



Winnipeg Regional
Health Authority

Office régional de la
santé de Winnipeg

Ordering Beds, Rails Mattresses and Overbed Tables.

**Program Consultant Home Care Equipment, Supplies
and Wheelchairs (204) 223-3044**





Agenda

- Ordering Process
- Bed frames and rails available
 1. Standard bed
 2. Heavy Duty Bed
 3. Bariatric beds
 4. Falls Prevention Beds
- Health Canada: Hospital Bed Safety
- Mattresses or Therapeutic Support Surface
 1. Terminology
 2. Goals of a Therapeutic Support Surfaces
 3. Therapeutic Support Surfaces available
- Documentation/Equipment Only





How to Order Equipment

You will need:

- 1) WRHA Approved Equipment List
- 2) Two (and sometimes three) documents:
 - Community Health Services Equipment Ordering Script
 - Electric bed, Mattress, Bedrails and Overbed Table Request Form
 - Braden Scale for Predicting Risk of Pressure Injury



WRHA Approved Equipment



Winnipeg Regional Health Authority
Caring for Health

Office régional de la santé de Winnipeg
À l'écoute de notre santé

WRHA HOME CARE APPROVED EQUIPMENT AND EQUIPMENT CONSUMABLES LIST
SUPPLY CHAIN MANAGEMENT SHARED SERVICES PHONE: 204 926-6050 FAX: 204 940-3104
PROGRAM CONSULTANT PHONE: 204 223-3044 FAX: 204-204 940-6620

(Updated January 2024)

ABBREVIATIONS

CC - Case Coordinator
HCN - Home Care Nurse
NRC - Nursing Resource Coordinator
OT - Occupational Therapist
PC - Program Consultant
PT - Physical Therapist
RT - Respiratory Therapist

*Palliative Care may follow different guidelines

Type of Equipment	Page
Electric Beds and Accessories	1
Bariatric & Falls Prevention Beds	2
Mattress Overlays/Mattress Consumables/Overbed Tables	2
Mattresses	2
Commodore/Pails	3
Floor Lifts and Slings	3
Overhead Lifts, Sit Stand Lifts and Slings	4
Transfer Belts and Sliders	5
Intermittent Compression Pump/Garments	5
Suction Units/Consumables/Respiratory Equipment	5
Respiratory Equipment Consumables	6

SAP #	EQUIPMENT	PRICE	ORDER LIMIT	UNIT	SUPPLIER	ORDERS ACCEPTED FROM	RECOMMENDED ASSESSOR	VENDOR
	FULL/STANDARD ELECTRIC BED: ETUDE MODEL (for clients up to 360lbs/163kgs) - see flyer and video on Insite for more information							
328207	Electric bed frame - Sleeping surface: 36"Wx80"L, overall dimensions: 40"Wx86.5"L with standard deck height of 10 3/4" to 26 3/4". Lower deck height can be requested 8"-24"	\$37.50 /month (rental only)	1	EA	MDA	PC	OT, PT	Invacare
314309	Bed extension kit, extends bed length 4 inches, note: the only extended length mattress is the GeoMatt Max 84 inches		1	EA	MDA	PC	OT, PT	Invacare
328209	1/2 Side Support Rail 16" L x 16" H (stationary-does not fold). Can be used as a transfer aid. Fits either side of the bed.	\$3.86/month (rental only)	2	EA	MDA	PC	OT, PT	Invacare
328208	1/4 Side Support Rail 12" L x 16" H (stationary-does not fold). Can be used as a transfer aid. Fits either side of the bed.	\$3.86/month (rental only)	2	EA	MDA	PC	OT, PT	Invacare
328210	3/4 length Left Side Support Rail (can fold down)-fits only left side (caregiver's left) 59" L x 15" H	\$8.24/month (rental only)	2	EA	MDA	PC	OT, PT	Invacare
328221	3/4 length Right Side Support Rail (can fold down)-fits only right side of bed (caregiver's right) 59" L x 15" H							
328224	Lifting Support Pole (trapeze kit)	\$5.15/month (rental only)	1	EA	MDA	PC	OT, PT	Invacare
	HEAVY DUTY ELECTRIC BED: HALSA PLUS MODEL (for clients up to 500lbs/227kgs) - see flyer on Insite for more information							
367508	Electric bed frame - Sleeping surface: 36"-48"W x 80"L, overall dimensions: 38"x88", height adjustable 10" to 25"H	\$110.00/month (rental only)	1	EA	MDA	PC	OT, PT	HALSA
367509	1/2 Side Rails - can fold down - for bed mobility	\$17.25/month (rental only)	2	EA	MDA	PC	OT, PT	HALSA
367510	Assist Bars - can be used for transfer assist	\$17.25/month (rental only)	2	EA	MDA	PC	OT, PT	HALSA
367682	Trapeze Bar - 300lb weight capacity	\$14.50/ Month (rental only)	1	EA	MDA	PC	OT, PT	HALSA

CARING
FOR HEALTH



Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg





Community Health Services Equipment Order Script

- Not an approved form so does not go on a client's file.
- Different versions on INSITE
 - Printable version – ensure writing is legible.
 - Fillable version- either to print or hit “submit button”
- Completion guidelines on INSITE.



