

AADL BULLETIN

October 2006

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AADL Pilot Project

A new pilot project through Alberta Aids to Daily Living (AADL) will provide speech generating communication devices to Albertans who cannot speak.

The project provides funding to Albertans with severe communication disabilities to purchase speech generating devices. These devices will help people to live as independently as possible and to participate in their communities.

Albertans of all ages who meet the eligibility criteria qualify for assistance through this pilot project, which runs until March 2009.

More information on this project will be distributed this fall. In the meantime, for more information, please contact AADL at (780) 427-0731.



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Phone: 427-0731 in Edmonton
Toll free: 310-0000, then (780) 427-0731
when prompted
Fax: (780) 422-0968

Medical/Surgical News

Custom Footwear, Shoe Elevations and High Risk Footwear

The new AADL contact for custom footwear, shoe elevations and high-risk footwear benefits is Lauran Chittim. Lauran is replacing Cathy Johnson as the manager responsible for this area. For further information, please contact Lauran at (780) 422-4846 or lauran.chittim@gov.ab.ca.

AADL has received numerous calls from clients who have been directed by their authorizers to call the AADL office for orthotic inserts or insoles. Orthotic inserts and insoles are **not** funded by AADL.

If you have a client asking for coverage for these products, please advise the client to check their private insurance plan or to keep their receipts for income tax purposes.

Compression Garments

Effective August 1, 2006, the program has expanded the number of ready-made compression garments from two pairs to three pairs for first-time AADL clients. Existing clients will be eligible for three pairs when their current authorization has expired and an AADL authorizer reassesses them to determine that they still meet AADL's eligibility criteria for compression garments.

Please note that clients cannot request an early reassessment just to receive an additional pair of compression garments.

Pantyhose Compression

AADL has received authorizations and/or change forms for clients who do not meet AADL's eligibility criteria for pantyhose. Clients must have signs and symptoms of Chronic Venous Insufficiency (CVI) in the groin to be eligible for pantyhose. As a result, effective September 1, 2006, all requests for pantyhose compression will be through a prior approval process.

Authorizers: Please fax a copy of your lower leg assessment to Lauran Chittim, Program Manager (Medical/Surgical and Footwear), for review prior to completing an authorization and/or a change form to (780) 422-0968.

Clients are only eligible for the length of compression based on their signs and symptoms of Chronic Venous Insufficiency Class 2. If you have a client who wants thigh-high or pantyhose, but is not eligible for this length, the client can pay the up-charge for the length of their choice. Please state this on the authorization and/or change form to ensure that the vendor has clear directions.

Enclosed with this bulletin:

- Manual N Stockings: Policies and Procedures
- Manual N Stockings: Approved Product List

Medical/Surgical News

Indwelling Catheters

Guidelines and Indications for Catheter Changes

Catheters should not be changed routinely or at arbitrary intervals. Catheters should only be changed to correct a problem such as leakage, blockage or encrustation. Each patient must be individually assessed as some can go 3 months between catheter changes while others are “blockers” and require a new catheter every few weeks.^{2, 5, 8, 9, 10}

Unnecessary catheter changes should be avoided because a higher rate of infection has been associated with frequent changes. However, the catheter should always be changed when a blockage is present. If the catheter becomes obstructed, it should be changed if it is contributing to the obstruction or if it can only be kept open by frequent irrigations.^{10, 11} The catheter should also be changed if encrustations are present (grainy or sandy crystals in the catheter).⁴

In the case of urinary tract infections, research has shown that irrigation with antiseptic, antimicrobial or other solutions does not effectively prevent infections. Catheter irrigation makes no difference in the overall rate of bacteria or removal of bacteria, and it can increase the risk of infection and development of resistant microorganisms.^{1, 3, 7, 8, 10, 11}

Comparison of Catheter Materials in Relation to Infection and Durability

Silicone/silastic catheters are designed for longer wear and are attributed to lower infection rates in long-term use when compared to latex catheters.² They also have a wider lumen for drainage and are suitable for patients with latex allergies. These catheters can remain in situ for up to 12 weeks.^{6, 7}

