

Roles of Home Care Attendants for Transfers and Mobility

Supervision

- Home Care Attendants are directly supervised by Resource Coordinators (RC's).
- When a client is assessed as requiring Home Care services, the Case Coordinator (CC) assesses the client's needs and develops a care plan.
- The Resource Coordinator schedules staff to implement the care plan.
- HCAs are not trained to assess clients but they are expected to report any safety concerns or changes in client abilities that may require an assessment.

Considerations

- In most cases, Home Care Attendants (HCAs) are working alone with a client.
- Transfers with a mechanical lift are often one person assist.
- If a client or situation is assessed as requiring two person assist, this may be assigned to two staff or to one staff and a trained family or caregiver. This will require client specific training.
- Ideally staff should be able to access 3 sides of the bed. Not all Home Care clients have a hospital bed.
- It is unsafe for staff to assist a client up from the floor or from the bottom of a bathtub.
- Home Care requires that clients who receive services for bath assist have a non-slip surface or bath mat in place. In many situations a bath seat, grab bars, and hand held shower are also required for safety. Staff will assist with a sponge bath if the recommended equipment is not in place in the home.

Delegated Task Training Team

- The Delegated Task Training Team is responsible for all client specific and equipment specific training (including 2-person transfers).
- The Resource Coordinator will arrange training through this team.
- There is currently a 1.0 OT and a .5 PT from CTS who are contracted to this program.

Mechanical Floor Lift (Power Lift)

This is the standard mechanical lift used in the Home Care program. It can be used with one or two person assist based on assessment of the client and the home situation.

Assessment

- Most OT departments have a lift and selection of slings provided by WRHA Home Care for assessment purposes. If further assessment of this equipment in the home environment is required, a lift can be ordered for assessment purposes prior to discharge as part of the OT/PT Home Visit.
- Orders can be completed on the WHA Community Order or Script- if client is open to Home Care, CC should be notified of order. In hospital, HBCC should submit order.

Potential concerns

- The lift cannot be used to transport a client from one room to another.
- Requires adequate space to safely maneuver lift in client's room.
- Tubs must be raised to use the electric Mechanical floor lift for tub transfers and the bathroom must be spacious enough to allow transfer to be completed in the same room.



- The lift is very difficult to move over carpet due to small castor size. Clients may be asked to remove carpet or move bed to another room to accommodate floor lift.

Reminders when using:

- The battery should be fully charged for use. Keep this in mind – if equipment is delivered to client's home, and there will be a delay in discharge, make sure someone at home plugs in the lift (it takes about 6 hours to charge).
- The lift must be used with the brakes off and the base in the widest position.
- The emergency stop button must be out or the lift will not work.
- Only slings approved by the manufacturer of the electric Mechanical floor lift can be used. These are generally seated slings – they lift the full weight of the client in a seated position.
- Weight capacity is 400 lbs.
- The mechanical floor lift has two emergency lowering features.

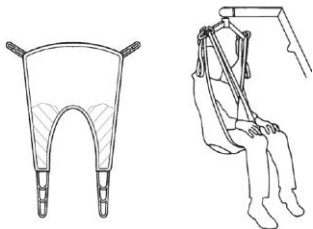
Portable Power Patient Lift

- Also called the Hoyer Advance Lift
- Weight capacity is 340 lbs.(lower than the standard mechanical floor lift)
- Notable features include:
 - A wider base to wrap around wide chairs
 - Client is lifted further from mast; May work better for tall clients or those with longer legs as more clearance
 - Can be broken down to be portable
 - Can be folded up for storage
 - Can pick clients off the floor
- Requires special approval for ordering in Home Care.-order on Lift Equipment Assessment Tool
- HCA training is equipment specific and done by the Delegated Task Training Team.



