

SWEP Priority of Access Guidelines¹

The State-Wide Equipment Program (SWEP) is committed to ensuring that equipment subsidy provided to the frail aged and people with a long term or permanent disability is undertaken in a priority order based on transparent guidelines. SWEP is bound to work within the Aids and Equipment (A&EP) Guidelines which specify the key characteristics of clients and their support people which influence their priority of access. The intention of this framework is to provide prescribers with an understanding of the order in which clients will receive their equipment, as well as to provide reassurance that SWEP is committed to enhancing safety, independence, community access and psycho-social well-being to all people eligible under the A&EP scheme.

Objectives

The objectives of a structured access prioritisation system are:

- Clarity for prescribers about the order in which their clients should expect to receive subsidy.
- Recognition of the implications of non-provision of equipment within the DHS ascribed paradigms
- Reassurance that subsidy is accessible to all eligible clients within a given time-frame to meet Disability Guidelines
- Supported and stream-lined administrative processes

A risk management approach to prioritisation

In order to consider the potential implications of non-provision of equipment to those eligible for subsidy, SWEP has developed a risk management approach to prioritization based on the AS/NZS ISO 31000:2009, Risk management – Principles and guidelines. Risk to clients based on potential consequences or “Implications of non-provision” are assessed in a context of relative likelihood, providing a structured way to communicate urgency of need and articulate a reasoned approach to priority of access. It should be noted that even those not at risk, but rather with “potential to benefit” will still receive subsidy or access to reissue equipment if they are eligible, but are more likely to be placed on a waiting list. Articulation of risk is only intended to guide SWEP as to the level of urgency.

Paradigms of priority assessment.

The DHS A&EP Guidelines indicate two categories of urgency for the subsidy of equipment. While the criteria for the “High Urgency” category links to three specific paradigms, the relative weighting of these paradigms is not defined and is considered here as equal. The three paradigms used within this framework are derived from those articulated in the guidelines. They are:

1. Safety Issues. These are issues which threaten the physical safety of the client and/or their support people in their daily lives.

¹ Developed with the assistance of the SWEP Clinical Advisory Group December 2011

2. Independence Issues. These are issues which threaten the capacity for clients to live independently in their community.
3. Health Maintenance Issues. These are issues which threaten the psycho-social well-being of clients and/or their support people.

Likelihood and Consequence

Within a risk management framework, analysis of potential risks must be undertaken in a context of consequence severity and relative likelihood. Incremental levels of outcome severity are defined, and the likelihood of that outcome if equipment is not provided for clients within a timeframe is identified by prescribers. By analyzing the potential risk within the three risk paradigms, SWEP has designed a structured system of priority of access that ensures those who need the equipment urgently are readily identified, while subsidy for equipment continues to be provided to all those who are eligible in an equitable manner.

The implications prioritisation matrix appears in Table 1 below. Use of the matrix when assessing urgency of need allows for clarity and transparency around why some items are provided straight away. When completing a prescription, the matrix should be used to guide prescriber responses on the prescription forms in the sections that relate to implications of non-provision. It should be noted that some items of equipment for the same client may have greater levels of urgency, and therefore have access to subsidy more quickly, while the client may need to wait longer for other items. Without commentary relating to both likelihood and severity of consequence, urgency of need may not be optimally identified.

IMPLICATIONS OF NON-PROVISION

SAFETY (Physical Issues – Client and/or Support person)

Likelihood of Occurrence	3 - Imminent: Will happen within 1 month	3	6	9
	2 - Probable: May happen in the next 1 - 4 months	2	4	6
	1 - Possible: May happen in the next 4 – 12 months	1	2	3
		1 - Minor Minor injury or complication / functional decline	2 – Moderate/Major Moderate to serious injury or complication	3 – Severe Life threatening injury or complication
Consequence of Occurrence				

INDEPENDENCE (Dependency Issues)

Likelihood of Occurrence	3 - Imminent: Will happen within 1 month	3	6	9
	2 - Probable: May happen in the next 1 - 4 months	2	4	6
	1 - Possible: May happen in the next 4 – 12 months	1	2	3
		1 - Minor Is experiencing difficulties accessing the community	2 - Moderate/Major Cannot participate in personal ADLs Cannot access work or vocation (adult) Cannot access school or recreational activities (children)	3 - Severe Will be admitted to hospital or long term institutional care
Consequence of Occurrence				

HEALTH MAINTENANCE (Psycho-social Issues)

