

March 2006

Inside This Issue

| | |
|--------------------------------|---|
| Policy Change | |
| Authorizer Criteria | 1 |
| News & Information | 3 |
| Authorizer Workshops | |
| Correction and Change | |
| Claims Processing | |
| QFR Reminders | |
| Manual Updates Online | |
| Benefit News | 4 |
| Hearing and Communication | |
| Custom Footwear | |
| Telehealth Session Update | |
| Vendor Workshops | |
| Mobility and Equipment | 5 |
| Adult Power Wheelchairs | |
| Bath Lifts | |
| Electric Home Care Beds | |
| Changes to AADL Maximums | |
| Mobility and Equipment cont'd | 6 |
| Large Equipment | |
| Wheelchair Spec Sheets | |
| Ordering Equipment | |
| Medical/Surgical News | 7 |
| Pressure Gradient Stockings | |
| Ostomy Supplies | |
| Pediatric Incontinence Diapers | |
| Medical/Surgical News cont'd | 8 |
| Intermittent Catheters | |
| The Back Page | 9 |
| Manual Updates | |

Policy Change: Authorizer Criteria

Alberta Aids to Daily Living (AADL) recently reviewed the policies and procedures about criteria to become approved AADL authorizers. There are no significant changes to the content and intent of the policies, but wording has changed to be more specific and clear and the process has been revised to ensure applicants meet the criteria.

Why Change?

AADL has noticed an increase in applications from health care professionals who do not meet the criteria. The revised policy and procedure will ensure that the criteria are met and that any exceptions are acknowledged by the applicant. This way, when it is reviewed for approval by AADL, and if approval is granted, written documentation is available. As well, the rapidly increasing number of authorizers has a significant impact on the program, due to things such as an increase in mailing costs and more authorizers required to attend refresher workshops. The revisions will also help to ensure that the appropriate health care professionals are accepted as AADL authorizers.

A working group made up of regional health authority representatives and AADL staff completed the review of the authorizer criteria in December 2005.

cont'd page 2...



Policy Change

...cont'd from page 1

Highlights of Changes and Examples

For all policies, please refer to the enclosed and revised pages 13 to 15 of the Program Manual.

- The policy is explicitly stated, and if exceptions are allowed, this is noted.

Example:

Authorizers must: 4. Be employed by an Alberta regional health authority. Exceptions may be allowed, with the prior approval of AADL.

- The Authorizer Section, Sections 1 – 3 has been reorganized.
 - All policies related to authorizer criteria are now in Section 1, Authorizer Criteria.
 - Other policies are addressed elsewhere in the Authorizer Section of the manual.

Example:

Section 4: Authorization of Benefits...

1. Authorizer status is limited to the performance of duties as disclosed to AADL through the authorizer application process, and as updated with AADL when changes in employment occur.

2. Clients must not be charged for assessments.

- Sections 2 and 3 of the Authorizer Section have been deleted accordingly.
- Benefit specific criteria have been moved to the benefit specific sections of the manual, or have been addressed in the list of benefits health care professionals may authorize.

Authorizers must:

8. Meet the entrance criteria of the specific AADL benefit they wish to authorize, when applicable, and possess the specialized training required to authorize specific AADL benefits, as noted in the benefit section(s) of the AADL Program Manual.

a. Health care professionals may authorize AADL benefits as per the following list: ...

- Authorizer Application forms have been revised to reflect the policies, and to verify that the applicant meets the criteria.

Example:

The applicant must provide a copy of their registration with their professional association, verify that they meet the criteria, and sign the form. The applicant's supervisor must also sign to verify that the applicant meets the criteria.

- All Authorizer Application forms must be sent directly to AADL for review and approval.

Previously, some application forms were sent to AADL and some were sent to the AADL-RHA Representative. RHA Representatives will now receive a list of all authorizers who attend new or refresher workshops.

