will provide training to educate staff in the initial fitting of rigid dressings, removable and non-removable, through the NSW Artificial Limb Service.

Once fitted, the RRD should not be removed from the residual limb for longer than 10-minute periods. A delay in the reapplication of the RRD may result in an increase in the residual limb volume and create difficulties in reapplying the RRD. A sample information sheet on how to apply a client’s RRD is attached. This information is for the client and any persons involved in that client’s care.

To assist the NSW Department of Health in monitoring the use of RRDs, a data collection form has been created. This form should be completed for each lower limb amputee client, regardless of the post-operative dressing regime used. Completed forms should be sent to the Artificial Limb Service Manager, Calvary Hospital on a monthly basis.

Supplements:

Supplement 1 - Sample Patient Information Sheet ‘How To Put On Your Rigid Removable Dressing’

Supplement 2 - Post-Operative Dressing Data Collection Form

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Supplement 1 - Sample Client Information Sheet

HOW TO PUT ON YOUR REMOVABLE RIGID DRESSING (RRD)

General Description

One of the initial steps in preparing your residual limb for a prosthesis is with the use of a removable rigid dressing or RRD. An RRD is a cast that goes up to the kneecap and is custom made to the shape of the limb. The purposes of the RRD are to:
1) Reduce the amount of fluid or oedema in the limb.
2) Keep the residual limb at a more consistent volume.
3) “Shape” the residual limb so that it is a more ideal shape and size to fit into a prosthesis.
4) Protect the limb from bumps or falls.
5) Allow for easy access to the limb for inspection and cleaning.

Important Note:

A delay in the reapplication of the RRD may result in an increase in limb volume. Please do not remove the RRD from the residual limb for longer than 10 minute periods.

Fitting:

1. Apply stump sock to the residual limb.
   It is important at this stage to remove all wrinkles in the sock.

2. Gently slide on cast.
   When sliding the cast on, note the location of the kneecap (this is marked on the cast). The application of talcum powder to the inside of the cast will assist with donning. If the cast is loose on the residual limb after donning, an extra stump sock may need to be applied.

3. Apply outer stockinette.
   Tightly pull the outer suspension stockinette over the cast to mid thigh level.

4. Snugly fit supracondylar cuff.
   Note the kneecap cut out in the supracondylar cuff, and fit the cuff immediately above the kneecap. Secure the elastic strap around the thigh. Ensure that no tension is applied to the elastic strap.

5. Secure the suspension stockinette.
   To secure the suspension stockinette, fold it backward over the cuff.

Wear the RRD at all times, day and night, except when you are bathing yourself or the limb is being inspected.

Remember to keep your leg straight when sitting or laying down. Do not let your leg hang downward when sitting. Do not sit with your knee bent.
Post-Operative Dressing Data Collection Form For Lower Limb Amputees

Patient Date of Birth

..............................................

Gender

☐ Male  ☐ Female

Hospital

..................................................................................

Surgeon – name and position

..................................................................................

Level of amputation

☐ Transfemoral  ☐ Transtubial  ☐ Through Knee  ☐ Syme

Side of amputation

☐ Right  ☐ Left  ☐ Bilateral

Reason for amputation

☐ PVD  ☐ DM  ☐ Trauma  ☐ Tumour  ☐ Congenital

☐ Other (please state) .................................................................

Date of amputation

..................................................................................

Surgical Technique used

..................................................................................

Type of post surgical protocol

Soft dressings  ☐ compressive  ☐ non-compressive

☐ Rigid Removable Dressing  ☐ Rigid non-Removable Dressing

☐ Other (please state) .................................................................
23. AIDS AND APPLIANCES

Pain control type

☐ PCA  ☐ Nurse administered  ☐ Combination

Did patient fall at all prior to discharge?

☐ Yes  ☐ No

Revision of amputation

☐ Yes  ☐ No

If Yes:

Cause .............................................................................................................

Level of new amputation ..............................................................................

Oedema

Day 3  - Circumference 5cm from distal end of residuum (cm) ......................
         - Circumference at same level on other limb (cm) ............................

Day 7  - Circumference 5cm from distal end of residuum (cm) .................
         - Circumference at same level on other limb (cm) ............................

