
 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p>Home Care Operational Directive</p>	Title: <p align="center">Intermittent Pneumatic Compression Pumps</p>	
	Approval Signature: 	
	Date: <p align="center">January 2019</p>	Supersedes: <p align="center">N/A</p>

1.0 PURPOSE

To define procedures for approval, ordering, monitoring and retrieval of Intermittent Pneumatic Compression Pumps within Winnipeg Regional Health Authority for community living clients.

2.0 BACKGROUND

According to the Manitoba Health Policy HCS 207.9, “Clients of the Manitoba Home Care Program (MHCP) may have access to home care equipment and some supplies to support their remaining in the community. Individuals who are not clients of the MHCP may have access to equipment, but not supplies.”

IPCP are often used for management of lymphedema, gross edema related to venous insufficiency, or amputee limb shaping in preparation for prosthesis.

3.0 DEFINITIONS

Intermittent Pneumatic Compression Pump: These devices work by applying either uniform pressure or intermittent gradient pressure to an extremity over a timed cycle.



Garments: The pneumatic sleeve is an air bladder of either single or multiple compartment design attached to the pump. The multiple compartment sleeves inflate in a sequential distal to proximal manner. The purpose is to promote a pneumatic massage effect to promote distal to proximal translocation of lymphatic fluid. Sleeves may come in different sizes.



4.0 OPERATIONAL DIRECTIVE

4.1 Eligibility

- Any client open to WRHA Home Care or approved by PC as an “equipment only” client according to Home Care equipment guidelines;
- Clients in private or group home or other community living environments that require home care equipment to remain in the community;
- Clients are only permitted one of any type of equipment.
- Clients are not eligible for equipment if the client:
 - Resides in another Regional Health Authority or First Nations Community;
 - Is a child under 18 in care of Child and Family Services;

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CC – Case Coordinator
DSN – Direct Service Nurse
HC – Home Care
MDA – Materials Distribution Agency
PC- Program Consultant

CNS – Clinical Nurse Specialist
DSS – Direct Service Staff
HSC – Health Science Center
MHCP – Manitoba Home Care Program
PT-Physiotherapist

CTS- Community Therapy Services
EHCR – Electronic Health Care Record
IPCP – Intermittent Pneumatic Compression Pump
NRC-Nursing Resource Coordinator
RC – Resource Coordinator



Intermittent Pneumatic Compression Pumps

- Resides in a Personal Care Home;
- Requires equipment only for workplaces, schools or a day program;
- Requests equipment for a second home or cottage if client already has this equipment for primary residence.

Refer to Assessment, Ordering, Monitoring and Retrieval of Home Care Issued Equipment and Supplies guidelines for additional information on eligibility.

http://home.wrha.mb.ca/prog/homecare/files/eq_Request-Monitor-Retr_GL.pdf

Clients must be assessed by:

- Certified Lymphedema Therapist for Lymphedema.
- Home Care CNS in conjunction with a CTS PT for Venous Insufficiency or
- Health Sciences Centre PT when ordering for amputee stump shaping,

4.2 General Guidelines for Intermittent Pneumatic Compression Pump

- Indications;
 1. Lymphedema;
 2. Gross edema related to venous insufficiency;
 3. Amputee limb shaping in preparation-for a prosthesis;
- All IPCPs supplied to clients are on a loan basis and remain the property of MDA/WRHA.
- For clients with existing Home Care Services who require the equipment, the CC or NRC should be notified of the order by prescriber;
- IPCPs are to be returned when no longer in use; if client is in hospital for more than 3 weeks; if client is moving into a Personal Care Home; outside of WRHA; or deceased.

4.3 Equipment

- Intermittent Pneumatic Compression Pump: SAP 314542
- Garments:
 - Half-length leg – SAP# 313055
 - Full-length Leg (medium) – SAP #313058
 - Full-length Leg (large) – SAP #313057
 - Half-length arm – SAP #322774
 - Full length arm – SAP #313056.
 - Insert Piece for Half leg – SAP #313087
 - Insert Piece for Full leg – SAP #313086

5.0 RESPONSIBILITIES OR PROCEDURES

5.1 CCs including CCC, Palliative CC or Hospital Based CC

- 5.1.1 If request for equipment is received by a CC, the CC should send/refer client to a PT, CNS or a Certified Lymphedema Therapist depending on the diagnosis;
- 5.1.2 If CC is notified that another health care professional is ordering an IPCP for their client, the equipment should be documented in EHCR and the use reviewed at each annual visit;
- 5.1.3 Contact WRHA Logistics if equipment requires repair;
- 5.1.4 Contact WRHA Logistics to arrange equipment pick-up when client no longer requires the use of the compressor or recommend that the client/family return equipment to MDA.

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5.2 Certified Lymphedema Therapist- Lymphedema Clients

- 5.2.1 Identifies a need for equipment;
- 5.2.2 Completes Community Health Services Equipment or Supply Order Script and Assessment tool and faxes both to the PC for approval;
- 5.2.3 Contact WRHA Logistics if equipment requires repair;
- 5.2.4 Monitor whether IPCP is still clinically appropriate for client;
- 5.2.5 Contact Logistics to arrange equipment pick-up when client no longer requires the use of the IPCP or recommend that client/family return equipment to MDA.