Enclosed with this Bulletin:

- AADL Policies and Procedures, pages 13 – 15
- Authorizer Application form
- Authorizer Workshop Schedule 2005-2006

Contact:

Terri Lynn Almeda, Senior Policy Advisor
(780) 422-7124
terri Lynn.almeda@gov.ab.ca

News & Information

Authorizer Workshop Update

Attention all health care professionals!

AADL has new workshops scheduled for Spring 2006. For details on the Authorizer Workshop Schedule and new application form, please refer to the documents enclosed with this bulletin.

If you know anyone in your facility who needs to become an AADL authorizer, please let them know of the upcoming workshops.

AADL will also pilot a Telehealth Refresher Workshop in June, with regions *hooking up* from various parts of the province. This will provide an opportunity for more authorizers to attend and for more rural areas to be covered. Details and dates to be announced.

For more information on AADL Authorizer Workshops or for any changes to your authorizer contact information, please contact Sarah Barter, Administrative Coordinator, at 415-2393 or sarah.barter@gov.ab.ca.

Authorization Correction and Change

Authorizers: When you are completing an AADL Authorization Correction and Change Form, please ensure you are using the correct version. Old versions of the Authorization Correction and Change Form should be destroyed.

The most recent version is from May 2005. New forms can be obtained by faxing your request for AADL1713 to the Forms Line at (403) 272-7774 or by going online to:

www.dbf.com/MKTG/acsc/request_ext.asp

Claims Processing

When you're submitting a claim, please forward it to the appropriate department. All claims need to be sent to:

AADL Claims Processing
2nd Floor, South Tower
10030 107 Street, Edmonton, Alberta T5J 3E4

QFR: Important Reminders

QFR Form

Please ensure that you are using the correct form when submitting a Quantity and Frequency Review (QFR) request. If you submit the wrong form or submit an incomplete form, it will be returned to you. **Use only AADL's QFR Form.**

Benefits

The QFR Form is to be completed for quantity and frequency of items that are already an AADL benefit. Do not submit a QFR Form for benefits that AADL does not provide.

Signatures

All Quantity and Frequency Review forms must be signed by the client or guardian. Without a signed form the request cannot be processed.

Use IVR

Before traveling to a client's home for an AADL assessment, check the client's consumption through IVR. This will enable you to discuss QFR procedures with the client, and obtain the client's signature, if the process needs to be initiated.

Program Manual Updates Online

The following updates have been made to the AADL Program Manual:

Section

Table of Contents
Manual F
Manual H

Manual R P&Ps
Manual V APL

Changes

Updated
Updated wording
Page H-6: Item 6.0 revised
Page H-15: Sebo Tek removed, Vita Sound Audio added
Complete rewrite
P.99, 100, 102 slight revision in procedure

These sections can be printed from the AADL public website:

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

All other updates are enclosed with this Bulletin. See the Back Page (pg.9) for details.

Benefit News

Hearing and Communication

Speaking Valves

AADL added speaking valves to the laryngectomy supplies approved product list. Like all laryngectomy supplies, the client will initially pay for the benefit and then submit receipts to AADL for payment. The maximum dollar amount of \$600 per benefit year for these supplies has not changed.

Manual Updates

Please refer to the AADL Program Manual on E-business or the public site for changes to the "H" section.

Approved Manufacturer's List/Vendor List

VitaSound Audio has been added to the approved manufacturer's list because it has taken over Sebo Tek.

For the most recent update to the vendor list, please go to the online version of the AADL Program Manual.

Seating Benefits

Enclosed with this Bulletin is the updated Seating section "X" of the AADL Program Manual. The Seating Service Standards and Seating Referral form have been added to this section.

Vendor Workshops - PGS

In Spring 2006, AADL will host two additional Pressure Gradient Stocking workshops for those vendors unable to attend in the fall. There is no registration fee or cost for these workshops.

This course is mandatory. Please ensure at least one certified fitter attends from your location.

For those vendors who have already attended and have additional staff that did not have the opportunity to participate in a fall course, you are welcome to attend.

