

Equipment and Modification Services –

Delivery of Wheeled Mobility and Postural Management Advisory Service

Service Schedule

Purchase Unit Code: DSS1044D

1. Overview of Service Schedule

- 1.1 This service schedule (Schedule) for the delivery of Wheeled Mobility and Postural Management Advisory Service must be used in conjunction with the Equipment Modification Services (EMS) service specification.
- 1.2 This Schedule defines the facilitation of the delivery of Wheeled Mobility and Postural Management Advisory Service (the Services) and its objectives within the overall provision of EMS.

2. Service Definition

- 2.1 The Provider is responsible for ensuring that effective professional advice to EMS Assessors is available about the services provided through EMS. These Services are integral to supporting EMS Assessors to more effectively and efficiently work with disabled people of all ages and their family and whānau to determine an appropriate wheelchair, seating, lying and postural support solution to meet their long term needs.
- 2.2 The Provider will administer the following Services:
 - a) The Wheeled Mobility and Postural Management Clinic (Clinic) will support the coordination of the availability of appropriate product(s) for trial by disabled people (Service Users); facilitate access to equipment suppliers' representatives; and provide professional and technical support to EMS Assessors and to the Service Users and their family and whānau they support.
 - b) The Postural Management Advisory Service (Advisory Service) will offer advice, mentoring and guidance to EMS Assessors in the assessment and provision of equipment to support Service Users in lying or night time positioning.

3. Service Exclusions

- 3.1 The Provider is not required to provide the following services:
 - a) assessment of Service Users' mobility, seating, lying and postural needs on behalf of EMS Assessors
 - b) assessment for short-term loan wheeled mobility and seating equipment
 - c) assessment for other equipment required to facilitate discharge from District

Health Boards (short-term loan)

- d) assessment for car-seats
- e) seating fabrication and manufacturing
- f) assessment for vehicle purchase and/or modifications, including fabrication and supply of specialised seating for the vehicle
- g) repairs and maintenance/modification of wheelchair and seating components
- h) general therapy services.

4. Service Coverage

4.1 Services under this Agreement will be provided to Service Users residing permanently in the following DHB regions at the time of receiving services: a) Tairāwhiti DHB

- b) Taranaki DHB
- c) Hawkes Bay DHB
- d) Whanganui DHB
- e) MidCentral DHB
- f) Wairarapa DHB
- g) Hutt Valley DHB
- h) Capital Coast DHB
- i) Nelson Marlborough DHB
- j) West Coast DHB
- k) Canterbury DHB
- l) South Canterbury DHB
- m) Southern DHB (Otago and Southland).

5. Service Outcomes

5.1 The objective of the Services is to support the EMS Assessor and the Service User to identify individualised solutions for people with varying levels of wheeled mobility, seating, standing and lying support needs.

5.2 The purpose of this Service is to:

- a) facilitate Service Users to:
 - i. access timely, cost-effective and appropriate solutions to meet their long-term wheeled mobility, seating and lying support needs
 - ii. maximise their postural management and functional mobility appropriate to their living environment and their family or whānau support networks

- iii. maximise their functional abilities in the environments in which they live, study and/or work
- iv. maximise their spinal and postural integrity and alignment while seated and in lying and standing.

b) support EMS Assessors in their role with the person and their family or whānau.

5.3 The key outcomes for the Service are to:

- a) facilitate access to relevant wheeled mobility and postural management product(s) for trial in collaboration with the suppliers' representatives
- b) provide professional and technical support to existing and new EMS Assessors to:
 - i. improve their knowledge, skills and confidence in the assessment and provision of wheeled mobility and postural management and lying supports to ensure effective service delivery; and
 - ii. consider the person's needs in the context of the DSS EMS Assessor Accreditation Framework (Wheeled Mobility and Postural Management Level 1 and Level 2, Lying and Complex Custom Fabrication) so that the 24-hour postural needs (lying, seating and standing) of disabled people (of all ages) are met in a timely, competent and cost-effective way.