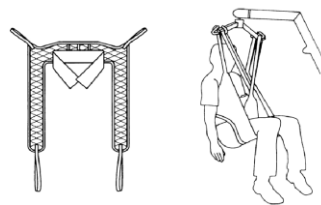
Mechanical Floor Lift Slings

- Come in a variety of styles:
 - Quick Fit Deluxe
 - Quick Fit Padded
 - Access Sling
 - Full Back Sling
- The mechanical floor lift slings have coloured straps at the top and bottom. Typically the longest straps are used on the leg portion and the shortest straps are used at the shoulder/upper body.
- Slings are available in small, medium, large and extra large. If you require a sling in extra small this will require special approval through the Home Care Program Consultant.
- All slings have a weight capacity of 500lbs
- The WRHA Approved Equipment List lists each sling size with a corresponding weight range. These weight ranges can be used as a guideline to assist with picking a size that will best fit the client.
- If client's weight is not known it is best to order a couple different sizes to try. Once the correct size is determined a 2nd sling can be ordered.
- Most clients have 2 slings – a backup sling in case one is worn or being washed.



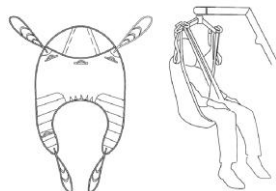
Quick Fit Padded Sling

- Most intuitive design (looks like a lot of other slings that are used in the hospitals, P.C.H.'s and home care which makes it easier for all caregivers to use).
- Works well with most clients.
- Measure sling fit sling from top of the commode opening to the top of the sling = length of the person's back from coccyx to the shoulder.
- Medium sling height = 25"; Small = 23"
- Medium sling width at bottom seam = 34.5"; Small = 28"



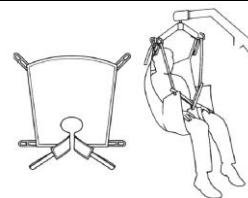
Access Sling (Hygiene):

- Requires an assessment by the therapist to ensure safety. Program Consultant approval required.
- Sometimes referred to as a 'hygiene' sling. Not a general-purpose sling and not commonly used. Good for toileting.
- Used to transfer in a sitting position only.
- Support is concentrated around mid section so client must have adequate sitting balance, U/E strength, muscle tone, and good bone structure (e.g. may not be appropriate for individuals with osteoporosis).
- Medium sling width waist band closed = 36"-50" depending on overlap



Full Back Sling:

- The most supportive sling.
- Built in head support, padded leg straps.
- 'Bulkier' than the other slings.
- Full body support good for clients who have poor trunk strength/control, weakness, extensor tone, or have involuntary movements or behavioural issues. May work well with palliative clients.
- Sling from top of the commode opening to the top of the sling = person's back from coccyx to the top of the head.
- Medium sling height = 42"
- Medium sling width at bottom seam = 37.5"
- Fits snugly, feels like being wrapped in a 'cocoon'
- May not be appropriate for high functioning individuals who do not require a lot of support; Can feel 'claustrophobic'



Quick Fit Deluxe Sling:

- Leg straps are more complex therefore must ensure that caregivers are trained with this sling.
- The Quick fit deluxe sling has two sets of leg straps. The short straps between the client's knees are crossed one through the other. Then the long strap passes through the short at the outer side of each knee and the long strap on each side is attached to the cradle hook.
- Safe to use with most amputees as per manufacturers guidelines. An assessment by the therapist must be completed to determine that the sling is safe and suitable.
- Medium sling height = 29.5"; Large = 34"
- Medium sling width at bottom seam = 35"; Large = 41"

Seated Sling Fit Tips

Sling sizes vary from one manufacturer to another. Sling size and fit also varies depending upon the style of sling. In the WRHA Home Care program, slings are not interchangeable – use mechanical overhead lift slings with the mechanical overhead lift; use designated mechanical floor lift slings for the lift.

