



Canadian  
Paraplegic  
Association  
(N.B.) Inc.

Association  
canadienne des  
paraplégiques  
(N.-B.) Inc.

## **Health Services Program:** We know what needs to be done, let's make it happen.

### **Position paper**

*A submission to the New Brunswick Department of Social Development regarding access to pressure redistribution mattresses, electric (hospital) beds and power tilt/recline systems*

March 2010

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“But if we really want to change people’s lives, let’s look at what went right and do...it. Because we know what ingredients help lift up someone who is struggling.”

*Hon. Kelly Lamrock  
Minister of Social Development  
New Covenant Speech, October 9, 2009*

*The mission of the Canadian Paraplegic Association (N.B.) Inc. is to assist persons with spinal cord injuries and other physical disabilities to achieve independence, self-reliance, and full community participation. For over 50 years, we have helped persons with mobility disabilities reach their goals. We help find accessible housing, apply to funding programs, obtain appropriate equipment, get involved in recreation, and/or explore education and employment options. We are expert navigators and we help people identify and implement solutions.*

**This position paper was developed & submitted by the  
Canadian Paraplegic Association (N.B.) Inc.**

**Authorized signature:**

A handwritten signature in black ink, appearing to read "Courtney Keenan", written over a horizontal line.

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**Courtney Keenan, Board President**

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# Background

## Overview

Disability supports in New Brunswick are a priority for investment. New Brunswick has the second highest rate of disability in Canada at 17.2% of our population (Statistics Canada, 2007). This position paper defines challenges related to access to equipment and technical devices for people with disabilities and proposes recommendations to address the most urgent and on-going issues with respect to rehabilitation equipment and devices. Specifically, this paper prioritizes a plan to address gaps in funding assistance related to the provision of pressure redistribution mattresses, electric (hospital) beds and power tilt/recline systems on wheelchairs as benefits of the Department of Social Development Health Services Program. The objective of this position paper is to ensure New Brunswickers on low incomes can obtain the equipment and devices they need in a timely and affordable way to ensure optimal health and quality of life outcomes and to decrease health care costs.

Currently in New Brunswick, many persons with disabilities cannot access the equipment and assistive devices they need, when they need them. Cost conscious agencies such as Veterans Affairs and private medical insurance companies regularly approve funding for mattresses and power/tilt recline systems as these items are seen as medically necessary. And yet Social Development clients are not afforded similar benefits. There are many back doors in regards to access to equipment and devices for those who are financially eligible through the Department of Social Development. In many cases, item such as pressure redistribution mattresses, electric (hospital beds) and power tilt/recline systems are eventually covered by Social Development through a variety of program budgets and often through numerous appeals and persistent advocacy. For example, the items above have been inconsistently funded through the Health Card, Health Card appeal processes, the Disability Support Program, the Community-based Services for Children with Special Needs Program, the Long-term Care Program, advocacy to MLAs, various appeals to specific regional offices and/or Ministerial appeals. Regardless of the avenue above, the funds have, in many cases, eventually come through the Social Development, often in a lengthy, inequitable way that negatively impacts the health and quality of life of clients.

Skilled health professionals such as Occupational Therapists find it very challenging for their clients to obtain financial assistance in order to obtain equipment and devices. It is enormously time consuming and often unsuccessful. This often results in people with disabilities who are eligible for a Social Development Health Card being unable to obtain the equipment and assistive devices they need in order to achieve their goals for health, independence, and community participation. A clear, equitable process would save the Department of Social Development time and money, and it would save skilled professionals such as Occupational Therapists, Social Workers and Rehabilitation Counsellors, time to work with clients to reach important health and quality of life goals rather than navigating through programs with mixed results. It will also save important health resources and allow therapists more face-to-face time in service provision to clients rather than desk time completing paperwork and appeals.