Discharge  - Circumference 5cm from distal end of residuum (cm) ............
            - Circumference at same level on other limb (cm) ....................

Date transferred to rehabilitation ............................................................

The completed data collection form is to be returned to:

The Manager
NSW Artificial Limb Service
Calvary Health Care Sydney
PO Box 261
Kogarah NSW 1485

Ph: (02) 9553 3078
Fax: (02) 9553 3021
EnableNSW – ASSISTIVE TECHNOLOGY FOR COMMUNICATION, MOBILITY, RESPIRATORY FUNCTION & SELF-CARE (PD2011_027)

PD2011_027 rescinds PD2011_023.

PURPOSE

EnableNSW provides appropriate assistive technology devices and specialised support services to assist eligible residents of NSW with a permanent or long-term disability to live and participate in their family and community.

EnableNSW is a unit within Health Support Services, NSW Health, which was established to provide central administration of the services previously administered through the following NSW Health disability support programs:

- Program of Appliances for Disabled People (PADP).
- Home Respiratory Program (HRP).
- Adult Home Ventilation Program (AHVP).
- Children’s Home Ventilation Program (CHVP).
- Prosthetic Limb Service (PLS).

This policy has been developed in the context of the transition of the NSW Health disability support programs from administration by the former Area Health Services to consolidated state-wide administration under EnableNSW.

This policy introduces the role of EnableNSW and the establishment of the EnableNSW Advisory Council; updates terminology, organisational arrangements and financial eligibility criteria; and refers to new Prescription and Provision Guidelines for different categories of assistive technology.

MANDATORY REQUIREMENTS

All EnableNSW staff and other relevant NSW Health staff must comply with this policy directive and apply the updated financial eligibility criteria, except where stated otherwise in the policy directive.

IMPLEMENTATION

The attached policy procedures provide guidance to assist in processing applications and determining requests for EnableNSW services for people with permanent or long-term disability.

The Chief Executive, Health Support Services is to ensure that the requirements of this policy are communicated to all EnableNSW staff that have responsibility for implementing this policy.

The Local Health Network Chief Executives are responsible for ensuring that this policy is circulated to all clinical staff that need to be aware of the policy content (this includes allied health, medical and nursing staff).

1. INTRODUCTION

1.1 Introduction

This policy provides direction for staff of Health Support Services and other relevant staff for the effective management of EnableNSW services. This policy applies to all consumers of EnableNSW services, from the date of issue.
EnableNSW is a division of Health Support Services, NSW Health which was established to administer the NSW Health support programs for people with disability.

The services provided through EnableNSW were previously provided through the following five programs:

- Program of Appliances for Disabled People (PADP), including Specialised Equipment Essential for Discharge (SEED).
- Home Respiratory program (HRP).
- Adult Home Ventilation Program (AHVP).
- Children’s Home Ventilation Program (CHVP); and
- Prosthetic Limb Service (PLS).

These programs, now known collectively as the EnableNSW services, have been transitioned from administration by the former Area Health Services to central administration under EnableNSW.

1.2 Objectives of EnableNSW Services

The primary objectives of the EnableNSW services are:

a) to assist eligible residents of NSW, who have a permanent or long-term disability, to live and participate in their family and community, by providing appropriate assistive technology and specialised support services in the areas of core communication, mobility, respiratory function and self-care;

b) to ensure equity of access to assistive technology based on individual needs;

c) to provide effective management of available resources by providing devices or support that are cost-effective and meet the assessed functional need;

d) to provide timely, courteous and efficient service to consumers; and

e) to work in collaboration, wherever possible, with other State and Commonwealth government services and non-government organisations to promote continuity of care.

1.3 Information about EnableNSW

EnableNSW is responsible for disseminating information about its services on a state-wide basis.

EnableNSW utilises a variety of media to raise public awareness of its services, including posters, website details, fact sheets and cards.

Information regarding operational aspects of the EnableNSW services is available on the EnableNSW website: www.enable.health.nsw.gov.au. This includes information on topics such as what devices are provided through EnableNSW, how to submit an application through to how to provide feedback or lodge a complaint.

Consumers who do not have access to the internet can contact the Service Centre by phone and request that copies of this information be sent to them.