PRINTABLE VERSION: TOP

EQUIPMENT or SUPPLY ORDER SCRIPT

IF EQUIPMENT REQUIRES APPROVAL FAX: 204 940-6620
EQUIPMENT NO APPROVAL Fax: 204 940-3104 or Email: osequipment@wrha.mb.ca
SUPPLIES FAX: 940-3104 or Email: OSSupplies@wrha.mb.ca

CLIENT INFORMATION

Client Open to Home Care: ☐ Yes ☐ No ☐ Unknown

Client has Third Party Funding:

☐ EIA ☐ FNIHB ☐ WCB ☐ MPI ☐ VAC ☐ Victim's Services ☐ CFS

☐ Other: _____

REQUESTOR INFORMATION:

Name (Print): _____ Phone: _____ Fax: _____

Community Area/Hospital Name/Work Location: _____ Community Area/Hospital Cost Centre (if items are for stock): _____

EQUIPMENT TRANSFER INFORMATION: Complete ONLY in situations where equipment has already been provided either through: Stock (Include MDA Serial Number): _____ Transfer from another RHA _____

Transfer from another client (PHIN# of Current Client): _____

DELIVERY OR PICK UP OF EQUIPMENT (Standard Delivery Times Will Occur Unless Otherwise Indicated)

Contact to Arrange Delivery (large Equipment Only): _____ Phone: _____

☐ CLIENT/FAMILY WILL PICK UP (1715 St. James Street) Pick Up Date: _____ (DD/MMM/YYYY)

☐ URGENT DELIVERY NEEDED; PROVIDER REASON: _____

Equipment Delivery Date Must Be Indicated For All Urgent Requests: _____ (DD/MMM/YYYY)

RETURNING EQUIPMENT:

☐ CLIENT/FAMILY WILL DROP OFF (NOTE: MOST Equipment can be dropped off at MDA 1715 St. James Street)

☐ PICK UP REQUIRED

Contact to arrange retrieval of equipment:

Name: _____ Phone: _____

INSTRUCTIONS FOR DELIVERY/PICK UP INCLUDE:

- a) Information from **Safe Visit Plan** if applicable- safety concerns with location, infestations and/or required PPE, pets, or other risks
- b) delivery specifics-door access codes, delivery availability, additional contacts to organize delivery, delivery instructions

Client Surname

Given Name

PHIN

Date of Birth

Address

City/Postal Code

Phone



PRINTABLE VERSION -BOTTOM

SAP NUMBER	QUANTITY	UNIT of ISSUE	EQUIPMENT OR SUPPLY DESCRIPTION

Signature and Designation of Authorized Staff: _____ Date: _____

Print Name: _____ Phone Number: _____ DD/MM/YY

***If requesting equipment from hospital, hospital based case coordinator must sign as authorized staff**
Contact Home Care Program Consultant for clinical inquiries or consultations: 204-223-3044
Contact MDA directly regarding inquiries about delivery and pick up times: 204-945-8611

WRHA Community Health Services Equipment or Supply Order Script

Revised January 2023



Fillable Version-top



Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg
Caring for Health À l'écoute de notre santé

COMMUNITY HEALTH SERVICES EQUIPMENT or SUPPLY ORDER SCRIPT

EQUIPMENT REQUIRES APPROVAL SUBMIT WITH YELLOW BUTTON
EQUIPMENT DOES NOT REQUIRE APPROVAL SUBMIT WITH RED BUTTON
SUPPLIES SUBMIT WITH BLUE BUTTON

SEPARATE SCRIPTS FOR SUPPLIES AND EQUIPMENT

CLIENT INFORMATION

Does Client have a:

Client has Third Party Funding:

☐ EIA ☐ FNIHB ☐ WCB ☐ MPI ☐ VAC ☐ Victim's Services ☐ CFS

☐ Other:

REQUESTOR INFORMATION:

Name (Print):

Phone:

Community Area /Hospital Name/Work Location:

Cost Centre (where applicable):

EQUIPMENT TRANSFER INFORMATION: Complete ONLY in situations where equipment has already been provided either through: Stock (Include MDA Serial Number): Transfer from another RHA
Transfer from another client (PHIN# of Current Client):

DELIVERY OR PICK UP OF EQUIPMENT (Standard Delivery Times Will Occur Unless Otherwise Indicated)

Contact to Arrange Delivery:

Phone:

Client Surname

Given Name

PHIN

Date of Birth

Address

City/Postal Code

Phone





Fillable version- bottom

SAP NUMBER	QUANTITY	UNIT of ISSUE	EQUIPMENT OR SUPPLY DESCRIPTION
Name and Designation of Authorized Staff:			Date:
Job Title:			DD/MMM/YYY
Phone Number:			
Equipment Submit			Equipment Approval Needed
			Supplies Submit

WRHA Community Health Services Equipment or Supply Order Script

Revised May 2023





Request for Electric Beds, Mattresses, Rails and Overbed Tables Form

- Can be found on Home Care Equipment page on INSITE
- Provides some assistance with clinical reasoning.
- Printable or fillable version with submit button.