Likelihood of Occurrence	3 - Imminent: Will happen within 1 month	3	6	9
	2 - Probable: May happen in the next 1 - 4 months	2	4	6
	1 - Possible: May happen in the next 4 – 12 months	1	2	3
		1 - Minor Client/Support person stress	2 - Moderate/Major Social Isolation / Psychological Intervention required	3 - Severe Client/Support person suicidal
Consequence of Occurrence				

Table 1: Implications of non-provision matrix

It is recognised that client and/or support person issues can change. Should a client's circumstances change and this impacts the likelihood of issues occurring (or the severity of the consequences) there is capacity to escalate urgency of need for waitlisted applications on provision of additional information. Please note that either the client or the prescriber can escalate the urgency of need, but that if it is the client SWEP will most likely contact the

prescriber for further details. Examples of priority of access for each paradigm within equipment categories appear in Appendix 1.

Documents/Systems reviewed

EnableNSW Health Support Services Policy Directive:

http://www.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_027.pdf

Queensland Medical Aids Subsidy Scheme Prescriber Procedures Manual:

<http://www.health.qld.gov.au/mass/guidelines.asp>

South Australian Government DFC Prescription forms: <http://www.dfc.sa.gov.au/>

Government of Western Australia Disability Services Commission Guidelines:

[http://www.disability.wa.gov.au/dscwr/assets/main/guidelines/documents/pdf/caep_referrers_kit_final_\(id_3612_ver_1.0.0\).pdf](http://www.disability.wa.gov.au/dscwr/assets/main/guidelines/documents/pdf/caep_referrers_kit_final_(id_3612_ver_1.0.0).pdf)

Enable New Zealand Complex Equipment Priority form:

http://www.disabilityfunding.co.nz/data/assets/word_doc/0004/1786/ENAE204-Complex-Equipment.doc

AS/NZS ISO 31000:2009, Risk management – Principles and guidelines:

<http://www.vmia.vic.gov.au/Risk-Management/Guides-and-Publications/Risk-Management-Guidelines.aspx>

Appendix 1: *Examples of priority of access ratings for each paradigm within equipment categories

**Please note these are EXAMPLES ONLY, and are not intended for use verbatim on prescription forms. Nor are they intended to be an exhaustive list of possible scenarios.*

Beds, mattresses and pressure care products

1. Safety (Physical Issues – Client or Support Person)

Highest rating implications (9)

The client has painful pressure ulcers, poor skin condition, poor skin sensation and limited movement. Current bed is not adjustable and mattress has insufficient depth and further skin breakdown is imminent

Mid-level rating implications (4-6)

Client's current mattress requires weekly turning, and while the support person is able to do this unaided at present, the task is difficult and risky for them.

Lowest rating implications (1-3)

Client's bed mobility is deteriorating due to advancing neuromuscular disease. Skin integrity not currently an issue but will be as the client continues to worsen.

2. Independence (Dependency Issues)

Highest rating implications (9)

A very heavy disabled client with multiple complex pressure and bed mobility issues will be admitted to long term care imminently as the support team is unable to safely turn them as required.

Mid-level rating implications (4-6)

A young quadriplegic person's pressure regimen is working at present, but community support workers have noted reddened areas on the client's skin. Skin break-down will lead to admission to acute care.

Lowest rating implications (1-3)

Client has a slowly deteriorating condition and an adjustable bed will allow them to get out of it without assistance.

3. Health Maintenance (Psycho-social Issues – Client or Support Person)

Highest rating implications (9)

The father of a highly dependant child with severe cerebral palsy is anxious at the thought of pressure areas appearing. He insists that the child be turned at least hourly, causing distress for the whole family.

Mid-level rating implications (4-6)

A child is unable to sleep due to the discomfort of limited positions. The parents are stressed by frequent awakening at night

Lowest rating implications (1-3)

A disabled child is growing and will need a larger electric hi lo bed sometime soon

Continance products

1. Safety (Physical Issues – Client or Support Person)

Highest rating implications (9)

The client suffers urinary stasis and retention, with bladder infection and renal failure imminent

Mid-level rating implications (4-6)

Constant presence of moisture and faecal matter close to the skin may lead to skin break-down in the next 4 months

Lowest rating implications (1-3)

Sporadic incontinence leads to bedclothes requiring changing at least weekly, and support person at risk of harm long term from lifting heavy bedding

2. Independence (Dependency Issues)

Highest rating implications (9)

The support person of a client is exhausted from constant washing of bed-linen and clothing and threatening to withdraw. Without their support the client will require admission to residential care.