A free call information service is available on 1800 ENABLE (1800 362 253). People of linguistically diverse backgrounds may utilise the Telephone Interpreter Service on 131 450 when making inquiries to the EnableNSW free call service.

Fact sheets are available in common community languages for consumers from a culturally and linguistically diverse background. They are also available in HTML for consumers who use screen reader software.
1.4 Related Documents

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<tr>
<td></td>
<td>Patient Matters Manual</td>
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<table>
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<th>Related documents:</th>
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<td></td>
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<tr>
<td>• NSW Health, PD2011_022, Your Rights and Responsibilities</td>
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<tr>
<td>• NSW Health, PD2011_015, Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals</td>
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<tr>
<td>• NSW Health, PD2008_010, Disability - People with a Disability: Responding to Needs During Hospitalisation (revised Jan 08)</td>
<td></td>
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<tr>
<td>• NSW Health, PD2008_015, Amputee Care Standards</td>
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<tr>
<td>• NSW Health PD2015_020, Life Time Care and Support Scheme (LTCS Scheme) – Charging Policy and Rates for Designated Units</td>
<td></td>
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<tr>
<td>• NSW Health, PD2012_070, Isolated Patients Travel &amp; Accommodation Assistance Scheme Policy Framework</td>
<td></td>
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<tr>
<td>• NSW Health, GL2008_006, Amputee Care - The Use of Post-Operative Rigid Dressings for Trans-Tibial Amputees</td>
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</table>

2. ELIGIBILITY

2.1 Eligibility Criteria

The following criteria apply to all applications for EnableNSW services:

- the person is a permanent resident of NSW, or a refugee residing in NSW;
- the person has a permanent or long-term disability (i.e. a disability likely to last more than 12 months regardless of the cause of the disability);
- the person has long-term assistive technology needs that have stabilised and allow them to remain in a community setting;
- the person has not received compensation or damages in respect of the disability for which the assistive technology device or support is required; and
- the person is not eligible to receive the assistive technology under any other government-funded program.

2.2 Ineligible Groups

EnableNSW excludes the provision of assistive technology and specialised support services that can be funded from other government programs or from other sources.

The following groups are ineligible to receive assistance under EnableNSW:

- People who are resident in a group home operated by Ageing, Disability and Home Care (ADHC) as the Department of Family and Community Services is responsible for the provision of assistive technology for clients living in the accommodation services it operates. This is done through the program known as Aids for Individuals in DADHC Accommodation Services (AIDAS).
23. AIDS AND APPLIANCES

• Patients who require assistive technology on a temporary or short-term basis either as part of a treatment intervention for an acute or chronic care episode, or whilst an acute illness or injury is resolving. This assistance is provided by the treating hospital or Local Health Network Equipment Loan Pool. Exceptions to this are oxygen and some respiratory devices, however, in the case of patients who need oxygen equipment, the discharging hospital is required to supply the first month of oxygen supply post-discharge.

• Patients with far advanced progressive disease, including cancer, HIV/AIDS, end stage respiratory disease, cardiac and liver disease, or any other palliative care group, as hospitals are required to provide equipment for palliative care on loan for short-term use (approximately three months).

• People who have received compensation or damages in respect of the disability for which the assistive technology has been prescribed. In exceptional circumstances where an applicant has received a compensation payment, some years have elapsed since receipt of the payment, and the applicant is able to demonstrate financial hardship, discretion may be exercised to provide assistance under EnableNSW.

• People receiving Commonwealth-funded aged care services: People who live in a residential aged care facility (RACF) or who qualify for an Extended Aged Care at Home (EACH) or Extended Aged Care at Home - Dementia (EACH-D) package. This group may be eligible for devices such as prosthetic limbs and power wheelchairs through EnableNSW.

• Younger people with disability who are approved for assistance under the Younger People in Residential Aged Care program (YPIRAC) should apply to Ageing, Disability and Home Care (ADHC), Department of Family and Community Services, to establish their eligibility for assistive technology under that program. Under an internal agreement between ADHC and NSW Health, EnableNSW administers the equipment provision for approved YPIRAC clients after their equipment needs have been assessed and recommended.

In exceptional circumstances, discretion may be exercised by the Manager, EnableNSW to approve an application that otherwise does not meet the eligibility criteria.

