# 2015 HOME CARE ALGORITHM FOR ORDERING ELECTRIC BEDS (Not Including Double or Hi-Lo)

# Hospital /Palliative Care Case Coordinator

#### **Option 01: THERAPY ASSESSMENT**

- Send referral for OT assessment or review recommendations made by therapist.
- Review Script/Order Form and Electric Bed Assessment Tool Form completed by therapist and sign the form (see below).
- Fax only the Script/Order Form to Logistics
- Fax both to Home Care Program Consultant.

### Option 02: CC ORDERS

- Complete Script/Order Form and Electric Bed Assessment Tool Form (see below).
- Fax only the Script/Order Form to Logistics
- Fax both to Home Care Program Consultant.

# Completion of the Script/Order Form:

- Write stock number [SAP] for electric bed, mattress, half rails and other accessories (the default is half rails, but a Therapist may recommend full rails).
- 2 Under Special Instructions include name/ phone of family contact and/or other special instructions and/or SAFT/SVP info.
- 3. Mattress options:
  - Geo-Matt 350 SAP # 54714 Up to 350 lbs.
  - Geo-Matt Plus SAP # 50211 Up to 400 lbs.
  - Geo-Matt Max SAP # 050200 Up to 400 lbs.

#### Document:

- TMM Implementations Provider called Equipment and Supplies.
- TMM Presenting Situation should contain any specific information re: transfers or bed mobility/use.
- TMM Provider Comments any specific information re: transfers mobility, equipment needed.

If Client is not going to be open to community case coordinator, then notify WRHA Program Consultant to follow as "Equipment Only" client.

#### Community/Centralized Case Coordinator

#### **Option 01: THERAPY ASSESSMENT**

- Send referral for OT assessment or review recommendations made by therapist.
- Review Script/Order Form and Electric Bed Assessment Tool Form completed by therapist and sign or verbally approve form (see below).
- Fax both to Home Care Program Consultant.

#### Option 02: CC ORDERS

- Complete Script/Order Form and Electric Bed Assessment Tool Form (see below).
- Fax both to Home Care Program Consultant.

#### Completion of the Script/Order Form:

- Write stock number [SAP] for electric bed, mattress, half rails and other accessories (the default is half rails, but a Therapist may recommend full rails).
- Under Special Instructions include name/ phone of family contact and/or other special instructions and/or SAFT/SVP info.
- 3. Mattress options:
  - Geo-Matt 350 SAP # 54714 Up to 350
  - Geo-Matt Plus SAP # 50211 Up to 400 lbs
  - Geo-Matt Max SAP # 050200 Up to 400 lbs.

#### Document:

- TMM Implementations Provider called Equipment and Supplies.
- TMM Presenting Situation should contain any specific information re: transfers or bed mobility/use.
- TMM Provider Comments if any specific information re: transfers mobility, equipment needed.

**Notify WRHA Logistics Services** if bed requires repairs or is no longer required.

If closing client file and client still requires equipment, then notify WRHA Program Consultant to follow as "Equipment Only" client.

## Nursing Coordinated/ Therapy Only

#### **Option 01: THERAPY ASSESSMENT**

- Send referral for Occupational Therapy assessment or review recommendations made by therapist.
- Therapist completes Script/Order Form and Electric Bed Assessment Tool Form (see below).
- Therapist faxes both to Home Care Program Consultant.

#### Option 02: NURSE/OT ORDERS

- Complete Script/Order Form and Electric Bed Assessment Tool Form (see below).
- Fax both to Home Care Program Consultant.

#### Completion of the Script/Order Form:

- Write stock number [SAP] for electric bed, mattress, half rails and other accessories (the default is half rails, but a Therapist may recommend full rails).
- Under Special Instructions include name/phone of family contact and/or other special instructions and/or SAFT/ SVP info.
- 3. Mattress options:
  - Geo-Matt 350 SAP # 54714 Up to 350 lbs.
  - Geo-Matt Plus SAP # 50211 Up to 400 lbs.
  - Geo-Matt Max SAP # 050200 Up to 400 lbs.

# Document:

- Nursing Care Plan should contain any specific information re: transfers or bed mobility/use.
- Therapy only WRHA Program Consultant will document in continuation notes of TMM.

**Notify WRHA Logistics Services** if bed requires repairs or is no longer required.

If closing client file and client still requires equipment, then notify WRHA Program Consultant to follow as "Equipment Only" client.