Please RSVP by **Friday, March 17, 2006** to Winnie Mah at (780) 422-5611 or winnie.mah@gov.ab.ca.

| Dates | Time | Location |
|--------------------------|-----------------|---|
| Wednesday, April 5, 2006 | 9:30-11:30 a.m. | Lifestyle Options, 5th Floor, 17203 99 Avenue, Edmonton |
| Friday, April 7, 2006 | 9:30-11:30a.m. | Sandman Inn Calgary Airport, 25 Hopewell Way, Calgary |

Custom Footwear and Shoe Elevations

Custom Footwear and Shoe Elevations' benefit area is now managed by Lauran Chittim, Program Manager (Medical/Surgical).

The policies and procedures have been updated. Specialty suppliers: please refer to the website for the latest version. Go to www.seniors.gov.ab.ca/AADL/faq/manual/ and link to Section F.

Telehealth Session: Technical Difficulties

Extract of a letter from Capital Health to AADL

During the November 10, 2005 AADL Education Session supported by Capital Health Regional Telehealth, there was an unexpected technical difficulty with the Glenrose Rehabilitation Hospital telehealth equipment. This resulted in the temporary disconnection of the 78 remotely connected telehealth sites. Once the disconnection occurred, our technical staff worked diligently with Telus (telehealth bridge provider) and were able to reconnect all sites within 20 minutes.

We apologize for any inconvenience this may have caused to both your presenter and the remotely connected participants. You can be assured that we have identified the cause of this unforeseen technical difficulty and have taken steps to ensure it does not happen again.

Mobility & Equipment

Adult Power Wheelchairs

Application Form

All adult power wheelchair applications must be completed using the current form (August 2005). Outdated forms will no longer be accepted.

Adult applications which include power tilt and/or power recline and/or power elevating leg rests

Authorizers, please ensure all the necessary parts of the application form are completed relative to the need for any of the above three power options. Also ensure that the enclosed specification sheets are correct. The sheets are complicated and authorizers need to review them carefully with the vendor before submitting them to AADL. Since this is a new benefit, everyone needs to pay extra attention to ensure the requests are accurate. Errors are extremely costly and slow down the ordering process.

1251 Wheelchair Authorization Forms

1251 forms must be completed by the authorizer and the yellow copy must be attached to the application form.

Bath Lifts

AADL plans to transition to the use of electric bath lifts for our clients. The APL in July will include only battery-operated bath lifts available for new purchases.

However, AADL is still buying the hydraulic bath lifts that our vendors currently have in their stock inventory. Once these lifts have been purchased, we will complete the transition to the battery-operated lifts. AADL will continue to have both the hydraulic Clark and Aquatec bath lifts in our recycle stock for those clients/authorizers who prefer to use them. If you have a new client or family member who cannot physically use the hydraulic lift, and if you can provide a satisfactory explanation, we will consider providing a battery-operated lift on a prior approval basis. Remember that prior approval rationale must be written on the 1250 form.

Electric Home Care Beds

AADL has purchased and added to the equipment inventory a limited number of electric home care beds for a pilot project. AADL expects to have these beds in immediate circulation. They will be designated for long-term bed-ridden clients rather than palliative. Benefit information will be added to the AADL manual's "L" section at a later date. Please make note of its addition on your bed APL under the "L" section with the new catalogue number L202.

The electric home care beds fold and are as easy to install as manual beds; however, they do require an accessible power source. For successful operation, the client needs to be cognitively aware and physically able to handle the bed control.

When these beds are available in inventory, they will be recycled-out on a "prior approval" basis. Make sure you include the primary diagnosis on the 1250 form. The authorizer should also outline why the client would especially benefit from the use of the electric bed instead of a manual one. Reasons might include a frail elderly caregiver, a caregiver with a physical condition that makes it difficult to manage a manual bed or a client who is home alone throughout the day.

Changes to AADL Maximums

The program will pay \$1,800 or 51 per cent (if the total cost of the chair is greater than \$3,600) of the cost for an adult client to move into a tilt-in-space chair. The program amount is subject to cost-sharing.

The program will pay \$1,600 for an A category client who wishes to move into a B or C category chair. The program amount is subject to cost-sharing.