Braden Scale

- A tool for predicting the risk of a pressure injury with six subscales.
- A completed Braden Scale is needed when ordering an alternating air or low air loss mattress/cover.
- May be useful as a clinical reasoning tool.
- Found on Home Care Equipment page on INSITE.



Submitting your request

Requests for electric beds/mattresses go to Program Consultant for approval

- Fax to: (204) 940-6620
- Email to: WrhaHomecareEquipment@wrha.mb.ca
- Use “Equipment Approval Needed” Submit Button on the bottom of the forms. (WRHA computers only)





What happens to the Request

- Program Consultant
- Shared Health Supply Chain
- Warehouse or Agency for Delivery
 - Materials Distribution Agency (rented equipment)
 - HomEquip (WRHA owned equipment)





Home Care Staff

Operational Directive

Standard Operating Process





Manitoba Health Policy 207.9- excerpts

- Clients of the Manitoba Home Care Program (MHCP) who reside in private homes, group homes, supportive living arrangements, or other community living environments may have access to home care equipment and some supplies to support earlier discharge from hospital settings and prevent readmission; to prevent or delay entry into long term care facilities; and to support their remaining in the community.
- Individuals who are not clients of the MHCP may have access to equipment, but not supplies.
- Home care equipment provision may be terminated due to:
 - Client's condition improves or deteriorates (equipment no longer appropriate).
 - Personal care home placement or admission to hospital for an extended period occurs.
 - Client is deceased.
 - Client moves from geographic area served by the RHA.
 - Breach of contract occurs.
 - Home care services are unable to meet the client's needs.
 - Client/caregiver/family is unwilling to cooperate with a safe care plan.



Electric Beds -Eligibility

- ***Home Care electric beds are only provided when all options to adapt or use a standard bed have been explored. Examples:***
 - ☐ Head or foot to elevate and commercial options such as bed wedges/pillows have been trialed without success.
Commercial bedrails on a standard bed have been tried.
 - ☐ Height adjustability is required and not just a different **static** bed height.
- * client/caregivers must make room for the new bed.



Electric Beds

- Full or standard electric beds
- Heavy Duty
- Bariatric
- Hi-Lo or Falls prevention- being phased out



INVACARE ETUDE BEDS : Standard/Most common
Two height range options (highest range is standard)

Variety of bedrail options

[ETUDE HC Bed Flyer.indd \(wrha.mb.ca\)](#)

[How to set up an Etude hospital bed – YouTube](#)





Foot of the bed is raised using this manual lever



Heavy Duty





Bariatric



Falls Prevention



Check bed comparison chart for info




Bed or Side Rails

- Not all clients eligible for electric beds require bed or side rails

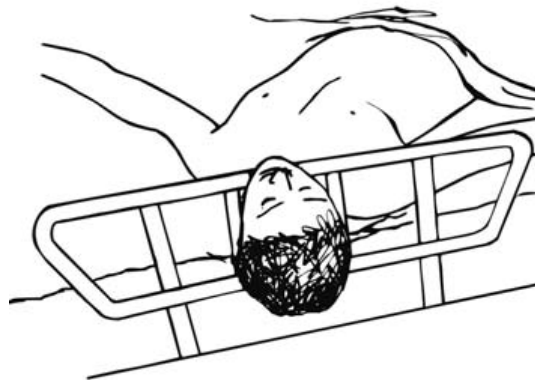
Consider the reason that rails are needed

- Positioning, and/or bed mobility
 - Assistance with sit-stand transfers
-
- All rails can be used for bed mobility but some are not safe to be used as a transfer assist. Generally rails that are moveable and are not safe to use for transfers.
-
- WRHA Clinical algorithm and Health Canada information on Request Form to assist with decision making: [Hospital bed safety - Canada.ca](https://www.hc-sc.gc.ca/hlth-hlth/hlth-ass/med-devices/med-devices-eng.html)



Rails can be beneficial but may also lead to falls, or entrapment

- For more information see Health Canada (hospital bed safety-Canada.ca)



Discussion on pro and cons of rails

- Consider other options such as falls mats, falls prevention beds, mattresses with a firm perimeter, alternate care plan, bed alarm, etc.
- Review risks and benefits of bed rails with client and family. Handout available on Health Canada website.
- If bedrails are being used as a restraint, Team Manager should be aware.