Considerations when choosing style of sling

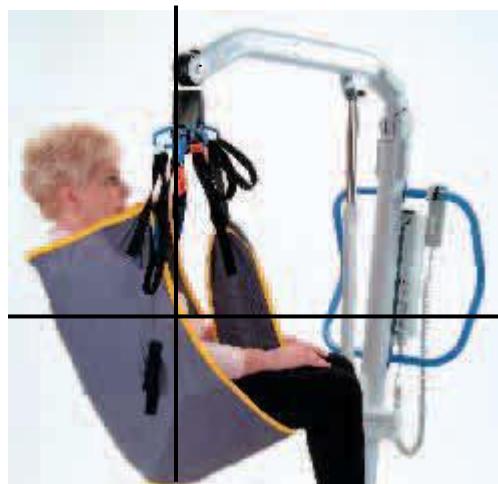
- How much support is required e.g. does the client need head support?
- Are there specific issues such as above knee amputation, spasticity, and limited range of motion at the hips and/or knees, presence of pain, presence of skin break down, risk of pressure on back, buttocks, and thighs.
- What type of transfers are needed e.g. for commode/toilet transfers
- Will it be difficult for staff to remove or will the client tolerate the sling being left behind him/her in the chair.

Measuring for size

- Client's weight must be within sling and lift capacity.
- Width of the sling should be sufficient to come up along the sides of the client to provide sufficient support when the client is lifted.
- If the sling is too large, the client will tend to slide down and this may cause extreme hip flexion.
- If the sling is too small, the client may not have adequate back support and the sling may cause pressure on the upper back, shoulder protraction and respiratory restriction.

Adjusting the sling loops

- The general rule is short at the shoulder, long at the legs.
- If a longer loop is used at the shoulder, the client will be more reclined.
- If the leg loop is shorter, the client will also be more reclined and there will be more hip flexion.
- If the client is too upright, he/she may tend to fall forward out of the sling.
- In general, the client is positioned with 7° angle from the horizontal plane, trunk/ thigh angle greater than 83° and back inclined 20°-25°.



Placing the sling under client in bed

- In most cases, the sling is placed by turning the client from side to side.
- Other options include sitting the client up with the head of the bed and placing the sling behind the client or inserting the sling between two slider sheets.

Mechanical Sit-Stand Lift

References:

- Not in MDA catalogue, obtained through vendor – HomeEquip
- Home Care currently most frequently uses the Ministand by BHM
- **Requires special approval for ordering in Home Care. Use the Lift Equipment Assessment Tool to order.**

Assessment

- Safely lifts clients up to 350 lbs.
- Similar to a Sara Lift or Sabina Lift, the sit-stand lifts the client from a sitting position. Consider how much assistance your client requires to sit up in bed and consider static and dynamic sitting balance when sitting at the side of the bed.
- The sit-stand lift is used with clients who cannot do a standing transfer but who can bear some weight through one or both legs & who can hold on with at least one arm.
- A home assessment must be completed by the hospital/program based OT and/or by CTS.
- Clients using a sit-stand lift are reassessed by CTS every 3-4 months to determine whether continued use of this equipment is appropriate. Clients at risk of rapid change will be re-assessed more frequently.



Reminders when using:

- The battery should be charged whenever the lift is not in use
- The sit-stand lift is usually operated with brakes off the lift. The base of the lift is usually open to the widest position.
- The client's feet should be placed on the footplate close to the back edge. There is a leg strap used to secure around the back of the client's legs.

Slings

- This lift uses a standing sling that supports the client's weight in a standing position.
- In Home Care the most common sling is a band sling that fits snugly around the client's waist.
- The sling has 4 different loops to allow different fit and standing positions. Using a shorter loop to attach the sling to the lift will assist the client to stand more upright.
- Small Band sling is for weight capacity 45-100 lbs/20-45kg; Velcro (end to end) = 43" /109 cm
- Medium Band sling is for weight capacity 100-200lb/45-90kg; Velcro (end to end) = 48"/122cm
- Large Band sling is for weight capacity 200-400lb/90-180kg; Velcro= 57"/145cm

Mechanical Overhead Lift

References:

- Not in MDA catalogue, obtained through vendor- HomeEquip
- **Requires special approval for ordering in Home Care. Use Lift Equipment Assessment Tool to order.**
- The model most frequently used is the Voyager made by BHM.
- Mechanical overhead lifts are only approved when all options to use a mechanical floor lift have been explored e.g. removing the carpet, using a different room.