Mid-level rating implications (4-6)

A child is unable to attend school due to frequent soiling or wetting

Lowest rating implications (1-3)

Due to unpleasant odour of soiled clothing client confines themselves to their home.

3. Health Maintenance (Psycho-social Issues – Client or Support Person)

Highest rating implications (9)

Client is demoralised and emotionally distressed by faecal incontinence, threatening suicide.

Mid-level rating implications (4-6)

Client is stressed and withdrawn, refusing to drink to try to control continence issues

Lowest rating implications (1-3)

Support person reports they are tired of providing assistance to client.

Electronic voice aids

1. Safety (Physical Issues – Client or Support Person)

Highest rating implications (9)

A client has a leaking voice prostheses is causing aspiration and this is a probable cause of their recurrent pneumonia.

Mid-level rating implications (4-6)

A client lives alone in a remote location, and without an electrolarynx they may have an inability to vocalise in the event of an emergency e.g. use phone / call out for help. Fire season is in 2 months.

Lowest rating implications (1-3)

A client requires an electrolarynx to communicate when family are not there to assist

2. Independence (Dependency Issues)

Highest rating implications (9)

Client is becoming debilitated due to frequent chest infections resulting from aspiration around ill-fitting voice prosthesis. Hospital or residential care admission is imminent.

Mid-level rating implications (4-6)

A client is unable to participate in their work or community activities without an appropriate electrolarynx.

Lowest rating implications (1-3)

A client with a progressive disorder will require a change of prosthesis types to ensure optimal communication function in the community.

3. Health Maintenance (Psycho-social Issues – Client or Support Person)

Highest rating implications (9)

Client is depressed and despondent due to inability to communicate by phone with their only family who live a long way away and he require an electrolarynx to make this possible

Mid-level rating implications (4-6)

A client has an inability to vocalise which has resulted in reduced participation in social situations and subsequent withdrawal from interactions with family and friends. The client is lonely and listless.

Lowest rating implications (1-3)

Family members are irritated by the need to transport a client to visit a Speech Pathologist to change their indwelling voice prosthesis, and client is requesting a non-indwelling type to alleviate this need

Environmental Control Units

1. Safety (Physical Issues – Client or Support Person)

Highest rating implications (9)

Mid-level rating implications (4-6)

Lowest rating implications (1-3)

2. Independence (Dependency Issues)

Highest rating implications (9)

Mid-level rating implications (4-6)

Lowest rating implications (1-3)

3. Health Maintenance (Psycho-social Issues – Client or Support Person)

Highest rating implications (9)

Mid-level rating implications (4-6)

Lowest rating implications (1-3)

Examples in development

Home Modifications

1. *Safety (Physical Issues – Client or Support Person)*

Highest rating implications (9)

Client has very low function, has fallen recently, and requires assistance to bathe. Support person requires wheelchair access shower facility to provide assistance and no alternative or temporary measures are possible.

Mid-level rating implications (4-6)

A client is able to mobilise in a wheelchair and can transfer with assistance, but their condition is deteriorating. The client will require wheelchair access to the shower within several months

Lowest rating implications (1-3)

Client is unable to access bathing facilities but can have bed baths as a temporary measure.

2. *Independence (Dependency Issues)*

Highest rating implications (9)

Client cannot enter or exit their property for work and essential medical appointments – being undertaken by ambulance transfer at present.

Mid-level rating implications (4-6)

Client lives alone and has funded support - would be independent if modifications undertaken

Lowest rating implications (1-3)

A client requires assistance to access stairs, but can manage in only downstairs rooms in the short term

3. *Health Maintenance (Psycho-social Issues – Client or Support Person)*

Highest rating implications (9)

Client has pressure areas/other health risks from incontinence, cannot access hygiene area or utilise portable commode, support person reports they are no longer able to continue cleaning of equipment or client outside of bathroom area.

Mid-level rating implications (4-6)

Client's role as head of family diminished by disability – further degradation as family required to bathe them if modifications not done.

Lowest rating implications (1-3)

Client uses a portable commode but excessive cleaning by family members stresses their relationship

Orthotics

1. *Safety (Physical Issues – Client or Support Person)*

Highest rating implications (9)

Client has Charcot-Marie-Tooth disease (CMT) with resultant foot ulcers and foot drop. Custom AFOs are required to prevent further ulceration and impending falls.

