

VHA PROSTHETIC CLINICAL MANAGEMENT PROGRAM (PCMP) CLINICAL PRACTICE RECOMMENDATIONS FOR PRESCRIPTION OF PATIENT LIFTS

I. BACKGROUND

VHA's Prosthetic and Sensory Aids Service Strategic Healthcare Group was directed by the Under Secretary for Health to establish a Prosthetic Clinical Management Program (PCMP). The objectives are to coordinate the development of clinical practice recommendations prosthetic prescription practices and contracting opportunities to assure technology uniformity and ease of access to prosthetic prescriptions and patient care that will lead to valid outcome measures and analysis for research purposes.

A workgroup with input from selected clinicians, spinal cord injury specialists, physical medicine and rehabilitation specialists, prosthetic representatives and a consumer representative from the Paralyzed Veterans of America (PVA) convened to recommend a policy regarding appropriate clinical recommendations regarding issuance criteria for patient lifts for disabled veterans.

II. POLICY

1. The purpose of the clinical practice recommendations is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective prescribing.
2. A patient in the hospital, a nursing home or facility where the equipment is provided for other patient use or is included in the per diem rate paid to the facility will not be issued a patient lift at VA expense.
3. Patient lifts can be provided to patients on an interim basis when medically indicated. Prosthetics and Sensory Aids Service may recover the lift when the medical need has passed and the patient no longer requires the device.

III. INDICATIONS

Patient lifts are indicated for patients who are fully dependent or require partial assistance for transfers. A home assessment may be

necessary to determine which type of lift would be most appropriate and safe for a patient's home environment.

a. Manual/Hydraulic Patient Lifts

First consideration should be given to manual/hydraulic lifts.

NOTE: There may be an indication to provide a hydraulic lift to a patient that while ambulatory is a high fall risk and would not be physically able to gain a sitting or standing position independently or with assistance. This may eliminate the necessity of the family calling Fire/Rescue to recover the patient from the floor.

b. Electric Patients Lifts

These lifts can be considered when:

- (1) The safety of the patient is compromised.
- (2) The ability of the caregiver to operate the hydraulic lift is determined to be unsatisfactory.
- (3) Patient's with permanent or progressive diseases.

c. Ceiling Lifts or Gantry System (Free Standing Frames)

These lifts and gantries (free standing frames) can be considered when conventional floor-based lifts cannot be utilized in the home environment due to restricted space or inability of the caregiver to maneuver the patient in a floor-based lift.

d. Sit to Stand Assist Lift

These lifts can be considered when a patient can give minimal assist with sufficient upper body strength and is able to bear minimal weight. The patient must be cognitively intact. The lifts are not be used as an exercise for standing.

IV. CONTRAINDICATIONS

- a. Patients with the capacity to perform independently and safely sit-pivot or stand-pivot transfers (wheelchair to bed, wheelchair to commode, etc.).
- b. Unstable ceiling or inadequate grounding of electrical system for ceiling or electrical lifts.

V. RESPONSIBILITY

- a. The patient will be assessed by the appropriate therapist (i.e., Physical Therapist, Kinesiotherapist, Occupational Therapist) to determine the most suitable lift that will meet the needs of the patient.
- b. The responsible clinician will author a prosthetic consult specifying the proper lift and sling for the patient.
- c. Major Medical Special Equipment Committee (MMSEC) may review cases for specialty lifts not covered in these clinical practice recommendations.
- d. Coordination of initial training and operation of the devices to the patient/caregiver is the responsibility of the appropriate facility staff.

VI. REFERENCES

Department of Veterans Affairs (2003) Safe patient handling & movement algorithms.

Patient Care Ergonomics Resource Guide: Safe Patient Handling & Movement. Washington D.C.: Author: Nelson, A.L. (ed.). (2001).

Occupational Safety & Health Administration (2003). Ergonomics: Guidelines for Nursing Homes. Washington DC: Retrieved October 1, 2004 from <http://www.osha.gov/ergonomics/guidelines/nursinghome/>

APPROVED / DISAPPROVED: *SIGNED*

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