6. Who are the Services for

6.1 EMS Assessors

6.1.1 Health professionals (occupational therapists and physiotherapists) who are working towards becoming, or are, Approved or Credentialed EMS Assessors (as defined in clause 13), under the DSS Accreditation Framework.

6.2 Access

6.2.1 Entry to the Service – EMS Assessors supporting disabled people of all ages that meet all of the following criteria:

- a) the eligibility and access criteria for EMS as set out in the current DSS Equipment Manual
- b) are considered as having Level 1 or Level 2 Wheeled Mobility and Postural Management, Lying and Complex Custom Fabrication needs under DSS EMS Assessor Accreditation Framework
- c) meets the indicators for referral as agreed with DSS (see clause 14).

7. Service Components

7.1 Wheeled Mobility and Postural Management Clinic (Clinic)

7.1.1 The Provider will organise a minimum of 142 Clinics per annum to provide coverage across the DHB regions listed in Clause 4.1 in a range of settings suitable to the disabled person and their family, whānau and support people.

7.1.2 Coordination function

7.1.3 The Provider will facilitate face to face onsite appointments (in relevant locations) with its staff, the EMS Assessor, the Service User and their family and whānau and will:

- a) coordinate and manage requests for the delivery of the Services to EMS Assessors
- b) support the coordination of wheelchair, seating and postural support components to be available for clinics for the proposed wheelchair/seating solution for trial by the service user from equipment suppliers. Coordinate wheelchair, seating and postural support components for trial by the service user when stock is available from the EMS Provider's refurbished equipment pool.
- c) provide ongoing liaison with EMS Assessors and suppliers to facilitate the return of trial equipment within 20 days.

7.1.4 EMS advice and support

7.1.5 The Provider will offer advice, mentoring and guidance to EMS Assessors in the assessment and provision of wheelchair, seating and postural support equipment to support Service Users' long term needs. This includes but is not limited to:

- a) supporting EMS Assessors to consider the available options of equipment for trial with the Service User
- b) providing EMS Assessors with professional and technical support for the fitting and adjustment of wheelchair and seating and lying supports systems as part of the Service User's on-going re-assessment, or review (as per section 8.6). But not complete the assessment on the EMS Assessor's behalf. The Provider will not be involved in ongoing, fitting, adjustment and technical monitoring of the equipment once it has been supplied to the person
- c) providing review of a Service Users' wheelchair and seating system in response to a change in their need or circumstances
- d) providing guidance and facilitation to complete the DSS Prioritisation Tool process and Service Request process as required
- e) providing learning opportunities for EMS Assessors to increase their skills and knowledge in mobility and postural management to ascertain the effectiveness of the solution in all aspects of the Service User's living environments.

7.2 Postural Management Advisory Service (Advisory Service)

7.2.1 The Provider will provide advice, mentoring and guidance to EMS Assessors in the assessment and provision of equipment needed by Service Users for lying or night time positioning so that their 24-hour postural needs are met in a timely, competent and cost-effective way.

7.2.2 The Provider will ensure that appropriately skilled and qualified staff members are available during working hours to provide at least 14 hours per week Advisory Services

hours to EMS Assessors. This time allocation includes travel time and should be combined with other visits to the area, where practicable.

7.2.3 The type of advice, mentoring and support delivered under the Advisory Service includes (but is not limited to):

- a) distance clinical advice (telephone, videoconference or email) in response to specific requests for advice and support.
- b) face to face site visits (scheduled and on a case-by-case basis) in the DHB regions listed in clause 4.1. This may include:
 - i. assisted assessments with the EMS Assessor and with the Service User, their family and whānau and key support people and other relevant parties (but not completion of the assessment on the EMS Assessor's behalf)
 - ii. peer review of any consideration of EMS funding including clinical reasoning
 - iii. support and mentoring during the equipment trial process.
- c) scheduled telephone calls or videoconferences with individual or groups of EMS Assessors which are focused on the needs of people or by service type (for example, children's services).

8. Processes

8.1 The Provider will be responsible for provision of an efficient and effective referral process for both the Clinics and Advisory Service described in this Agreement, this includes making a referral form available for use by referring agencies.