5.3 Home Care CNS/ CTS PT- Can only order for Gross Edema Related to Venous Insufficiency

- 5.3.1 CNS identifies a need for equipment or receives a request from nursing and consults CTS PT.
- 5.3.2 CTS PT or CNS completes Community Health Services Equipment or Supply Order Script and the Assessment tool and faxes both to the PC for approval;
- 5.3.3 If client is open to Home Care; ensures that CC or NRC is aware of order;
- 5.3.4 CNS will develop a plan in conjunction with CTS PT and/or Home Care Nursing to monitor whether IPCP is still clinically appropriate for client; at 2 weeks post application, and subsequently at 3 months and 6 months for continuance of therapy.
- 5.3.5 Contact WRHA Logistics if equipment requires repair;
- 5.3.6 Contact Logistics to arrange equipment pick-up when client no longer requires the use of the IPCP or recommend that client/family return equipment to MDA.
- 5.3.7 Dated note to be completed by CNS in EHCR.
- 5.3.8 Scan and upload documentation from CTS.

5.4 PT: Amputee Service at the Health Sciences Center

- 5.4.1 PT identifies a need for equipment;
- 5.4.2 Completes Community Health Services Equipment or Supply Order Script and the Assessment tool and faxes both to the WRHA Home Care Equipment PC for approval;
- 5.4.3 Monitor whether IPCP is still clinically appropriate for client;
- 5.4.4 Contact WRHA Logistics if equipment requires repair
- 5.4.5 Contact WRHA Logistics to arrange equipment pick-up when client no longer requires the use of the IPCP or recommend that client/family return equipment to MDA.

5.5 DSS

- 5.5.1 Report any damaged equipment and/or safety concerns regarding client's equipment to RC and/or NRC;

5.6 RC/Scheduling Unit

- 5.6.1 Communicate any concerns received regarding client's equipment to the CC or NRC in a timely manner;

5.7 NRC for Nursing Coordinated Clients

- 5.7.1 Ensure that equipment is documented in EHCR

LEGEND:



Intermittent Pneumatic Compression Pumps

- 5.7.2 Ensure that Logistics is contacted if equipment requires repair;
- 5.7.3 Ensure that Logistics is contacted to arrange equipment pick up when client no longer requires the use of the IPCP or recommend that client/family return equipment to MDA.

5.8 Home Care DSN

- 5.8.1 Nursing Procedures Manual 5.10.17 outlines how to assist clients in the use of an IPCP; http://home.wrha.mb.ca/prog/homecare/files/npm_5.10.17_PneumaticComp.pdf
- 5.8.2 Ensure that WRHA Logistics is contacted if equipment requires repair;
- 5.8.3 Ensure that WRHA Logistics is contacted to arrange equipment pick up when client no longer requires the use of the IPCP or recommend that client/family return equipment to MDA.

5.9 Team Manager

- 5.9.1 Team Manager to be consulted in situations where client/family/caregiver may not be using equipment in recommended manner. Team Manager may consult CNS, PT, Lymphedema Specialist, or PC to determine plan.
- 5.9.2 Assist staff to problem solve where client/family/caregiver refuse to return equipment that is not recommended.

5.10 PC /Administrative Assistant for Equipment

- 5.10.1 PC will receive all Assessment tools and Community Health Services Equipment or Supply Order Script.
- 5.10.2 If client is open to Home Care Services, PC will ensure that CC or NRC is aware of equipment request.
- 5.10.3 If client does not have a CC or NRC, the client will be open to Equipment Only and equipment will be listed in Physical Environment in EHCR, and a dated note will be made. Assessment tool to be placed in External Documents.
- 5.10.4 Administrative Assistant will connect with HSC Physio 4x/year to review which IPCP requires pick-up.

5.11 Client/Family/Caregiver

- 5.11.1 Contact Prescriber, CC, NRC or WRHA Logistics if equipment requires repairs or is no longer required;
- 5.11.2 Notify appropriate Health Care Professional if there is a significant change in medical status;
- 5.11.3 Ensure that equipment on loan is only used as intended, and returned when no longer needed, client moves out of WRHA, or moves to a Personal Care Home.

5.12 WRHA Logistics

- 5.12.1 Forwards all requests for equipment to Program Consultant
- 5.12.2 Places delivery, pick up and service requests with MDA.

LEGEND:



6.0 REFERENCES

Material Distribution Agency

http://www.mda.gov.mb.ca/files/File/mda_medical_products_catalogue/medical_equipment_177_196_2016.pdf

7.0 CONTACTS

WRHA Logistics (204) 926-6050

Home Care After Hours (204) 788-8330

WRHA Home Care Program Consultant for Equipment and Supplies (204) 223-3044

WRHA Regional Wound Care Research and Education Coordinator (204) 926-8013

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