Consumers with private health insurance are required to ascertain whether their health fund will cover all, or part, of the cost of the prescribed device, before they apply to EnableNSW, in which case EnableNSW will fund the gap.

2.3 Equitable Access

Eligible consumers of EnableNSW services can expect fair and equitable access, wherever they live in NSW and regardless of their cultural or linguistic background.

EnableNSW needs to be aware of the barriers that may impede access to services for Aboriginal people and people from culturally and linguistically diverse backgrounds. This is particularly important in rural areas of NSW where communities may be small and isolated from other community support structures.

The EnableNSW Service Centre will take a pro-active and collaborative approach to the delivery of services to Aboriginal and multicultural communities. Statistics on the extent to which EnableNSW services are utilised by these target groups will be collected and used to guide the development of future strategies designed to improve access for these communities. Multicultural Health Managers, Aboriginal Health Managers and Aboriginal Medical Services may be of assistance in the development of strategies designed to improve access to EnableNSW services.
2.4 Financial Criteria

As a service directed to people who are financially disadvantaged, access to EnableNSW is means tested for adults for most categories of assistive technology. Children up to the age of 16 years with a long-term disability are eligible for EnableNSW, regardless of parental income.

The EnableNSW income bands for all assistive technology devices, except prosthetic limbs, are based on the former PADP income bands and allowances, with adjustments for increases in the Australian Consumer Price Index since December 1998. No changes have been made to the level of consumer co-payments.

The EnableNSW income bands for prosthetic limbs remain the same as the previous criteria for the Prosthetic Limb Service.

2.5 Income Bands and Consumer Co-payments

Table 1: EnableNSW Income Bands for all assistive technology devices except for prosthetic limbs

<table>
<thead>
<tr>
<th>Band 1 - Adults on full pension and children under 16 years</th>
<th>Consumer co-payment</th>
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<tbody>
<tr>
<td></td>
<td>$100 each year accessing services</td>
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</table>

| Band 2 - up to $42,000 (single) or $70,000 (couple) + $2,100 per dependent | $100 each year accessing services |

| Band 3 - above $42,000 (single) or $70,000 (couple) + $2,100 per dependent | 20% of devices costing $800 and above. N.B. Consumers in Band 3 are not eligible for devices under $800. |

Table 1: EnableNSW Income Bands for all assistive technology devices except prosthetic limbs

**Band 1:**
Adults in receipt of a full pension from Centrelink and all children aged up to 16 years of age are eligible as Band 1 consumers.

For the purpose of establishing financial eligibility for Band 1, a pensioner is defined as a person who holds a Centrelink Pensioner Concession Card. Other concession cards, such as the Commonwealth Seniors Health Care Card, or the NSW Seniors Card, are not sufficient. Receipt of Mobility Allowance alone will not qualify a person for Band 1.

In the case of refugees, an interim concession card or a letter issued by Centrelink must be produced.
In the case of people receiving an overseas pension, evidence of pension entitlement from Centrelink must be produced.

Consumers in Band 1 are eligible to receive assistance for all devices costing over $100.

Consumers in Band 1 are required to pay a $100 co-payment per annum for any year in which they receive assistance, including assistance with repairs and maintenance.

**Band 2:**
Adults aged 16 years and above whose taxable income in the preceding financial year was less than or equal to $42,000 (single) or $70,000 (couple or family) are eligible as Band 2 consumers. A further $2,100 per dependent person is to be added to the single and family income figures for applicants with dependents.

Consumers in Band 2 are eligible to receive assistance for all devices costing over $100.

Consumers in Band 2 are required to pay a $100 co-payment per annum for any year in which they receive assistance, including assistance with repairs and maintenance.

**Band 3:**
Adults aged 16 years and above whose taxable income in the preceding financial year was above $42,000 (single) or $70,000 (couple or family), with adjustments of $2,100 per dependent, are eligible to apply for high cost items (over $800) only.

Consumers in Band 3 are only eligible to receive assistance for high cost devices over $800 and are required to pay 20% of the cost of the device.