8.2 The Provider will send a written response to EMS Assessors who have been accepted to receive Clinic and/or Advisory Services within five (5) working days of receiving the EMS Assessor's referral. The Provider's written response to an EMS Assessor's referral will include the following information:

- a) receipt and acceptance of the referral or reason for decline
- b) likely timeframe for the contact to initiate the Clinic and/or Advisory Services.

8.3 The Provider will ensure that information about the Provider's Service including its location, clinic time and complaints process is provided to the Service User.

8.4 The Provider will develop and implement a transparent process for managing and prioritising incoming referrals to ensure that those who have the most urgent need for Services receive it first. Priorities will generally be established by reference to the criteria in clause 14.

8.5 It is expected that the waiting time for people to access Services will be guided by the urgency of their individual need as outlined in clause 14.

8.6 The Provider is responsible for the provision of an efficient and effective process for facilitating:

- a) the Service User's first clinic appointment; aimed at establishing and gathering relevant information about the Service User's wheeled mobility, seating and

postural support needs, including consideration of all possible solutions and facilitation of ordering trial equipment

- b) a reassessment; will be scheduled where the trial of equipment has been inconclusive or unsuccessful and further attendance at the Clinic is necessary
- c) a review; is a planned/ scheduled review of the person's wheelchair, seating and postural support needs where required.

9. Key Inputs – Staff skills, training and capacity

9.1 Staff Skills

9.1.1 Staffing will encompass skills to enable effective:

- a) Overall management of the service including management of information technology systems, data entry, recording and reporting
- b) Delivery of advice to EMS Assessors at the level of the Wheeled Mobility and Postural Management (Level 1 and 2), Lying and Complex Custom Fabrication competency requirements under the EMS Assessor Accreditation Framework
- c) Delivery of technical support – appropriately skilled staff to assist with fitting and adjustment of the wheelchair, seating or postural solution.

9.2 Staff training

9.2.1 The Provider will have access to information and training that ensures it is able to offer high quality services to all relevant parties throughout the term of this contract. This includes:

- a) staff maintaining their skills by undertaking ongoing regular relevant professional development
- b) staff having access to an appropriate level of supervision, support and mentoring.

9.2.2 The Provider will have a documented staff training plan. This will include, but not be limited to, providing staff with training, as appropriate, in the following areas: a) a general understanding of Equipment and Modification Services

- b) up to date knowledge of EMS Assessor Accreditation Framework as it relates to Wheeled Mobility and Postural Management (Level 1 and 2), Lying and Complex Custom Fabrication
- c) ongoing specialist training and/or professional development as it relates to Wheeled Mobility and Postural Management (Level 1 and 2), Lying and Complex Custom Fabrication
- d) accurate and efficient data processing skills
- e) information technology used by the Provider
- f) adult learning and oral communication skills.

10. Relationship Management

- 10.1** The Provider will develop strong links and service relationships with at least the following, but there may be others for whom regular contact and liaison is relevant and necessary:
- a) Referring therapists/EMS Assessors from Ministry of Education and other providers of therapy and rehabilitation services
 - b) Māori advocacy services and Māori Providers
 - c) Wheelchair and seating repairs and maintenance services
 - d) Existing assessment services within DHBs and non-government agencies that access EMS funding on behalf of the person
 - e) Other regional specialised assessment service Providers contracted by the Ministry of Health, for example, Communication Assistive Technology
 - f) Other relevant regional Wheeled Mobility and Postural Management Advisory Services
 - g) Suppliers of wheelchair, seating and postural support products and product fabricators
 - h) Disability support groups.

- 10.2** Where appropriate, the Provider will develop written service protocols with those listed above to ensure the Services are provided in an effective and timely manner.