The program will pay \$1,900 for a B category client who wishes to move into a C category chair. The program amount is subject to cost-sharing.

The program will pay \$3,600 for a C category client who wishes to move into a D category chair. The program amount is subject to cost sharing.

Mobility & Equipment

Large Equipment - Make the Best Choice

Authorizers are reminded to make the right choice and the best choice on the *definitive* piece of equipment for the client. AADL receives requests for commodes just weeks after raised toilet seats are purchased. Requests are also received for 4-wheeled walkers just after paying for standard or 2-wheeled walkers. Similarly, there are requests to purchase transfer tub benches just after bath seats are supplied. Roho overlays or hospital beds and mattresses are also requested after having purchased Geomat overlays. These requests for duplicate equipment are expensive and time consuming for the authorizer, the program and the client. When AADL provides an item, it is expected to serve the client for four years, not just a few weeks or months. AADL expects that authorizers will also make the definitive choice for palliative clients.

AADL will not provide duplicate benefits. The client may have one AADL device for one purpose, meaning one item for bathing, one item for lifting, one item for toileting and one item for walking. To change the device after a short period of usage requires a Quantity Frequency Request form and AADL approval. Authorizers are reminded to use the QFR Form and to not just complete another authorization form.

Please note that a client can have only one transfer pole – this benefit cannot be appealed.

Ordering Equipment

Use of Term *New*

Authorizers are reminded to not promise clients a new wheelchair or other large equipment. Please be very clear that AADL recycles wheelchairs and large equipment and that the client may receive a recycled item.

Palliative orders

Faxed palliative orders for equipment and wheelchairs cannot be processed without the Client Declaration signed and included. Eight out of ten palliative equipment orders arrive without a signed declaration. AADL staff have to call the authorizer and ask for it. This slows down the AADL response time on these orders. If the authorizer is not actually doing the faxing, they need to check with their support staff or with the assessor to ensure that AADL receives the information that is required. Quantity/frequency rules apply, so complete and include a QFR Form as needed.

Wheelchair Specification Sheets

Authorizers are responsible for the accuracy of the specification sheets that accompany the wheelchair orders. If you have a vendor helping with the spec sheet, you must ensure you review the specs with the vendor. Choose only those features that are needed by the client relative to their physical assessment. **Requests for special items such as angle adjustable footplates and angle adjustable backs must be supported with clinical information about the client's physical need. This must be added to the 1251 form.**

Power chair spec sheets should reflect a chair that is appropriate to the client's size and functional need. AADL expects you to understand which options have been checked and why. If you do not fully understand the options relative to the client's need, then you should discuss the choices with the vendor, manufacturer or AADL Tech Specialist (Rick Fakeley, (780) 422-9642). You, the authorizer, are accountable for all choices made.

Please note that small children should be assessed for childrens' power chairs and not adult power chairs.

Section 5 of the 1251 Form

Authorizers, please do not write in Section 5 as AADL needs the space to process the wheelchair request. If your client is requiring a specified "V" item that can be included on the 1251, please include that information in **Section 6** only. Future revisions to the "V" APL will remove instructions for authorizers to write information in Section 5.

Medical/Surgical

Pressure Gradient Stockings (PGS)

If you have a client that is measured for a specific size of pressure gradient stocking and they complain it is too tight or they want a larger size, the following points should be noted:

- Explain to the client that the pressure gradient stockings need to be tight to have therapeutic value and to prevent disease progression.
- If this fails, alert the client's authorizer so that the authorizer can make a clinical decision and inform the physician if required.
- Do **not** provide a larger size.

If a larger size is provided, it will not have a positive therapeutic outcome and may potentially cause friction and/or shearing. This may lead to the development of pressure ulcers.

Vendors: Please be advised if you are providing compression stocking that are **not** based on the client's measurements, this is considered product substitution and will lead to a full investigation and possible termination of your contract for pressure gradient stocking benefits.