Mid-level rating implications (4-6)

Client has foot deformities due to long-standing cerebral palsy, and also has diabetes with resultant poor circulation and sensation. Foot orthoses required within the next few months to provide pressure relief.

Lowest rating implications (1-3)

Client has good circulation but pain in their feet due to arthritis and requires extra-depth footwear to accommodate orthoses

2. *Independence (Dependency Issues)*

Highest rating implications (9)

A bariatric client with no support person is unable to ambulate without bilateral custom knee orthoses. They are unable manage any kind of wheelchair and due to inability to undertake their own personal hygiene they will require admission to residential care.

Mid-level rating implications (4-6)

Client has juvenile arthritis and has painful, unstable knees. Without knee orthoses the client will require a wheelchair and will be unable to access their school.

Lowest rating implications (1-3)

Client has an abdominal hernia and is not suitable for surgery. A custom corset is required to contain the hernia to allow the client to stand and walk independently

3. Health Maintenance (Psycho-social Issues – Client or Support Person)

Highest rating implications (9)

Child with cerebral palsy is unable to sit up without a back brace. The child has grown and the current brace causes pain the child is distressed and constantly crying when worn. The mother is extremely distraught and worried about her child's well-being, and requires constant and at least daily re-assurance.

Mid-level rating implications (4-6)

Client is an adolescent requires locking knee braces to walk due to large muscle weakness. Without the braces they need a wheelchair to ambulate and this leads to taunting at school and potential depression and anxiety.

Lowest rating implications (1-3)

Client has moderate pain without ankle support brace and is angry and upset easily.

Specialised bathing equipment

1. Safety (Physical Issues – Client or Support Person)

Highest rating implications (9)

Mid-level rating implications (4-6)

Lowest rating implications (1-3)

2. Independence (Dependency Issues)

Highest rating implications (9)

Mid-level rating implications (4-6)

Lowest rating implications (1-3)

3. Health Maintenance (Psycho-social Issues – Client or Support Person)

Highest rating implications (9)

Mid-level rating implications (4-6)

Lowest rating implications (1-3)

Examples in development

Specialised seating equipment

1. Safety (Physical Issues – Client or Support Person)

Highest rating implications (9)

Mid-level rating implications (4-6)

Lowest rating implications (1-3)

2. Independence (Dependency Issues)

Highest rating implications (9)

Mid-level rating implications (4-6)

Lowest rating implications (1-3)

3. Health Maintenance (Psycho-social Issues – Client or Support Person)

Highest rating implications (9)

Mid-level rating implications (4-6)

Lowest rating implications (1-3)

Examples in development

Transfer equipment

1. Safety (Physical Issues – Client or Support Person)

Highest rating implications (9)

A bariatric client has had several falls in the past few weeks. They have a pressure ulcers and the support person cannot lift them without risk to themselves and the client.

Mid-level rating implications (4-6)

The client has a deteriorating health condition and skin integrity measures indicate high risk of sheer force injury if unassisted transfers are carried out

Lowest rating implications (1-3)

The client has a slowly progressing long term disability, and will need assistance with transfers sometime in the next few months

2. Independence (Dependency Issues)

Highest rating implications (9)

The support person of a client who is completely dependent in transfers has injured themselves and is unable to transfer client as they have been doing. Services will not transfer the client without a hoist, and client will require admission to residential care unless one is provided quickly as services will be withdrawn due to OH&S risks for support person.

Mid-level rating implications (4-6)

Client is currently transferred using a standing hoist and lives in a split level environment. A ceiling hoist will be required in the near future to minimize transfers and reduce manual handling demands.

Lowest rating implications (1-3)

A client is being assisted to transfer by their support person. To protect the support person long term, a hoist is required

3. Health Maintenance (Psycho-social Issues – Client or Support Person)

Highest rating implications (9)

An extremely demanding client is reliant on the support person for transfers. The support person extremely distressed at this dependency but cannot have services unless a hoist is available for use.

Mid-level rating implications (4-6)

Client is concerned that slide transfers are unsafe and screams and flails about while these are being undertaken, stressing their support person.

Lowest rating implications (1-3)

Client is unhappy with the configuration of sling on a hoist, but will tolerate in the short term.

Vehicle Modifications

1. Safety (Physical Issues – Client or Support Person)

Highest rating implications (9)

Carer has injured their back whilst transferring the client and is no longer able to assist the client to transfer into their vehicle so the client cannot access the community.