### Table 2: EnableNSW Income Bands for prosthetic limbs

| Band 1 - Persons holding a valid Pensioner Concession Card, a valid Health Care Card or a valid Commonwealth Seniors Health Card. | Consumer co-payment |
| Band 2 - All persons not holding valid Pensioner Concession Card, a valid Health Care Card or a valid Commonwealth Seniors Health Card. | 15% of the scheduled cost of the provision, maintenance and repair of prostheses up to a maximum of $200 per financial year. |

### Prosthetic Limbs - Band 1:
Consumers holding a valid Pensioner Concession Card, a valid Health Care Card or a valid Commonwealth Seniors Health Card.

No co-payment is required for consumers in this band receiving prosthetic limbs.

### Prosthetic Limbs - Band 2:
All consumers who do not have a valid Pensioner Concession Card, a valid Health Care Card or a valid Commonwealth Seniors Health Card are assessed as Band 2.
23. AIDS AND APPLIANCES

Consumers in Band 2 receiving prosthetic limbs are required to pay 15% of the scheduled cost of the provision, maintenance and repair of their prostheses up to a maximum of $200 per financial year.

2.7 Validation of Income Band

An applicant’s income band is to be verified by the production of:

- A statement of full pension entitlement from Centrelink; or
- Copy of a Centrelink Pensioner Concession Card; or
- A valid Australian Taxation Office (ATO) Notice of Assessment for the preceding financial year.

Discretion may be applied in instances where an ATO Notice of Assessment is not available, for example, for some 16 year olds who have yet to be assessed and for newly-arrived migrants or refugees.

Consumers who are over 16 years of age and are applying for assistive technology devices other than prosthetic limbs are required to submit a valid ATO Notice of Assessment to establish access to the appropriate income band, including:

- Applicants with taxable incomes who are part-pensioners;
- Commonwealth Seniors Health Care Card holders; and
- Self-funded retirees.

Applicants who do not provide verification of income will be considered as a Band 3 consumer.

3. ASSISTANCE PROVIDED

3.1 Categories of Assistive Technology provided by EnableNSW

EnableNSW provides assistive technology devices in four categories:

- Communication;
- Mobility;
- Respiratory function; and
- Self-care.

A summary table of the assistive technology devices provided in each category is available at www.enable.health.nsw.gov.au

Devices provided may be new or recycled.

The EnableNSW Prescription and Provision Guidelines have been developed in consultation with stakeholders and outline specific information regarding the functional and clinical criteria and the supply limits that apply for each device.

The Professional Criteria for Prescribers provides information about the professional qualification and level of experience required by eligible prescribers for each device.

These documents can be found at http://www.enable.health.nsw.gov.au

EnableNSW provides the most cost-effective, clinically appropriate devices that meet a person’s assessed functional need and that are consistent with the EnableNSW Prescription and Provision Guidelines for those devices.
23. AIDS AND APPLIANCES

Devices provided must primarily promote long term functioning in the community, rather than provide treatment for acute and chronic care episodes, except for oxygen and some respiratory devices.

Where a consumer wishes to upgrade the device beyond that determined by the prescriber to meet their basic needs and approved by EnableNSW, they are required to pay the additional cost of that device.

The Chief Executive of Health Support Services may seek advice from an EnableNSW Appeal Panel and may exercise discretion regarding the provision of specific devices and quantities to be supplied when a request falls outside, or exceeds the supply limits in the relevant Prescription and Provision Guidelines.

3.2 General Exclusions

EnableNSW does not provide the following:

- Devices costing less than $100, unless approved as a recurrent consumable.
- Assistive technology devices that do not comply with Australian Standards where these exist or devices that are not registered with the Therapeutic Goods Administration, as applicable.
- Assistive technology devices primarily for sport, recreational, educational or employment purposes.
- Non-disability specific items that are commercially available.
- Installation of some items such as ceiling hoist tracking.
- Reimbursement for devices already purchased or for repairs completed without approval.
- Devices used for the administration of medications.

3.3 Accessing EnableNSW Services

Access to EnableNSW is based on assessed functional or clinical need by an eligible prescriber (see section 3.1). This involves the submission of an EnableNSW Application Form and an Equipment Request Form. Both forms must be submitted to determine eligibility and funding approval. Relevant forms are available at www.enable.health.nsw.gov.au.

The Application Form should be completed by the consumer or their representative. This form provides personal and demographic information and details of the consumer’s disability and is the basis for determining eligibility.