Pediatric Incontinence Diapers

For clients with moderate to severe bowel and/or urinary incontinence, AADL's maximum quantity parameters of 400 diapers every two months is based on best practice and current research. This is reviewed annually. AADL has been challenged by health care professionals in this field to lower the maximum quantity due to the advanced technology in pediatric diapers (polymers). The amount of polymers in pediatric diapers are at least double the quantity of polymers for an adult diaper, creating a highly absorbent diaper.

When you have a client wanting quantities above 400 every two months, please do **not** automatically redo the pediatric assessment form and submit a QFR form for extra product. First, complete a bladder/bowel diary for two days during the week and one day on the weekend. This provides a more accurate portrayal from which recommendations can be made. Next, review what product the parent uses, the frequency of changes, what happens in the school setting and if parents are doubling the diaper. Doubling only wastes product and can promote the development of urinary tract infections. Link with a pediatric nurse and or nurse continence specialist for strategy tips.

The goal is to assess and resolve the problem not to manage the symptoms (i.e. providing more products). If you are having concerns with a client, please do not hesitate to call Lauran Chittim, Program Manager (Medical/Surgical) at (780) 422-4846.

Ostomy Supplies

All Quantity & Frequency Requests (QFR) for ostomy supplies should be submitted by an ETRN. If a region does not have an ETRN, a QFR can be submitted by an RN authorizer in consultation with an ETRN.

Prior to submitting a QFR for additional ostomy products, it is expected that clients have been recently assessed and that alternative measures have been exhausted.

Please note that AADL does **NOT** accept QFR submissions where client re-assessments have been done over the phone. If a client is reassessed over the phone, the authorizer's manager and RHA representative will be notified as this is not acceptable professional behaviour.

Incontinence Supplies

Please note that Prevail Pant Liners fall within AADL's product code of M 240 and have the following absorbencies:

| Product | Absorbency |
|---------|------------|
| PL-111 | 1330 cc |
| PL-112 | 1660 cc |
| PL-113 | 1660 cc |
| PL-115 | 2490 cc |

Medical/Surgical

Intermittent Catheters

AADL has received an influx of Quantity and Frequency Review requests for increased quantities of intermittent catheters based on a physician's prescription. Feedback received from authorizers indicates that when they receive a physician's prescription for an increase, the request is not questioned or challenged. Consequently, an investigation for possible causative factors is not conducted.

AADL's provision of 60 intermittent catheters every two months is based on best practice and current research. This quantity provides the client with one new catheter daily. Whether the client is using clean technique or a new catheter once, the rate of urinary tract infections is the same. When a client performs daily intermittent catheterization and complains of urinary tract infections, changing the client's intermittent technique from clean to one-time use should not be the first strategy in resolving the rate of infections.

The following is a condensed version of possible causative factors that can contribute to the development of urinary tract infections. This information will assist you when a client and/or physician request quantities above the provision limit. If you are interested in the full list of references, please contact Lauran Chittim, Program Manager (Medical/Surgical), at (780) 422-4846 or lauran.chittim@gov.ab.ca.

Bladder Diary

A bladder diary is an accurate self-assessment of a client's fluid intake, including amount and type of fluid, frequency and timing of toileting, amount of urine voided, frequency and amount of incontinent episodes, bowel routine and individual activity level. The bladder diary provides the assessor or authorizer with an accurate picture of the client's incontinence issue (Penn 1996). This simple tool also provides the client with a clearer view of the problem, allowing the client to better communicate their issues to the assessor or authorizer.

Bowel Status

Constipation distends the bowel, which in turn compresses the bladder neck, contributing to urinary retention and urinary tract infections (Penn 1996). Constipation also increases abdominal pressure which may contribute to detrusor instability (Skelly 2000). It is imperative to resolve the client's constipation.

Fluid Intake

For an adult, the recommended amount of fluid is 1,500 -2,000 ml per day or 30 ml per kilogram of body weight (Lipschitz 1992).