11. Quality Requirements

- 11.1** The Service is required to comply with the DSS General Terms and Conditions and DSS Service Type Terms and Conditions. The following specific quality requirements also apply:

11.2 Acceptability

- 11.2.1** Client satisfaction surveys will be conducted by the Provider at least once a year, to ensure outcomes are being achieved and to determine whether both the EMS Assessors and the service user are satisfied with the Service they receive. The Provider will analyse the feedback and report to DSS as part of the annual reporting process including any proposed service development initiatives.
- 11.2.2** The Provider will complete a summary of service quality complaints and the outcome of the complaint and service quality compliments in the quarterly narrative report.

11.3 Safety and Efficiency

- 11.3.1** The Provider will ensure that all people who supply, provide or assist in the provision of the Services are competent, appropriately qualified and, where relevant, currently registered with, or licensed by, the appropriate statutory and/or professional body.

11.4 Effectiveness

- 11.4.1** Service effectiveness will be demonstrated by:

- a) the timeliness of the provision of wheelchair and seating and lying solutions provided for Service Users
- b) an increase in support to EMS Assessors. This can be measured via completion of a self-administered questionnaire by EMS Assessors
- c) provision of a range of easily accessible resources for Clinics
- d) reduction in the waiting times in accessing trial equipment (recorded date of referral, date of first clinic appointment, date trial solution provided, date of completion / exit from service, number of repeat appointments, reason for exit from service)
- e) ensuring that the wheelchair and seating and lying solutions provided to disabled people are the most appropriate and cost-effective solution in meeting their needs. This should be measured by conducting a survey of a sample group of disabled people and/or their support people via telephone interview or self-administered questionnaire.

Table One; Performance Measures

Outcomes	Evidenced by:
Disabled people (Service Users) and their family and whānau receive a service that is provided in a timely way to meet their identified needs.	a) 95% of EMS Assessors referred who have been accepted to receive Services by the Provider will be contacted in writing within five (5) working days of receipt of the referral. b) 95% of (urgent) referrals (as defined in section 14) are either seen at the next available Clinic or referred onto the appropriate service to address their urgent wheeled mobility and postural management needs, within 15 working days of acceptance of the referral.
EMS Assessors are supported to improve their knowledge, skills and confidence in the assessment and	c) 80% of the feedback from satisfaction survey (of

provision of wheeled mobility, seating and postural management (sitting and lying) supports.	those who responded) indicated that the EMS Assessor is satisfied or more than satisfied with the Service overall. d) 80% of the feedback from customer satisfaction survey (of those who responded) indicated that the Service User is satisfied or more than satisfied with the Service overall. e) 80% of the feedback from satisfaction survey (of those who responded) indicated that the EMS Assessor reports an improvement in either knowledge, skills and/or confidence in the assessment and/or provision of wheeled mobility, seating and postural management (sitting and lying) supports.
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11.5 Reporting Requirements

11.5.1 The Provider will complete the reporting requirements to DSS as set out in Table Two below. The quarterly reports described in Table Two below will provide qualitative and quantitative information that is of benefit to the Provider and DSS and will include trend analysis, issue management and identification of any concerns about service quality or performance.

Table Two; Reporting

Service	REPORTING REQUIREMENTS	
	Frequency	Information



Wheeled Mobility and Postural Management Advisory Service		Volume reporting: Clinic 1. Number of referrals to attended clinic per quarter 2. Number of clinics per DHB region per quarter: a) Tairāwhiti DHB b) Taranaki DHB c) Hawkes Bay DHB d) Whanganui DHB e) MidCentral DHB f) Wairarapa DHB g) Hutt Valley DHB h) Capital Coast DHB i) Nelson Marlborough DHB j) West Coast DHB k) Canterbury DHB l) South Canterbury DHB m) Southern DHB (Otago and Southland) 3. Number of clients attending the clinic for the first time 4. Number of clients attending the clinic for review 5. Total number of clients by gender (Male, Female, Unknown) 6. Total number of clients by ethnicity (NZ Maori, NZ European, Other European, Samoan, Cook Island, Tongan Niuean, Other Pacific, Asian, Other) 7. Total number of clients by age (0-16 yrs, 16-65yrs, 65+yrs) 8. Number of refurbished items supplied following assessment for trial 9. Number of adjustments to existing equipment (including adjustments where only minor part are needed)
		10. Number of new equipment solutions provided. Volume reporting: Advisory Service 1. Total number of EMS Assessors supported under this service per quarter 2. For the total number of EMS Assessors supported this quarter which region does the EMS Assessor cover 3. Number of hours of advice/support per week on average per quarter 4. The type of support provided to the EMS Assessor under the following areas; a) Support with assessments b) Support during the trial process c) Support with technical customisation d) Support with funding application e) Educational training session