## **Social Development Health Services Program**

The Department of Social Development Health Services Program assists clients with a valid Health Card with the provision and maintenance of items and services which fulfill a basic need for a client. The Program also provides modifications or repairs necessary for eligible equipment. Equipment may be provided from the Recycling Program, operated jointly by Easter Seals New Brunswick and the Health Services Program, or provided new, when recycled equipment is not available. Basic need is defined by the Department as “a need that occurs on a regular or daily basis and is physiological in nature”. Only equipment or services that are listed as program benefits and that permit or assist a client with eating, drinking, seeing, hearing, eliminating, sleeping, breathing or mobilizing within their home environment are eligible. Consideration may also be given to equipment or services that address essential safety requirements or pain management issues.

To put it simply, many Health Services Program benefits are out of date and are no longer inclusive and reflective of the present needs of New Brunswickers. In addition, unlike other provinces such as Newfoundland & Labrador, the program does not directly employ Occupational Therapists (experts in assessment for rehabilitation equipment and devices) on staff or involve them in the ongoing development and improvement initiatives of the program. Pressure redistribution mattresses and electric beds are not benefits currently available through this program. While power tilt/recline systems are listed in the power mobility criteria in the special authorization benefits section of the wheelchair/seating and convalescent rehabilitation program, the process for approval often involves lengthy appeal processes.

Power tilt/recline systems are typically only approved where there is a high probability of the client's death as a result of not having the system and a physician must support this in writing (see Appendix A). The current process negatively affects client health and quality of life outcomes and wastes valuable time that Occupational Therapists can spend working with clients and addressing wait lists – for example, in some regions, wait times for Occupational Therapy services are as long as 10 months. In addition, one of the eligibility criteria determinants for power tilt is that the “client does not have reasonable or timely access to caregiver assistance”. This criteria implies that the item will not be funded as a means to reduce the amount of home support hours required for a client or to increase the independence of the client in their self care. This criteria is concerning especially considering the current major challenges in home support. Finally, Occupational Therapists are frequently discouraged from submitting funding applications to Health Services for these items since they are not currently listed as benefits and as a result, Health Services does not monitor the number of requests or declines for these items – this practice makes program development a challenge as data is not being collected for analysis and action.

## **Health Services Program development**

In 2005-2006, New Brunswick Disability Executives' Network (NBDEN) engaged in a process to determine the major gaps in the rehabilitation equipment coverage under the Health Services Program. The Department of Social Development was provided with estimates regarding the annual cost and volume of over 40 items. In an e-mail from the Assistant Deputy Minister to NBDEN in May 2006, she informed the group that the Deputy

Minister advised that the estimated costs were too high for the Department. The Deputy Minister indicated that the estimates would not be brought to the Policy and Priorities Committee for government policy approval or to the Board of Management to seek funding to expand the benefits under the Health Services Program.

The Disability Action Plan released in 2007, as endorsed by the Premier, included the following key recommendation: "The Department of Social Development should consult with disability stakeholders to modify the current definition of "basic needs" to allow consideration of additional personal rehabilitation equipment and assistive devices required due to a disability." There have been few initiatives in the past ten years to update benefits through the Health Services Program. As a result, the program has not responded to emerging technology and in many cases, the criteria for equipment or devices is out of date. However, the Department of Social Development additional investment of \$1 million in 2009-2010 to improve Health Services benefits for eligible individuals needing help to buy or rent ventilation devices was a significant step towards updating some benefits available through the program. The Joint Community-based Ventilation Issues Committee, which included representation from Social Development, Department of Health, the Stan Cassidy Centre for Rehabilitation and the Canadian Paraplegic Association (N.B.) Inc., was an excellent example of government-community collaboration that resulted in the development of a detailed program that addressed a major gap in the Health Services Program. This current submission proposes to continue to work on the list of 40 items and prioritize three high priority items in 2009-2010.

### **Equipment Recycling Program**

The Easter Seals New Brunswick/Social Development Equipment Recycling Program is a recycling pool for rehabilitation equipment. New Brunswick Easter Seals and the Department of Social Development collaborate to provide equipment in a timely manner and to save significant dollars by recycling rehabilitation equipment. All recyclable rehabilitation equipment purchased by the Health Services Program belongs to the recycling program. The client who receives the equipment will keep it as long as it is needed and then will return it to Easter Seals New Brunswick. To obtain an equipment loan, a health professional contacts the Department of Social Development to determine eligibility. Social Development will in turn refer the need to Easter Seals. Easter Seals also offers a Personal Services equipment program which relies on community equipment donations and monetary donations to purchase new equipment.