Therapeutic Sleep Surface (TSS)

- A support surface is “a special device for pressure redistribution designed for management of tissue loads, microclimate and/or other therapeutic functions.”

National Pressure Injury Advisory Panel
- Can be made out of air, foam, gel or a combination.
- All Home Care mattresses are therapeutic



WHY USE A TSS?

- Research has shown that a number of support surfaces reduce the incidence of pressure injuries or facilitate wound healing when compared to standard mattresses.
- Studies have not shown that any particular type of support surface is superior to others. There is no “best mattress” for all clients.
- Mattress selection should be based on a comprehensive assessment.

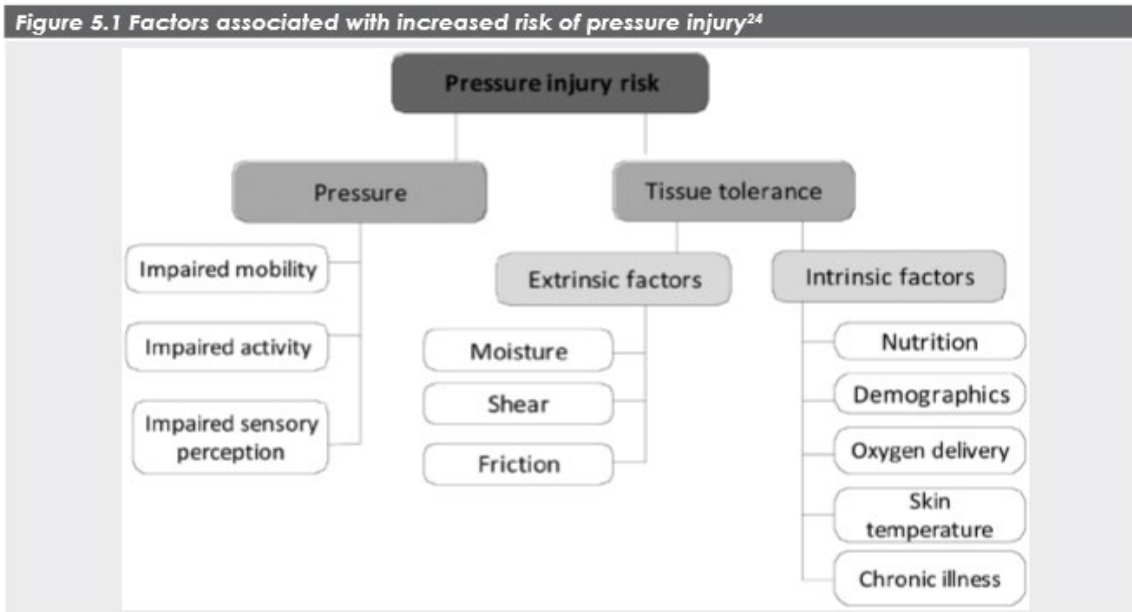
Is it the mattress?

A mattress won't fix pressure from other furniture

- Couch, recliner chair, commode, bath seat, wheelchair, etc.



Pan Pacific Clinic Practice Guideline for the Prevention and Management of Pressure Injury (2012)



THE GOAL OF SUPPORT SURFACES IS TO

DECREASE THE
FORCES OF

- PRESSURE
- SHEAR
- HEAT/MOISTURE
(MICROCLIMATE)

PRESSURE=FORCE/AREA

High and Low Pressure

1.



The arm applies a force to the board via a fingertip.

The force acts over a **small area** and so produces a **high pressure**.

2.



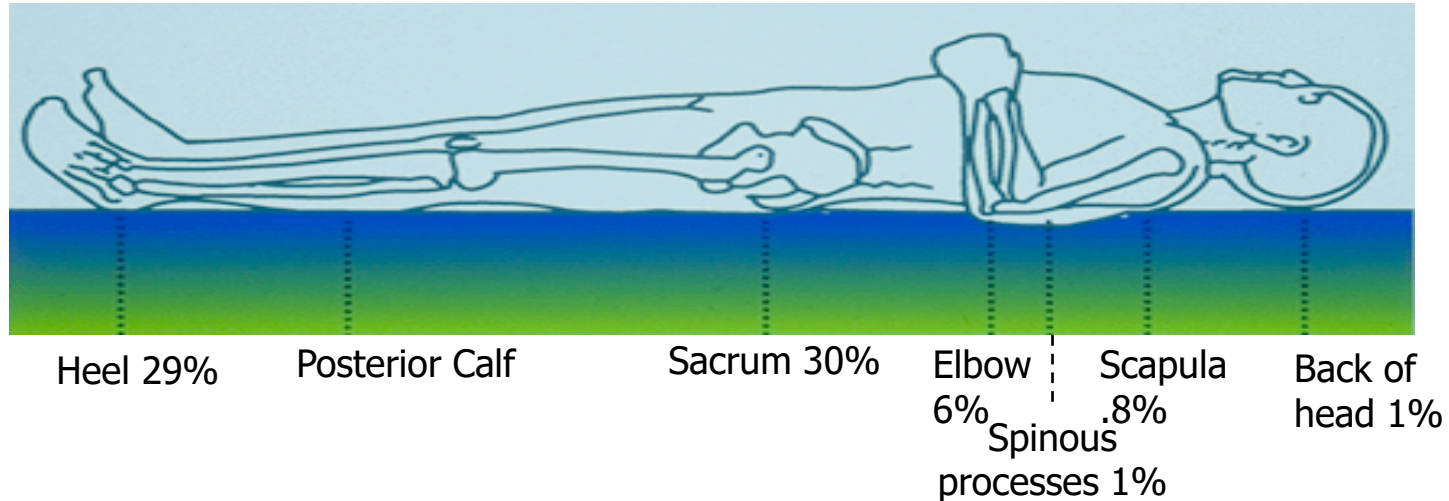
The same force is now acting over a **larger area** – the palm has a greater surface area than the fingertip. A **lower pressure** is produced.