An Equipment Request Form must be completed by the relevant eligible prescriber. The request form provides information regarding the assessment and prescription of the assistive technology device/s recommended. This form is the basis for determining approval of the device/s to be funded.

3.4 Processing of Applications and Prioritisation of Requests

All completed applications and requests submitted to EnableNSW will be assessed for eligibility and consumers will be notified in writing of the outcome of their application.

Requests will be prioritised and EnableNSW will endeavour to give an indication of the time-frame for when the device will be funded.
The prioritisation process will give consideration to:

a) whether the device is necessary to maintain life or ensure safety of the consumer or carer; and
b) whether the device is essential for a primary communication, mobility or self-care task.

Requests outside this criteria will be provided as funds become available.

3.5 Replacements and Repairs

Replacement devices require the submission of an equipment request form.

Replacement devices may be issued when:
- Assistive technology has worn out by natural use and is no longer usable;
- It is more economical to arrange for the supply of a new device rather than to arrange repairs;
- A consumer’s condition has altered to the point where replacement of the assistive technology is required.

EnableNSW provides assistance to meet the cost of regular servicing, maintenance and reasonable repairs to devices supplied by EnableNSW. No prescription is necessary for servicing, maintenance and repairs. Arrangements for the servicing, maintenance and repair of a device are to be made by the EnableNSW Service Centre.

EnableNSW will pay for repairs and maintenance costing $800 or more per financial year for consumers in Band 3, except for repairs to prosthetic limbs, which are provided free, upon approval of EnableNSW. Consumers with prosthetic limbs should contact the manufacturer regarding repairs and maintenance.

EnableNSW will provide repairs and maintenance to items and features that it has funded. Where the total device has been upgraded, the consumer is responsible for the repairs and maintenance for the device. Consumers must clarify in advance with EnableNSW their responsibilities for ongoing maintenance and repairs of discretionary features as these may not be covered.

EnableNSW may also assist with the cost of repairing a device supplied by another organisation, where the same or equivalent device would otherwise have been supplied by EnableNSW.

EnableNSW consumers are required to contact the EnableNSW Service Centre for approval of any regular maintenance and for any repairs to devices before these are undertaken. If an urgent repair is required out of office hours, consumers can arrange this however are required to notify EnableNSW on the next business day.

3.6 EnableNSW Service Centre Operating Hours

The EnableNSW Service Centre will be staffed during business hours from Monday to Friday.

Contact details for the Service Centre are
E: enable@hss.health.nsw.gov.au
P: FreeCall 1800 ENABLE (1800 362 253).
Website: www.enable.health.nsw.gov.au
3.7 Ownership of Devices

Most devices issued through EnableNSW remain the property of NSW Health. Consumers are expected to return devices issued through EnableNSW when the devices are no longer required or being used.

NB: exceptions include prosthetic limbs, orthotic devices and special footwear which become the property of the consumer.

3.8 Change of Address

Consumers are required to notify the EnableNSW Service Centre of any change of address within NSW or to another State so that EnableNSW can update its records and negotiate transfer of ongoing responsibility for repairs and maintenance of devices.

3.9 Interstate Portability

Consumers planning to move interstate should notify EnableNSW in writing and request that their assistive technology be transferred to the other state’s aids and equipment scheme or to their ownership.

EnableNSW will not be responsible for ongoing repairs or maintenance for assistive technology devices taken interstate. EnableNSW will not pay the freight costs for assistive technology to be taken outside of NSW.

In the event that a person moves interstate/overseas prior to their requested assistive technology being provided, EnableNSW will cancel the order/delivery of the requested device.

When an eligible person moves into NSW, EnableNSW will fund repairs and maintenance of assistive technology provided interstate where the device is consistent with the EnableNSW Prescription and Provision Guidelines.

If a person moving into NSW has outstanding applications to the equipment scheme in their state/territory of origin, EnableNSW will take into account the original application date to the interstate scheme when an application for the device is submitted to EnableNSW.

3.10 EnableNSW Data Collection

The EnableNSW information system will capture information such as consumer demographic information, details of assistive technology devices provided including service and maintenance history, as well as other statistical information used by NSW Health.

4. RIGHTS AND RESPONSIBILITIES

People seeking or receiving assistance from EnableNSW can expect to be treated in a way that is consistent with the Australian Charter of Healthcare Rights.

