Request for EMS Advice Guide:

Equipment

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

# EMS Funding Stream – Before you start

* Refer to Whaikaha EMS Manual 2.2.1 to ensure eligibility for Disability Support Services (DSS) or Long-Term Support for Chronic Health Conditions (LTS-CHC) Whaikaha funding are met.
* Is the person’s condition a medical/surgical condition or a disability (long-term functional loss)?
* Has alternative funding, such as ACC or Hospice been considered?
* If under 65 years and the primary diagnosis is a chronic health condition, NASC confirmation of Long-Term Support for Chronic Health Conditions (LTS-CHC) funding is required.

# Background Information

* Who does the person live with?
* What supports (paid/unpaid) are current?
* External care - hours per week, type of care, number of support persons, visits per day.
* Reason for the recent assessor input, e.g. referred by District Nurse due to pressure injury.
* What about their situation has changed e.g. fast/gradual deterioration, recent CVA, hospital episode or fall (if so, when)?
* Is the disability expected to continue for at least 6 months and remain after treatment?
* Behavioural Support Services (BSS) if required. Check if pathway A or B is applicable.

# Current Functional Ability

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

**Bed/mattress**

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

# Clinical Reasoning

* What is the outcome following your assessment?
* If your proposed solution is outside the preferred product list one/two/three, provide a clinical rationale why the lower bands (less complex equipment) will not meet the essential disability need.
* Which Whaikaha access criteria is the equipment being considered under e.g., standing frames 11.4.3?
* For equipment related to challenging behavior, indicate whether it is considered an enabler or restraint, and how Pathway A (e.g., referred to NASC or B (attach report/behavioral support plan) is being followed.
* Bed/mattress - if proposing a bed size larger than a single, or bed accessories - what is the rationale for this?
* Hoists - what lifting height/range is needed?
* Second Seating - if the person already has a funded seating system (static or mobility) e.g., lift-out chair, rehab chair, wheelchair – what is the genuine & exceptional circumstances rationale for a second Whaikaha-funded request for seating?

# Proposed Solution

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

# Attachments

* Consider providing quotes for non-list items or items requiring accessories.
* Photos can help the Clinical Services Advisor to understand the environment, current equipment, and functional loss.
* Functional/activity analysis reports can be provided to support the request.