Managing Pressure By:

- ❖ Immersion: increase the area
- ❖ Envelopment: increase the area
- ❖ Offloading : move the pressure

Areas of Pressure when client lying on back

- Risk areas

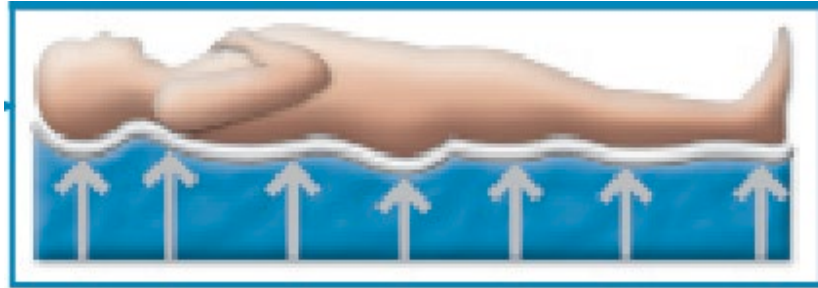


Immersion- Increase the Area



**"PERHAPS YOU'D LIKE TO TRY SOMETHING
A LITTLE FIRMER, MADAM?"**

Envelopment- Increase the Area



Managing Pressure By:

- ❖ Immersion: increase the area
- ❖ Envelopment: increase the area
- ❖ Offloading : move the pressure

Off-loading- Move the Force



THE GOAL OF SUPPORT SURFACES IS TO

DECREASE THE
FORCES OF

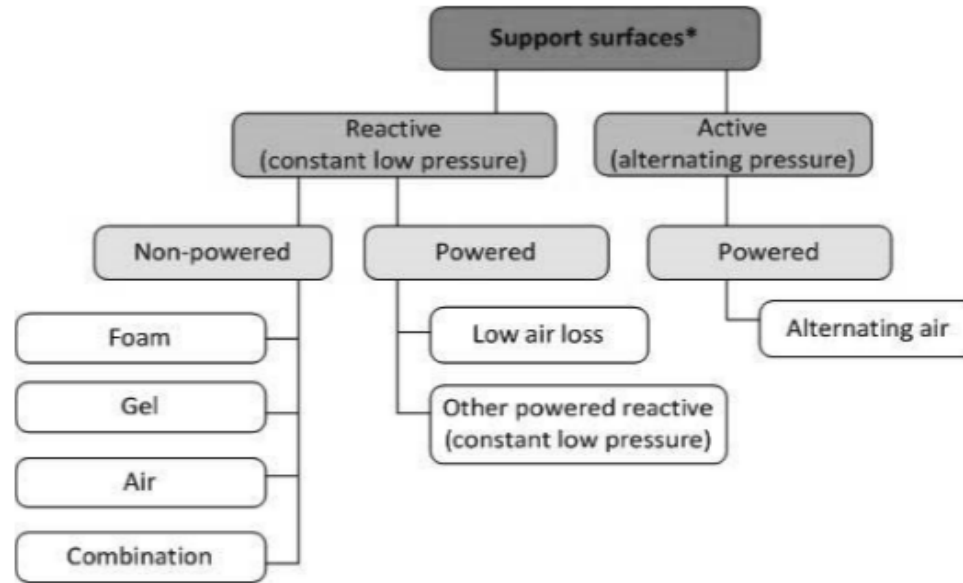
- PRESSURE
- **SHEAR**
- HEAT/MOISTURE
(MICROCLIMATE)

LOW AIR LOSS MATTRESS OR OVERLAY

“..a feature of a support surface that uses a flow of air to assist in managing the heat and humidity (microclimate) of the skin.” NPIAP, 2015



Pan Pacific Clinic Practice Guideline for the Prevention and Management of Pressure Injury 2012



* Not a hierarchy

Nb: suppliers may use a combination of these technologies in some products to produce a hybrid product.