References

1. Consensus Conference 2002. (2003). Nosocomial urinary tract infections in adult patients. *Elsevier*. Retrieved from www.elsevier.com
2. Cravens, D.D., & Zweig, S. (2000, January). Urinary catheter management. *American family physician*. 61(2). Retrieved from www.aafp.org
3. Joanna Briggs Institute for Evidence Based Nursing and Midwifery. (2000). Management of short term indwelling urethral catheters to prevent urinary tract infections. *Best practice: Evidence based practice information sheets for health professionals*. 4(1), 1-6.
4. Kowalak, J., Hughs, A.S., & Mills, J.E. (eds). (2003). *Best practices: Guide to excellence in nursing care*. Philadelphia, PA: Lippincott.
5. Moore, Katherine. (2005). Personal communication.
6. NHS Quality Improvement Scotland. (2004, July). *Best practice statement: Urinary catheterization and catheter care*. Retrieved from www.nhshealthquality.org
7. Nicolle, L.E. (2005). Catheter-related urinary tract infection. *Drugs and aging*. 22(8), 627-639. [Pubmed 16060714]
8. Schlager, T.A., Clark, M., & Anderson, S. (2001, October). Effect of single-use sterile catheter for each void on frequency of bacteriuria in children with neurogenic bladder on intermittent catheterization for bladder emptying. *Pediatrics*. 108(4), e71. Retrieved from www.pediatrics.aappublications.org
9. Thames Valley University. (2003, June). Guidelines for preventing healthcare-associated infections during long-term catheterization in primary and community care. *Evidence based practice in infection control: Section 3, Urinary catheterization*. Retrieved from www.epic.tvu.ac.uk
10. University of California Medical Center. (2001, March). Guidelines for the prevention of catheter-associated urinary tract infections. *Infection control manual*. San Francisco, CA: Author.
11. Wong, E.S., & Hooton, T.M. (1981, revised 1998). *Center for disease control (CDC): Guidelines for the prevention of catheter-associated urinary tract infections*. Retrieved from wonder.cdc.gov/wonder/prevguide/p0000416/p0000416.asp

Mobility & Equipment

Large Equipment: Make the Best Choice

Overlays and Mattresses

Authorizers are reminded to choose wisely when ordering mattress overlays for clients. AADL considers the first mattress order to be the correct and definitive choice and the program will not approve replacements within a short time frame. Any request to change needs to be approved through the Quantity and Frequency Review (QFR) process.

Clients who receive an AADL bed and mattress should not need an additional overlay. However, for a client to receive an additional overlay, the authorizer needs to provide good clinical information to support the request, in addition to the request being approved through the QFR process.

Equipment Duplication

Authorizers are reminded to make the right and definitive choice for equipment needs. AADL provides *one* item per function and will not provide duplicate benefits. The client can have one device each for toileting, lifting, and bathing. This means if the client has a raised toilet seat, it will conflict with a commode request, or if the client has a bath seat, it will conflict with a bath lift request. A QFR request is required to change from one item to the other.

Overhead Track Lifter Maintenance

Authorizers: Please remind your clients that regular maintenance on AADL large recyclable equipment is necessary and that AADL pays for equipment repairs and batteries. Preventative care can reduce client risk and prevent situations where a client is stranded. Please encourage clients to call their vendor and discuss if their equipment should have a vendor review or if their batteries are performing properly or need replacing.

Arcorail

There has been a lot of discussion about the Arcorail over the past few months, including a Regional Health Authorities (RHAs) review of old incident reports and recall of some of the old style bars that may be in use or in the community loaner pools.

Nine years ago, a nursing home client became entangled in an Arcorail and died of her injuries. In response to new regulations in the United States, the Arcorail was redesigned in 2001 to include a bar across a smaller handle.

Included with this newsletter is an updated page for the L section which shows the current bar design. When you replace this page in your manual, you will see the difference between the old design and the current one.

To change out a client's old style bar, you will need to complete a QFR request. Usual cost-share charges and standard plus charges apply to replacement bars.

Wheelchairs

Wheelchair Authorizations

Please ensure that the 1251 Wheelchair Authorization form is filled out in its entirety. A very common error is not completing section 2, which is information AADL must have to order the chair.

Wheelchair Appeals Form

Requests for replacement wheelchairs need appropriate documentation. You must submit a 1251 form, specification sheets and both Quantity and Frequency Review (QFR) forms (wheelchair specific QFR form and general AADL QFR form). The general QFR form must be signed by the client or person who is financially responsible for the client.

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News & Information

Wheelchairs - cont'd from page 4

To reduce some of the paper work for replacement wheelchair orders, the following situations require the client-signed general AADL QFR form, but **not** the Wheelchair QFR form:

- a) The client's chair has been documented irreparable by a vendor, and AADL has advised you to order a replacement chair;
- b) The client has used the current chair for over 10 years;
- c) The client's weight exceeds the carrying capacity of the chair;
- d) The client is in a standard chair and now needs recline;
- e) The client is in a standard chair and now needs tilt; or
- f) The client is in a reclining chair and now needs tilt.

In all other wheelchair situations **both** forms are required, including if:

- 1) The wheelchair is too narrow and cannot be grown;
- 2) The client needs a chair with one arm drive;
- 3) The wheelchair is too high or too low and cannot be adjusted; or
- 4) The wheelchair is too heavy.