Wheeled Mobility and Postural Management Advisory Service	Quarterly	Quarterly Narrative Report This report will provide qualitative and quantitative information that is of benefit to the Provider and DSS, and will include the following information (but not limited to): Summary of volumes and waiting list information comparative to previous quarters Any issues impacting on the delivery of the service. Identification of any complaints or compliments about service quality or performance. Service improvements and other activity with key stakeholders and services (such as Ministry of Education, Child Development Services, equipment companies). Update on participation with projects or initiatives. Future recommendations and trend analysis.
Wheeled Mobility and Postural Management Advisory Service	Annual	Annual Narrative Report This report must, at a minimum, include: annual trends comparative to previous years benefits and learnings from this service the analysis of participation satisfaction surveys. summary of achievement against Performance Measures according to Table One of this Schedule.
Wheeled Mobility and Postural Management Advisory Service	As indicated by the Ministry of Health	Ad hoc Reporting The Provider must respond to ad hoc reporting requests from DSS within the time-frame agreed.
Wheeled Mobility and Postural Management Advisory Service	Quarterly or as required	Verbal Reporting The Provider will meet with DSS Contract Manager on a quarterly basis (or as necessary) to discuss reporting trends and management of risks and issues.

11.6 Other reporting details

- a) Narrative reports can be submitted at any time if there are issues that the Provider wishes to raise e.g. unmet needs.

- b) The report for each quarter is due by the 20th of each month following. Delays beyond this date will be notified to DSS.
- c) The quarters for reporting are:
 - 1 July to 30 September due by 20 October
 - 1 October to 31 December due by 20 January
 - 1 January to 31 March due by 20 April
 - 1 April to 30 June due by 20 July
- d) You shall forward your completed (quarterly report) to the nominated Contract Manager via email, in PDF format.

12. Performance Requirements and Monitoring

12.1 DSS will meet at least quarterly with the Provider, as part of its reporting requirements, to discuss any issues regarding performance or service delivery. Issues identified by the Provider within this quarterly meeting cycle will be raised directly with the DSS Contract Manager as appropriate.

13. Definitions

EMS Assessor: EMS Assessor means a person who is approved as an assessor under the Disability Support Services EMS Assessor Accreditation Framework published by DSS. EMS Assessors hold certain areas of accreditation which relate to their qualifications and experience within that specialty. The areas of accreditation refer to the types of equipment that the EMS Assessor is able to recommend.

14. Priority and Allocation of EMS Assessors and Timeframes

	Priority for Services: criteria	Time frame

Urgent	Referrals will be prioritised urgent if the Service User: - has open pressure areas which can be directly attributed to their wheelchair and or seating or there has been a deterioration of their skin integrity to the point where skin breakdown is imminent - have a sudden change in their physical status or in the status of the equipment (i.e. damage or deterioration) to the extent that they, or their primary carer/s, are at risk of injury or harm if an assessment to identify immediate solution is not undertaken - are medically compromised and unable to	All Service Users whose referrals have been classified as 'Urgent' will have their wheeled mobility and postural management needs responded to within 15 working days of acceptance of the urgent referral (eg booked/seen at the next available clinic or referred onto an appropriate service).
	- safely maintain airways or feed without risk of aspiration without the provision of complex seating - has a rapidly progressive neurological condition such as Motor Neuron Disease.	
Routine	Referrals will be prioritised Routine if the Service User: - needs change and require a reassessment - all other referrals.	All Service Users whose referrals have been classified 'Routine' will be seen within 3 months of acceptance of the referral.