Reactive vs active

- Current evidence suggest that there are no differences between reactive and active supports for pressure injury treatment



High-Specification Foam

Don't underestimate.

Has density-hardness, support factor and depth characteristics superior to a “standard” mattress

Open cell so gas/liquid can pass through

Usually multi-layering of foam

Has a cover with a minimum moisture vapour transmission rate.

NPIAP RECENTLY DEPRECATED THIS TERM AS BASED ON MATERIALS NOT SYSTEM PERFORMANCE CHARACTERISTICS.

Support Selection Tools- Examples

- ❖ Norton, L. Coutts, P. and Sibbald G. Beds: Practical Pressure Management for Surfaces/Mattresses. *Advances in Skin & Wound Care*. 2011: 24. (7);324-332
- ❖ McNichol L, Watts C, Mackey D., et al Identifying the Right Surface for the Right Patient at the Right Time: Generation and Content Validation of an Algorithm for Support Surface Selection. *Wound, Ostomy and Continence Nurses Society* 2015: 42(1);19-37
- ❖ Vendors/Facility

Support Selection Tools- Examples

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WRHA Home Care Algorithm



WRHA Mattress Selection Guide

- INSITE: Home Care Equipment Page.
- Pictures of each mattress.
- SAP number
- Reactive vs. Active.
- Type of mattress
- Client Profile
- Features

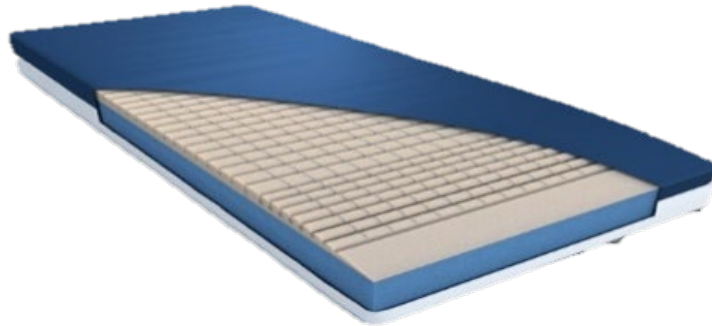


GeoMatt™ 350 SAP #313101 - REACTIVE-FOAM



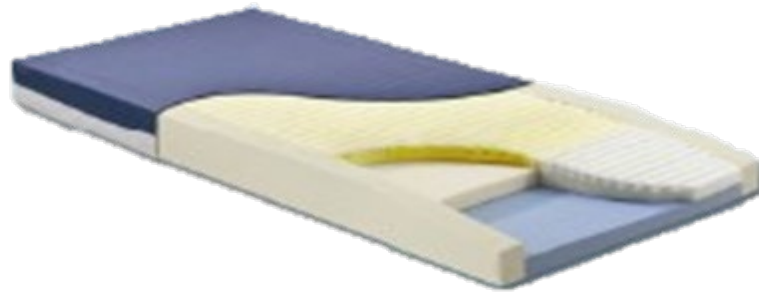


GeoMatt™ Plus SAP #314491 - REACTIVE - FOAM





GeoMatt™ Max: SAP #287291 standard length and SAP #307321 extended length: REACTIVE - FOAM



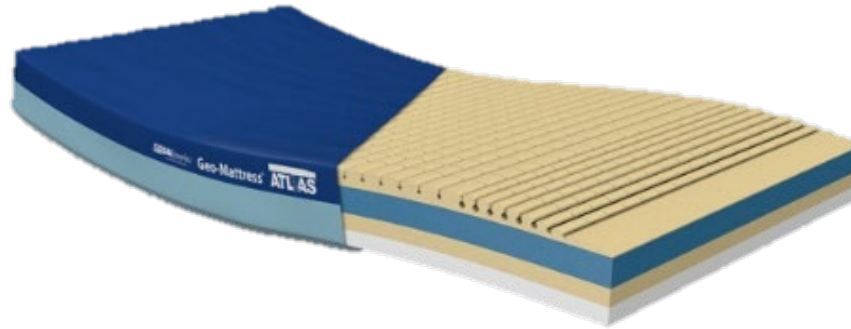


Varitech SAP # 204064 - REACTIVE - FOAM (FOR BARIATRIC BEDS ONLY)