The demand for equipment is much greater than the amount of equipment currently available in the recycling program. As of November 2009, Easter Seals had 28 electric (hospital) beds in the recycling program database and all were out on loan; 14 of those beds are owned by the ALS society and are designated for that population. As of November 2009, Easter Seals had 8 people on a wait list for hospital beds and numerous others have been discouraged from being placed on the wait list as there are individuals who have been on the wait list more than two years. Due to infection control issues and a small number of pressure redistribution mattresses that are actually donated to Easter Seals, there are few pressure redistribution mattresses available through Easter Seals. Power tilt/recline systems are even more rare.

# **Investment in rehabilitation equipment makes economic sense & enhances the health, safety and quality of life of people with disabilities**

## **Equipment & devices help prevent and treat pressure sores, & enhance health**

Pressure redistribution mattresses, electric beds and power tilt/recline systems are all integral components of pressure sore and autonomic dysreflexia prevention and treatment strategies. As income is a determinant of health, people living on low incomes and who cannot afford the expenses of needed equipment, face significant health risks which can lead to lengthy hospitalization and even death.

A pressure sore (also called a pressure ulcer, skin sore, bed sore, or decubitus sore) is an area of injured or broken skin or tissue caused by too much pressure, or pressure combined with friction and moisture on the skin. Pressure slows the blood flow to the skin and the tissues under the skin. If pressure sores are not treated promptly and properly, they may get infected. An infection in a pressure sore can be serious – prevention & proper care including support surfaces are key. When a pressure sore is severe and not treated appropriately, it can lead to further disability such as decreased mobility, surgical interventions, amputation and even fatal infections (Krause, 1998). A pressure sore has the potential to interfere with the physical, psychological and social well being of an individual and impact quality of life. Pressure sores can disrupt rehabilitation, prevent individuals from working or attending school and interfere with community reintegration. It is estimated that the cost to treat one pressure sore in Canada is \$42,000, including costs for hospital stays, home care/support, medical treatment and antibiotics (Teague et al, 2007). While pressure sore risk assessment and prevention strategies are an integral part of rehabilitation and medical care, the need for supports such as pressure redistribution mattresses and electric hospital beds are essential components of prevention and treatment strategies.

Autonomic dysreflexia, also known as hyperreflexia, means an over-activity of the Autonomic Nervous System causing an abrupt onset of excessively high blood pressure. Persons at risk for this problem generally have a loss of function in their lower limbs and live with conditions such as spinal cord injury or Multiple Sclerosis. Autonomic dysreflexia can develop suddenly and is potentially life threatening and considered a medical emergency. If not treated promptly and correctly, it may lead to seizures, stroke, and even death. A lateral tilt or upright position facilitates resolution of the hypertension and can improve management of the condition.

## **Equipment & devices enhance quality of life**

The use of specialized equipment or devices is important as it can offset barriers to full participation in everyday activities by reducing the impact of barriers and activity limitations. There are a huge range of equipment and technical devices available to help improve the quality of life of people living with disabilities. Unfortunately, in many cases in New Brunswick, access to these supports depends on where you live and how wealthy

you are. The 2006 Participation and Activity Limitation Survey (PALS) identified that adults who had the most severe disabilities were least likely to have all their needs met for equipment or technical devices. Respondents to the survey cited that the cost of purchasing or maintaining devices was the primary reason for unmet needs (Statistics Canada, 2008). Lack of access to appropriate equipment or devices can impact individuals both socially and economically and prevent individuals from attending school or employment.

