

## South East LHIN Lift and Transfer Responsibility Chart - June 2018

Note: Patient specific plans and schedules to be as patient centered as possible

Note: Hospital Team to send RMR with hospital therapy reports (i.e., lift / transfer info) to South East LHIN 48 hours prior to hospital discharge.

Care Coordinator	Home and Community Care contracted OT/PT	Home and Community Care contracted Personal Support Agency	Patient/Caregiver
<p><b>Refer to OT/PT:</b></p> <ul style="list-style-type: none"> <li>- Newly recognized need for assistance with lifts/transfers.</li> <li>- New mechanical lift transfers not yet assessed in the home (i.e. assessed by hospital staff).</li> <li>- Change in patient condition/environment.</li> <li>- When notified of unsafe use of equipment.</li> </ul> <p>Ensure contingency plan in place in case PSWs are not available.</p> <p><b>For patients in hospital:</b></p> <ul style="list-style-type: none"> <li>- Hospital Pre-Discharge OT Assessment as appropriate. Ideally patient is at service delivery location for this visit.</li> <li>- Obtain hospital therapy reports if available and send to OT/PT.</li> <li>- Equipment to be delivered same day as hospital discharge.</li> </ul>	<p><b>OT/PT to take lead in making arrangements so that training can take place within one day of equipment delivery.</b></p> <p>Assess both patient and environment to determine appropriate lift/transfer techniques.</p> <p>Discuss risks/benefits with patient/caregiver.</p> <p>Train patient/caregiver in lift/transfer techniques.</p> <p>Training session to occur with OT/PT and maximum of four other agency participants, such as PSW supervisor(s) and PSWs. Additional PSWs trained with OT/PT in exceptional circumstances only (i.e. non-standard recommendation).</p> <p>Provide written lift /transfer instructions to patient/caregiver and PSW Supervisor. Instructions to include any recommended equipment and number of assistants required.</p>	<p><b>Arrangements to be made so that training of PSW Supervisor can take place within one day of equipment delivery.</b></p> <p>Maintain basic knowledge of lift/transfer techniques (PSW supervisor and PSW staff).</p> <p><b>Identify need for assessment / reassessment by OT/PT</b></p> <ul style="list-style-type: none"> <li>- Newly recognized need for assistance with lifts/transfers</li> <li>- Change in patient condition or environment</li> <li>- When notified of unsafe use of equipment</li> </ul> <p>Training session to occur with OT/PT and maximum of four other agency participants, such as PSW supervisor(s) and PSWs. PSW supervisor to train PSWs. More than 3 PSWs trained with OT/PT in exceptional circumstances only (i.e. non-standard recommendation).</p> <p>Receive OT/PT written lift/transfer instructions.</p>	<p>Participate in assessment / reassessment.</p> <p>Ensure contingency plan in place in case PSWs are not available.</p> <p>Express preferences.</p> <p>Follow recommendations or take responsibility for lifts/transfers (PSW will not perform lifts/transfers other than those recommended by OT/PT).</p> <p>Train non-LHIN Home and Community Care paid providers who will be performing lifts or transfers.</p> <p>Maintain recommended equipment and contact equipment supplier if repairs are required.</p> <p>Contact Care Coordinator if any concerns.</p>

# South East LHIN

**For patients in community:**

- Equipment delivered next day or based on assessment.

When equipment needs identified, CC and therapist to discuss with the patient / caregiver plans/ability to rent/purchase the equipment after the LHIN rental period has expired.

Offers/updates to therapy and PSW provider for training to take place within one day of equipment delivery.

Complete and sign and Acknowledgement of Recommended Transfer/Lift Method form and then have patient/caregiver and PSW Supervisor sign. Deadline for therapist to send copy of form to CC is same as deadline for initial report.

Assist with funding so that plan in place before LHIN rental period has expired.

Contact Care Coordinator if any concerns.

PSW Supervisor sign Acknowledgement of Recommended Transfer/Lift Method form.

Ensure PSWs follow OT/PT recommendations (PSWs should not perform lifts/transfers other than recommended by OT/PT).

Ensure assigned staff have physical capability to perform recommended lift/transfer techniques.

Contact Care Coordinator if any concerns.

**Team Assistant**

- Upload signed Acknowledgement of Recommended Transfer/Lift Method form into CHRIS when received from OT/PT.
- Send Acknowledgement of Recommended Transfer/Lift Method form to PSW providers.

**LHIN Contracted Equipment Vendor**

- Provide safe, well maintained equipment during the rental period of the equipment.
- Equipment to be ready for use (i.e. battery charged).
- Provide written copy of the operating instructions that are to be left in the home.