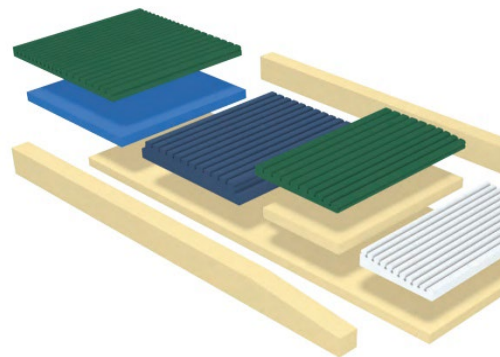
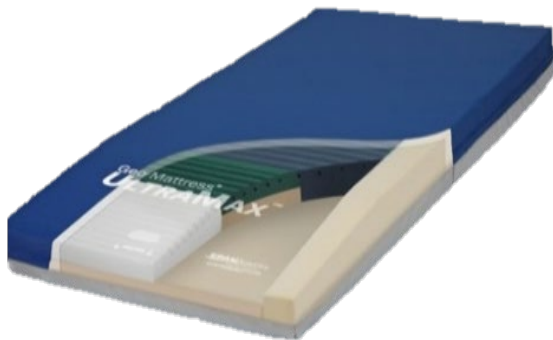


GeoMatt™ Atlas SAP
313102 - 48"/122 cm wide
SAP 127816 - 53"/135 cm wide
REACTIVE – FOAM
(FOR HEAVY DUTY AND BARIATRIC BEDS ONLY)



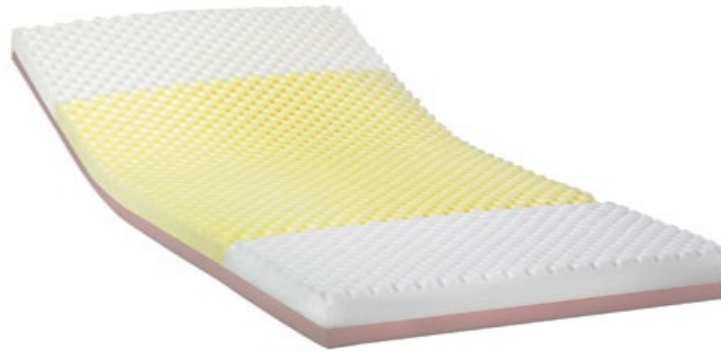
GeoMatt™ UltraMax SAP 127814

REACTIVE - FOAM

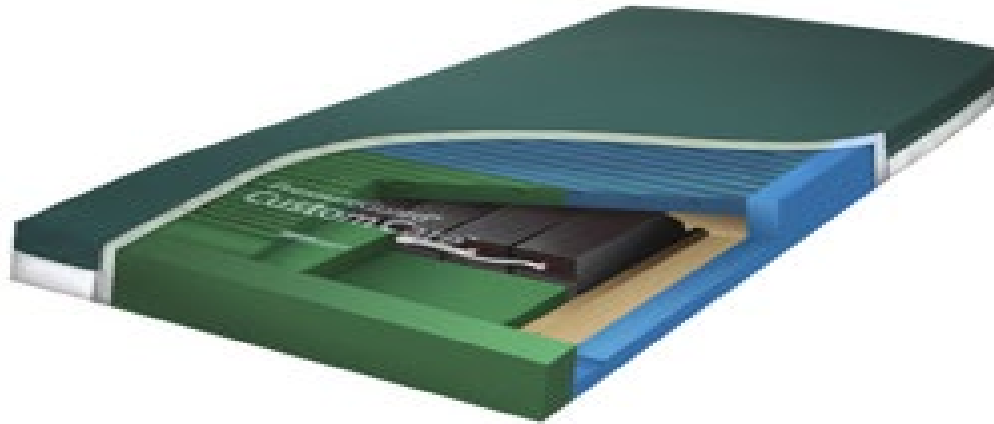




SOLACE SAP #324007 - REACTIVE FOAM (FOR USE WITH FALL PREVENTION BEDS ONLY)



Custom Care Non-Powered SAP #127820 – REACTIVE - ALTERNATING AIR (NON-POWERED)

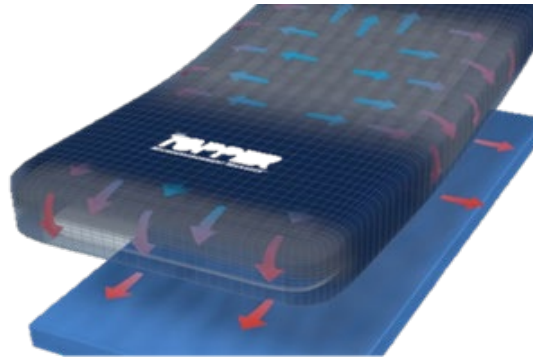




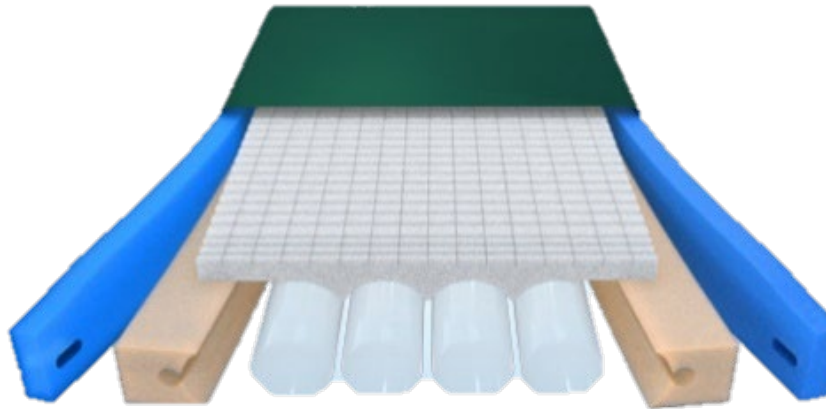
Topper: Microenvironment Manager

SAP 127803- 36" wide, 127805- 48" , 127806- 54"