Mid-level rating implications (4-6)

Client currently drives safely using their foot but has a slow progressing condition which will cause them to require hand controls within 6 months.

Lowest rating implications (1-3)

Carer is currently able to safely assist the child to transfer into the vehicle but the child will continue to grow and has degenerative condition and is likely to require modifications within the next 2 years.

2. Independence (Dependency Issues)

Highest rating implications (9)

The client is totally dependent upon the requested modifications to access the community and has no alternative options such as public transport or taxi and no support people who could assist.

Mid-level rating implications (4-6)

Client has to catch two buses and a train to attend university whereas with requested vehicle modifications they could drive themselves and save two hours a day travel.

Lowest rating implications (1-3)

The client's carer is able to and available to drive them to access the community however the client would like to be able to go out by themselves.

3. Health (Psycho-social)

Highest rating implications (9)

Client is living alone in an isolated area and has a history of psychological problems and without the requested modifications they cannot access required treatment services.

Mid-level rating implications (4-6)

Client requires vehicle modifications to access the community to purchase groceries each week. Client is able to have the groceries delivered but the isolation places their well-being at risk.

Lowest rating implications (1-3)

Client is currently independent within their own community and can ambulate short distances. Client uses a power wheelchair for longer distance. Client reports feeling depressed because she can't take her power wheelchair with her on annual holidays.

Walking aids and standing frames

1. *Safety (Physical Issues – Client or Support Person)*

Highest rating implications (9)

Client is frail and has had multiple falls due to poor dynamic balance which is resolved by use of a walker.

Mid-level rating implications (4-6)

Client is unable to maintain full grasp on walker with both hands so is not symmetrically weight bearing causing decreased stability and a falls risk when walking.

Lowest rating implications (1-3)

Client will require new walker in next 6 months due to increased growth or slow progressive decrease in function.

2. *Independence (Dependency Issues)*

Highest rating implications (9)

Without a standing frame the client is unable to sustain their posture, with risk of resultant chest/bladder infection leading to likely hospital admission.

Mid-level rating implications (4-6)

A walking aid is required by a young child with cerebral palsy as part of their growth and development to access their home more independently and function at pre-school.

Lowest rating implications (1-3)

Client needs increased assistance to function in home/school environment without walking aid whereas current prescription would relieve burden of care.

3. *Health Maintenance (Psycho-social Issues – Client or Support Person)*

Highest rating implications (9)

A client post-stroke is distressed by their limited mobility without a walker. They are taking their frustration out on their immediate family and their relationship is floundering.

Mid-level rating implications (4-6)

Client is unable to use current standing frame resulting in greater burden of care on support people including raised anxiety about potential consequences to their health.

Lowest rating implications (1-3)

Client is complaining of discomfort as thoracic supports not fully supporting them in standing frame.

Wheelchairs and pressure cushions

1. *Safety (Physical Issues – Client or Support Person)*

Highest rating implications (9)

The client has a rapidly progressing neurological condition, and has fallen twice in the past 2 weeks.

Mid-level rating implications (4-6)

The client sits in a manual wheelchair but needs to be re-positioned frequently. This places the support person at risk of injury and tilt-in-space is required to ensure that doesn't happen

Lowest rating implications (1-3)

A child is growing, and will require a new wheelchair within 6 months.

2. *Independence (Dependency Issues)*

Highest rating implications (9)

The client is unable to manage their own wheel chair and their support person has severe arthritis. Unless a power-pack modified wheelchair is provided long term care is imminent.

Mid-level rating implications (4-6)

An electric wheelchair is required to assist a child to access school and all other community activities. School starts in 2 months.

Lowest rating implications (1-3)

A scooter would allow the client to access the community and enhance independence.

3. *Health Maintenance (Psycho-social Issues – Client or Support Person)*

Highest rating implications (9)

A client has a progressing neurological disorder and requires a power wheelchair and is expressing suicidal thoughts due to their constrained state without the chair.

Mid-level rating implications (4-6)

Client requires wheelchair to gain access to the supermarket to purchase groceries each week. She is able to have the groceries delivered, but the isolation places her well-being at risk.

Lowest rating implications (1-3)

A client with recently diagnosed Alzheimer's disease reports frustration with their functional decline. This is likely to progress to further anxiety in future months if mobility is not enhanced safely by a wheelchair.