EnableNSW staff must be aware of and comply with the NSW Health Policy Directive “Your HealthCare Rights and Responsibilities” which details the rights and responsibilities that apply to all people who access a health service. This policy is available at: http://www.health.nsw.gov.au/policies/pd/2011/PD2011_022.html

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4.1 Rights of Consumers of EnableNSW Services

**Respect**
The right to be treated with respect and dignity.

**Communication**
The right to be given clear and accessible information about the EnableNSW services, including the eligibility criteria and copayments, assistance options available, and administrative processes.

**Participation**
The right to be included in decisions regarding what assistance will be provided and to be consulted about any changes in the way that assistance is provided.

**Privacy**
The right to privacy and confidentiality regarding personal information held by EnableNSW.

**Comment/Feedback**
The right to be given clear information about how to provide feedback and the right to have any concerns addressed in a timely and courteous manner without fear of discrimination.

This includes the right to be given information about how to appeal any decisions made regarding their application or requests for assistance.

4.2 Responsibilities of Consumers of EnableNSW Services

- To provide the information required to accurately assess applications for assistance.
- To accept that the available assistive technology device to meet their assessed needs may be recycled rather than new.
- To notify the EnableNSW Service Centre of a change of address or residential status.
- To meet the freight costs involved in taking any assistive technology items interstate once transfer of ownership has been determined.
- To notify the EnableNSW Service Centre of any change to financial circumstances that may affect their eligibility for assistance from EnableNSW or alter their status in relation to the making of a co-payment.
- To properly care for devices received and to notify the EnableNSW Service Centre if repairs or maintenance are needed.
- To fund the full cost of repairs if these result from wilful neglect or damage.
- To agree to reimburse EnableNSW for the cost of assistive technology devices provided (including the cost of any repairs and maintenance) in the event that a compensation claim results in a settlement relating to the disability for which devices were issued.

5. GOVERNANCE

5.1 Role of Health Support Services

Health Support Services is responsible for the development of Key Performance Indicators, for monitoring the performance of EnableNSW, service planning and state-wide administration of EnableNSW services.
5.2 Role of EnableNSW Advisory Council

The role of the EnableNSW Advisory Council is to provide advice to the Chief Executive, Health Support Services and the Director-General, NSW Health regarding the development of strategic policies, plans and initiatives relating to EnableNSW.

The Council reports to the Director-General, NSW Health through the Chief Executive, Health Support Services.

The ENAC Charter is available on the EnableNSW website at www.enable.health.nsw.gov.au Council members are appointed by the Director-General of NSW Health following an Expression of Interest process. Membership includes representational positions for the Disability Council of NSW, NSW Department of Health and Ageing Disability and Home Care, Department of Family and Community Services.

5.3 Role of the NSW Department of Health

The Department of Health has responsibility for policy development relating to the EnableNSW services.

5.4 EnableNSW Review and Appeal Panels

Information on how to request a review or appeal, including any forms that need to be submitted, is to be available on the EnableNSW website.

In the first instance, consumers can request that a decision regarding their application/request be reviewed internally if there is additional information, a change of circumstances, or if they feel the application/request was not given due consideration.

Following this internal review process, consumers can request that the decision be reviewed by an external Appeal Panel if they feel they have not been given due consideration. These panels consist of clinical experts and consumers and assist EnableNSW in reviewing applications that are complex in nature, or that fall outside program guidelines.

Appeal Panel members are appointed by the Chief Executive, Health Support Services following an Expression of Interest process which is advertised through stakeholder networks and on the EnableNSW website.

EnableNSW Appeal Panels consist of expert clinicians and consumers, to provide advice and assist in managing formal appeals in relation to applications that have not been approved. This would include decisions made by Statewide Advisors and internal reviews in relation to administrative and clinical matters.

5.5 Provision of Feedback

Comments, concerns and complaints regarding EnableNSW may be made

- by phone on FreeCall 1800 ENABLE (1800 362 253);
- by fax on 02 8797 6543;
- by post to Locked Bag 5270 Parramatta NSW 2124; or
- by email to enable@hss.health.nsw.gov.au.

The EnableNSW website will include information on how to provide feedback. Consumers can request assistance with providing feedback if required.