Assessment

- The Voyager Ceiling Lift capacity is 440 lbs.
- This equipment should be ordered after referring to CTS to assist with equipment selection and ordering. A home assessment must be completed by the hospital/program based OT and/or by CTS.
- Considerations for equipment selection and approval include: weight of client, pain, muscle tone too high or too low, prognosis, likelihood of client moving from current home, is client in rental unit or own home, number of lifts per day, risk of staff injury, possibility of staffing decrease, possibility of access to bathtub, floor space available and the structure of the ceiling (e.g. false ceiling).
- The track can be pressure-fitted free-standing or mounted. Pressure fitted is standard, mounted will only be considered in special circumstances e.g. ceiling height

Slings

Slings can be seated slings or supine/positioning slings. The two most common slings are the quick fit and the hammock.



Quick Fit Sling



Hammock Sling

Quick Fit Sling- General purpose sling but it does not provide head support. Leg straps are usually crossed. Hip straps attach directly to the lift. Medium sling height = Medium sling width at bottom seam=

Hammock Sling- Provides full head and neck support. When placing sling under client in bed or chair, it tucks under the coccyx and fits lower than most other slings. There are 4 straps at the leg – the two short straps between the clients knees should cross through each other. The two long straps at the outside of the client's knees insert through the short one on each side and then go straight up to attach to the lift.

Community Therapy Services Inc.



Community Therapy Services Inc. (CTS) is a private non profit health service Agency providing occupational therapy and physiotherapy services under a Purchase Service Agreement (SPA) with the WRHA in the Home Care Program, the Personal Care Home Program and the Community Mental Health Programs.

About 90% of referrals to the CTS Home Care are from WRHA Home Care Case Coordinators. Of these referrals about 50% are seen on an urgent or ASAP basis.

Community Therapy Services (CTS) Home Care Program objectives include:

- Enabling an individual to safely remain in or return to the community
- Improving the quality of life and functioning of individuals and their families receiving home care
- Recommending equipment, altering methods of ADL/IADL to decrease or eliminate the need for Home Care
- Decreasing work related injuries of home care direct service staff
- Acquiring appropriate wheelchair, seating and positioning systems
- Management/prevention of pressure issues, skin breakdown
- Facilitating a requested discharge from a personal care home
- Facilitating an “exceptional” discharge from hospital

CTS Referrals are prioritized as:

Urgent – seen within 2 business days where:

- Imminent hospitalization or re-hospitalization of an individual may be avoided by therapist intervention at home.
- Imminent hospital discharge can be expedited by CTS intervention to assist in safe implementation of a discharge plan in the home.
- Client /caregiver are at significant risk in activities which cannot be avoided or delayed.

ASAP – seen within 3 – 10 business days where:

- Early complications or deterioration could be prevented.
- Individual's ability is fluctuating and where assessment of the individual's ability /environment is required for appropriate service.
- Therapy intervention at home is required to permit/expedite hospital discharge and/or prevent hospitalization (e.g. skin breakdown, pain management, post fracture humerus leading to frozen shoulder, post op follow-up)

Timeline – Therapist intervention according to identified/specific timeframe (e.g. acute injury that requires intervention within a defined period, extenuating circumstances that justify timely intervention, move to a new residence)

Regular referrals are placed on a waiting list. WRHA sets at annual funding “cap” as part of the SPA. Wait times are impacted by funding, referral volumes and staffing.