### **Pressure redistribution mattresses**

Pressure redistribution mattresses are specialized bed mattresses that help prevent and treat pressure sores and have other health and quality of life benefits. It is estimated that the cost of the most commonly prescribed pressure redistribution mattresses ranges from \$2,000 per unit (high density foam mattress) to \$5,000 (air therapy mattress). It is further estimated that this specific benefit through the Health Services Program requires an annual designated budget of \$120,000 per year to meet the current demand for pressure redistribution mattresses (approximately 30 mattresses). This cost is very low compared to the cost to treat one pressure sore. It is estimated that the cost to treat one pressure sore in Canada is \$42,000 (Teague et al, 2007). Due to infection control issues and depending on the condition of the mattress, foam mattresses are difficult to recycle. However, air therapy mattresses may be recycled, provided that appropriate infection control protocols are in place. Pressure redistribution mattresses have a life span of between 5 to 10 years. Pressure redistribution mattresses provide the following quality of life and health benefits: reduction in risk and incidence of pressure sores; reduction in costs associated with treating pressure sores; reduction in reliance on support workers or family members for turning/repositioning and getting out of bed; reduction in pain associated with neurological or neuromuscular conditions; increased client independence (less reliance on home support workers or family for turning/repositioning).

### **Electric beds**

Due to advances in medical care and rehabilitation, more people with disabilities are able to remain in their homes; this has led to an increase in the use of fully adjustable electric (hospital) beds. Electric beds assist not only people with disabilities, but also caregivers who provide care in the person's home. It is estimated that the cost of the most commonly prescribed electric (hospital) bed (basic mattress included) is \$2,200 per unit. It is further estimated that this specific benefit through the Health Services Program would require an annual designated budget of \$110,000 (50 units) to meet the current demand for electric (hospital) beds. Electric (hospital) beds are recyclable and have a life span of approximately 10 years. Electric (hospital) beds provide the following quality of life, health and safety benefits: reduction in risk and incidence of pressure sores; reduction in costs associated with hospital stays, safety restraints and home support workers/family members for turning/repositioning, getting out of bed and transferring; reduction in risk of falls; increased client independence (less reliance on home support workers or family for turning/repositioning, getting in/out of bed, dressing, eating or reaching for certain objects).

### **Power tilt/recline systems on wheelchairs**

Power tilt/recline systems on wheelchairs are often prescribed to individuals with neurological or neuro-muscular conditions who are unable to walk. These systems assist

the individual to change positions and pressure points. It is estimated that the cost of the most commonly prescribed power tilt/recline system is \$7,000 per unit (not including the cost of the wheelchair). It is further estimated that this specific benefit through the Health Services Program would require an annual designated budget of \$105,000 (15 units) to meet the current demand. Power tilt/recline systems are recyclable and have a life span of 5 to 8 years. Power tilt/recline systems allow for frequent changes in position and provide the following quality of life and health benefits: reduction in risk of death associated with conditions such as autonomic dysreflexia and orthostatic hypotension; reduction in risk and incidence of pressure sores; reduction in costs associated with hospital stays, safety restraints and home support workers/family members for turning/repositioning; increased client independence (less reliance on home support workers or family for turning/repositioning).

## **New Brunswick case studies**

### **Peter**

Peter (age: early 50's) lives with a spinal cord injury that affects mobility in his lower limbs. He uses a manual wheelchair for mobility. He developed a stage 4 pressure sore and has been on 24 hour bed rest since January 2009. He requires significant home support services, funded by the Department of Social Development, and he is no longer able to work or be involved in recreation or social opportunities. The sore has not been healing and he sweats significantly at night, which interferes with the healing process. A pressure redistribution mattress that wicks away moisture was recommended for him by an Occupational Therapist in June 2009. Although Peter was eligible for a Health Card, since pressure redistribution mattresses are not benefits under the Health Services Program, he was encouraged to apply to the Disability Support Program. The process took 6 months to review his application and his application was denied. Peter's condition has worsened and he is scheduled for surgery in early 2010 and he will require a minimum 6 week hospital stay. This hospital stay will incur a daily cost of \$678 per day (average daily ward rate in New Brunswick) for the hospital corporation (IHIACC, March 2008). If this procedure heals his sore, he will remain at a high risk of recurring pressure sores as his skin will never recover fully from such a severe sore. Peter's emotional health and quality of life are at an all-time low; he needs this mattress to regain his health and independence. He is currently starting the equipment application process over and will work with his Occupational Therapist and Rehabilitation Counsellor to apply, and most likely appeal, to the Health Services Program.

