

**VHA PROSTHETIC CLINICAL MANAGEMENT PROGRAM (PCMP)
CLINICAL PRACTICE RECOMMENDATIONS
FOR PRESCRIPTION OF ELECTRIC HOSPITAL BEDS
FOR THE HOME SETTING**

I. PURPOSE

The purpose of the clinical practice recommendations is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care and to delineate the responsibility of clinicians and prosthetic staff

II. BACKGROUND

The Under Secretary for Health directed VHA's Prosthetic and Sensory Aids Service Strategic Healthcare Group to establish a Prosthetic Clinical Management Program (PCMP). The objectives were:

- 1) Coordinate the development of clinical practice recommendations for prosthetic prescription practices.
- 2) Ease access to prosthetic prescriptions and patient care that will lead to valid outcome measures and analysis for research purposes.
- 3) Coordinate contracting opportunities to assure technology uniformity.

A work group with input from selected clinicians and consumer representatives convened to recommend clinical practice recommendations regarding issuance criteria of electric hospital beds for the home setting.

The workgroup addressed the provision of the hospital bed **only**. Based upon the data it was determined that a full electric hospital bed was preferred. No medical indicators were identified for providing a semi-electric over a full electric hospital bed. Therefore full electric hospital beds will be provided.

Full/half/split rails, mattress and trapeze were included as part of the contract initiative to ensure compatibility with the recommended hospital bed. A standard size, pressure reduction, hospital bed mattress was included. The mattress was evaluated on physical characteristics only. Clinical benefits of the mattress were not evaluated. The mattress

evaluated and recommended as part of this solicitation provided minimal gap. It should be noted that when selecting alternative and/or replacement mattresses for use with this bed, care must be taken to minimize any gap that might allow for head and limb entrapment.

Another workgroup will address specialty lying surfaces, which may be used in conjunction with the recommendations of this workgroup.

III. MEDICAL CRITERIA

A veteran is eligible for a full electric hospital bed for use in the home if he/she has sustained a permanent or temporary mobility impairment that would preclude him or her from using a conventional bed for the purposes of pressure relief, respiratory enhancement, and/or positioning.

Requests for other than a standard full electric hospital bed will be referred to VACO, for approval, on VA Form 10-2641 (Authority for Issuance of Special and/or Experimental Appliance), through the VISN Prosthetic Representative. The prescribing clinician will provide the necessary clinical evidence to support the medical need for specialized equipment. The Prosthetic Service will complete VA Form 10-2641 and submit to VACO.

IV. INDICATIONS

The patient's condition requires positioning of the body, e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid pressure ulcers and/or enhance respiratory function (in ways not feasible in a standard bed) or requires special attachments that cannot be fixed and used on a standard bed.

Diagnoses include but are not limited to:

- Severe arthritis and other injuries to lower extremities (e.g., fractured hip.)
- Severe cardiac conditions.
- Multiple limb amputee and stroke patients.
- Other severely debilitating diseases or conditions.
- Patients eligible for spinal cord disorders (scd) care.

IV. EXCEPTIONS:

- Patients who exceed height/weight limitations of the approved bed.
- Patients at higher risk for falls.
- Patients with special medical needs (e.g., cognitive impairment, physical impairment necessitating adaptive equipment, etc.)

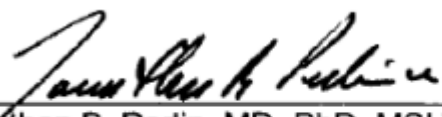
V. RESPONSIBILITIES

1. **Medical Centers** will establish a policy designating who will be authorized to prescribe electric hospital beds and accessories for home use.
Individuals responsible for prescribing the use of hospital beds should be knowledgeable in the functionality of the bed and associated accessories such as mattresses, rails (full/split/half), trapezes, over-bed tables, etc., and possess the ability to evaluate the functional ability of the patient/caregiver.
2. **Spinal Cord Injury (SCI) Primary Care Team** should evaluate and prescribe beds for patients eligible for SCD care (e.g. Spinal Cord Injuries and Multiple Sclerosis, etc., with Paraplegia or Tetraplegia
3. **Prosthetics and Sensory Aids Service (PSAS)** will ensure a qualified durable medical equipment (DME) contractor and/or other individual sets up the prescribed equipment, in accordance with manufacturer recommendations.
4. **DME Contractor or other qualified individual** will ensure that the equipment delivered to the veteran's home is properly and safely installed and that the veteran and caregiver are provided instructions and training on how to use the equipment properly, in accordance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements.

VI. REFERENCES

1. VHA Handbook 1173.8, Medical Equipment and Supplies.
2. Medicare Guidelines for the provision of hospital beds. DMERC Form 01.02A and HCFA Form 841.
3. JCAHO Home Care Standards. 2004-2005 Standards for Home Medical Equipment, Clinical Respiratory and Rehabilitation Technology Services (PC.1 through PC.15.30).

APPROVED/DISAPPROVED:


Jonathan B. Perlin, MD, PhD, MSHA, FACP
Acting Under Secretary for Health

Date: 8.6.04