Wheelchair Accessories

Canceling a Wheelchair Order

When canceling a wheelchair order, please make sure to also cancel all other authorizations for wheelchair accessories or seating benefits authorized in conjunction with that wheelchair. This is important, especially when a custom-sized cushion is authorized. Vendors cannot restock custom cushions, and AADL is obligated to fund their portion. As a result, the client is also then invoiced for their cost-share amount.

Product Discontinued

AADL has been informed by the manufacturer that the SOS Pro-Classic cushion and Pro-Classic cushion with drop base have been discontinued .

Seating Education Course

The Alberta Seating Education Course is scheduled for October 26 and 27, 2006, in Calgary. To request a registration form, please e-mail Cathy Johnson, Program Manager (Prosthetics & Orthotics, Seating), at cathy.johnson@gov.ab.ca. The course is limited to 25 participants.

Quantity and Frequency Review Form

As of September 1, 2006, a three-part Quantity and Frequency Review (QFR) form will be available to order direct from the warehouse. Please use the enclosed *Forms and Publication Order Form* to obtain copies.

For more information, please contact Elaine Roebuck at (780) 427-3866 or elaine.roebuck@gov.ab.ca.

Who to Contact at AADL

Vendors: For all inquiries or changes to your address or business name, please contact Cheryl Vaillant, Contracts Administrative Coordinator, at (780) 422-8604 or cheryl.vaillant@gov.ab.ca.

Authorizers: For changes to your facility, mailing address, phone number, authorizer status or for more information on authorizer workshops, please contact Sarah Barter, Administrative Coordinator, at (780) 415-2393 or sarah.barter@gov.ab.ca.

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Authorizer Workshop Schedule

AADL has confirmed the Fall 2006 workshop series schedule with three new authorizer sessions in Edmonton and Calgary (see enclosed). Please note that all attendees must complete Module 1: AADL Policies and Procedures before attending Module 2: Medical/Surgical and Footwear and/or Module 3: Large Equipment and Wheelchairs.

To apply, please complete the enclosed application form and fax it to (780) 422-0968. Incomplete forms will not be processed. For more information on new and refresher workshops, please contact Sarah Barter at (780) 415-2393 or sarah.barter@gov.ab.ca.

Medical/Surgical Vendor Lists Updated

Updated Medical/Surgical vendor lists by region are now available on the AADL website:

www.seniors.gov.ab.ca/AADL/AV/manual

Please ensure you provide the client with the most current list.

For more information, contact Cheryl Vaillant, Contracts Administrative Coordinator, at (780) 422-8604 or cheryl.vaillant@gov.ab.ca.

AADL Program Manual Updates

SECTION	REMOVE FROM MANUAL	REPLACE IN MANUAL	COMMENTS
F	Vendor List	Vendor List	Footwear Vendor List updated
G	Bathing and Toileting Aids: P&P pages G-13 to G-14, APL-G5 to APL-G-6 and Vendor List	Bathing and Toileting Aids: P&P pages G-13 to G-14, APL-G5 to APL-G-6 and Vendor List	Changes to P&P K046 and APL-G5 Cat. #G068, Vendor List updated
H	Hearing Aids: Vendor List	Hearing Aids: Vendor List	Vendor List updated
K	Pediatric Equipment: Vendor List	Pediatric Equipment: Vendor List	Vendor List updated
L	Lifts and Transfer Aids P&P pages L-11 to L-16 Bed Cover Page, Bed APL-BL1, Lifts APL-L1 to APL-L2, and Vendor List	Lifts and Transfer Aids P&P pages L-11 to L-16 Bed Cover Page, Bed APL-BL1, Lifts APL-L1 to APL-L2, and Vendor List	Add L204 & L209 Bariatric Electric Homecare Bed and Mattress, changes to P&P L284 Arcorail, Homecare Bed APL, correction APL-L2 Cat. #L225, Vendor List updated
N	Compression Garments: P&P pages N-1 to N-8, APL	Compression Garments: P&P pages N-1 to N-8, APL	Revisions to P&Ps, changes to APL quantity maximums
P	Prosthetics: Vendor List	Prosthetics: Vendor List	Vendor List updated
V	Wheelchair Accessories: Vendor List	Wheelchair Accessories: Vendor List	Vendor List updated
W	Wheelchairs: P&P pages W-15 to W-16 and Vendor List	Wheelchairs: P&P pages W-15 to W-16 and Vendor List	Changes to section 14.0, Vendor List updated
Y	Ocular Prostheses: P&P pages Y-3 to Y-4	Ocular Prostheses: P&P page Y-3, Vendor List	Price maximum increase, Vendor List updated

Included in this bulletin is a list of vendor changes from May 31, 2006 to August 31, 2006. Please update your lists with these changes. The online Region Lists are current as of August 31, 2006.