REACTIVE-LOW AIR LOSS



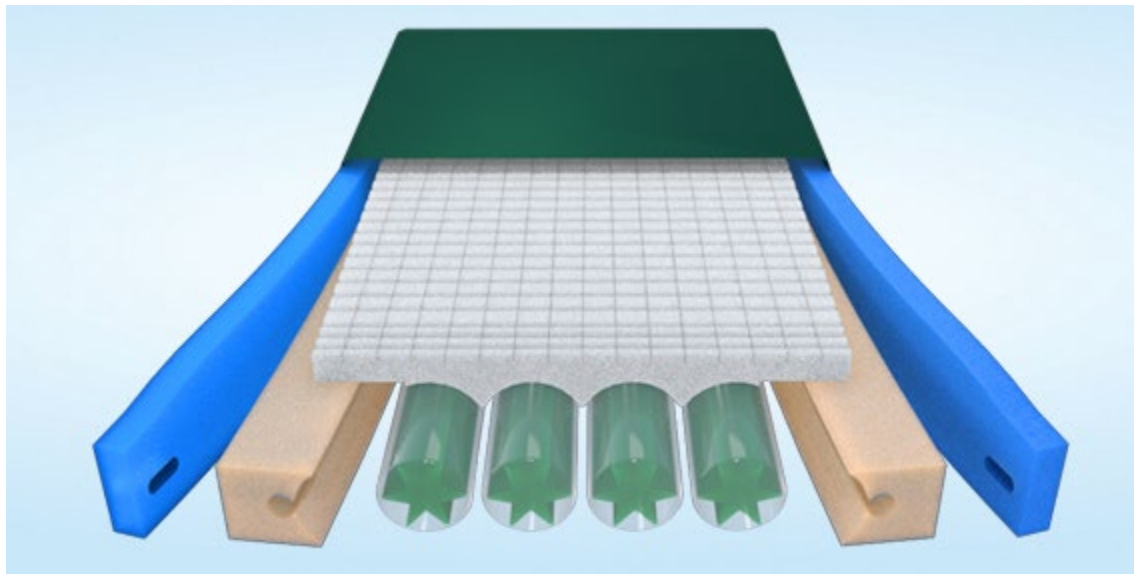
APM2 and APM: SAP 127809 -35" wide, SAP 128097 48" wide and SAP 127811 54" wide - ACTIVE – POWERED ALTERNATING AIR



Pump Instructions for APM2 and APM



Custom Care Convertible LAL COMBINATION ACTIVE/REACTIVE Powered Alternating Air and Low Air Loss SAP 127817 Pump SAP 127819



Custom Care Convertible LAL Pump



Span America Statement on Linen



Documentation/Equipment Only

- HANDOUT



REFERENCES

- Keats D, Parslow N, Houghton P, et al. Best Practice Recommendations for the Prevention and Treatment of Pressure Ulcers: Update 2006 *Wound Care Canada* 2006:Vol4. No 1. pgs. 31-43
- McNichol L, Watts C, Mackey D., et al Identifying the Right Surface for the Right Patient at the Right Time: Generation and Content Validation of an Algorithm for Support Surface Selection. *Wound, Ostomy and Continence Nurses Society* 2015: 42(1);19-37
- National Pressure Ulcer Advisory Panel. Terms and Definitions Related to Support Surfaces. 2007
- Ovens, Liz How to guide: Selecting a support surface. www.wounds-uk.com
- Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury (2012)
- Prevention and Treatment of Pressure Ulcers: Quick Reference Guide by NPUAP/EPUAP/PPPIA: 2014
- Vancouver Coastal Health: Occupational Therapy Skin Care Guideline: Best Practice for the Prevention and Treatment of Pressure Ulcers:2008
- WRHA Pressure Ulcer Prevention, Assessment, and Management Guidelines

- *Identifying the Right Surface for the Right Patient at the Right Time: Generation and Content Validation of an Algorithm for Support Surface Selection* Journal of Wound Ostomy Continence Nursing. 2015;42(1):19-37
- Invacare Solace Mattress User Manual and Product Catalogue. 2015
- Rotec International Website. Rotecbed.com. Product Specification Sheet for Serie V-1100
- *Support Surface Standard Terminology* National Pressure Injury Advisory Panel Terms and Definitions