- **Dehydration:** This irritates the bladder and prompts incidence of UTI's. Inadequate fluid intake promotes bladder irritation because concentrated urine aggravates the bladder and fosters bacterial proliferation, increasing the risk of urinary tract infections.
- **Over Hydration:** Clients should base catheterization frequency on their fluid intake. If their fluid intake is high and they are not catheterizing to compensate, this could lead to urinary tract infections.
- **Intake of Bladder Irritants:** Caffeine acts on the renal tubules to increase renal blood flow, promoting diuresis. This may promote bladder irritation and excite the detrusor muscle causing it to contract, leading to increased symptoms of urgency and frequency (Skelly 1998).

Hygiene

Cleansing the preineal area with perfumed soap or not rinsing well can promote urethral irritation and urinary tract infections. Using warm water, a minimal amount of soap and a soft washcloth is recommended to help reduce irritation (Skelly 2000).

cont'd page 9...

The Back Page

...cont'd from page 8

Intermittent Catheterizations

Regular intermittent catheterization provides regular evacuation of the bladder and temporary relieves symptoms of outlet obstruction and/or detrusor contractility. Intermittent catheterization mimics regular filling and emptying of the bladder and prevents distension and ischemia of the detrusor. This maintains adequate circulation and allows the natural defense mechanisms to fight infection (Moore 1995).

- Post Void Residuals:** Residual urine in the bladder serves as a medium for bacteria growth that may result in infection. A post void residual less than 50 ml is considered adequate bladder emptying. An elevated residual volume increases the risk that bacteria will progress from an asymptomatic state to a symptomatic state - urinary tract infection (Doughty 2000). Consequently, it is essential for the assessor/authorizer to assess the client's post void residual after catheterization and to rule or confirm that a high residual is a possible factor contributing to bladder infections. (UI Guideline Panel, 1992).
- Urinary Tract Infections:** Urinary tract infections are the most common reversible cause of incontinence. Everyone has a certain amount of bacteriuria to which they are asymptomatic. However, if the client receives treatment for these asymptomatic bacteria, resistant organisms may develop, prompting urinary tract infections. Moore states that asymptomatic bacteriuria should only be treated if the client has persistent proteus, severe diabetes, is pregnant or has immunosuppression. Diagnosis is determined by a positive culture, along with signs and symptoms such as dysuria, frequency, urgency, suprapubic or flank pain, hematuria, temperature sweats, nausea and vomiting, incontinence and/or dysreflexia. Clients with these presenting symptoms would require treatment with the appropriate antibiotic (Moore 1995). Teaching the signs and symptoms of symptomatic urinary infections and treatment to a client, family member or caregiver will educate, control and manage the occurrence of urinary tract infections.
- Clean Technique & Cleansing Solution:** Lapedes and Moore have concluded that using sterile catheters does not reduce the infection rate of bacteriuria. Studies indicate that clean reused catheters are safe and do not contribute to bacteriuria. It is recommended to wash the catheter under warm water using Sunlight dish soap for 10 seconds, then rinse the catheter and allow it to dry on a paper towel (Moore 1995).

AADL Program Manual Updates

| SECTION | REMOVE FROM MANUAL | REPLACE IN MANUAL | COMMENTS |
|---------|------------------------|---------------------------------|--|
| P & P's | Pages 13 to 16 | Pages 13 to 16 | Authorizer criteria revised |
| F | Entire Section | F-1 to F-5; Vendor Lists | Updated criteria; vendor list revised |
| H | Vendor List pages 1-12 | Vendor List pages 1-10 | Vendor List revised |
| O | Pages O-3 to O-6 | O-3, Vendor List P. 1-3 | Updated criteria; vendor list revised |
| p | Pages P-5 to P-6 | Vendor List pages 1-3 | Vendor List revised |
| R | Vendor List pages 1-4 | Policy No. R-200 pages 1-5 | Supplier List revised |
| W | Pages W-11 to W-12 | Pages W-11 to W-12 | Revised contribution limits |
| X | Entire Section | Pages X-1 to X-4 and Appendices | Removal of Wigs & Helmets; Add Seating criteria & forms; revised services/vendor lists |

Included in this bulletin is a list of vendor changes. Please update your lists with these changes. The online Region Lists are only current as of September 9, 2005.