### **Jeff**

Jeff (age: mid 30's) incurred quadriplegia due to a motor vehicle accident in 2007. He has no use of his lower limbs, limited use of his hands and he uses a manual wheelchair as his primary mobility aid. He developed a pressure sore on his heel during his in-patient rehabilitation which worsened following his discharge home. A pressure redistribution mattress was recommended by an Occupational Therapist. He trialed the mattress while he worked with his Occupational Therapist and Rehabilitation Counsellor to go through 5 appeal processes over 6 months through the Health Card and the Disability Support

Program. Due to much advocacy, the funding was approved for the pressure relief mattress by the Disability Support Program. Jeff's pressure sore has healed completely with the use of the mattress, and he is devoting his time to raising his teenage sons and continuing to work on his rehabilitation (e.g., transfer skills) and adjusting to life with a spinal cord injury. He is also working on a plan to return to work.

### **Emilie**

Emilie (age: early 40's) lives with Cerebral Palsy. She has no use of her lower limbs and very minimal use of her hands. She requires a power wheelchair for mobility. She was recommended for a power tilt feature on her wheelchair by an Occupational Therapist. Emilie has no muscle control in her abdomen, and without this power tilt feature, she would be confined to her apartment. Travelling in her chair over ground that is not perfectly flat causes her to fall forward against her seatbelt. This consistently causes full body spasms that are extremely painful. Emilie was eligible for a Health Card but the request for the tilt feature on her new power wheelchair was denied. After several appeals to the Health Services Program, the tilt feature was approved and Emilie, who had been recommended for a nursing home placement by the Department several times, is able to continue to live comfortably in her apartment and continues to be able to go outside of the home for community activities. It should be noted that Emilie's daily home support services costs are less than the average cost of the daily rate of a nursing home placement.

### **Erick**

Erick (age: late 50's) lives with Multiple Sclerosis and he has limited mobility. He was also diagnosed with Autonomic Dysreflexia. He was prescribed a power wheelchair with tilt/recline to help manage this condition. Due to this diagnosis, Erick was very limited to where he could go and how long he could stay out of bed. These limitations severely impacted his ability to be socially active in his community and limited his function within his house. After over a year of waiting and after numerous appeals, he was approved funding through the Health Card for wheelchair with tilt/recline that he requires to be actively involved in the community. He is now able to return to his passion of painting and is now working on a return to University.

### **Michael**

Michael (age: early 60's) lives with C level quadriplegia due to a spinal cord injury which he incurred 30 years ago in a motor vehicle accident. He has no use of his lower limbs, limited function in one arm and good use of one arm. He uses a power wheelchair for mobility and he lives independently in an apartment with some home-making services. Due to a serious injury incurred as a result of a serious fall from an old unsafe hospital bed in his home, Michael was admitted to hospital and underwent several surgeries. His Occupational Therapist recommended an electric bed that is height adjustable and it is stable and safe for wheelchair transfers. The new bed was sufficiently wide enough to accommodate safe and effective turns to relieve pressure on his back and buttock and to prevent skin breakdown. An application to Health Services was made and although Michael was Health Card eligible, his request was denied and he was discharged home without the appropriate rehabilitation equipment. His home support hours were increased significantly to account for the lack of appropriate equipment. After 5 months and 2 appeals, Michael was approved funding for the electric bed by a regional Social Development office. He is

now able to safely and independently transfer to and from his bed and his home support hours have been reduced.

## **Investment in rehabilitation equipment is a strategic investment**

An investment in rehabilitation equipment is a strategic investment that aligns with key action plans and strategies in New Brunswick. This investment will assist high risk New Brunswickers of all ages in becoming more self-sufficient and will enhance their health and quality of life.

### **Self-sufficiency plan**

Investment in the Health Services Program aligns with the self-sufficiency plan. The plan makes it clear that effective early interventions are critical if we are to ensure those most at risk are on the path to self-sufficiency. It also stresses that the health needs of our most vulnerable residents must be appropriately addressed.

### **Poverty reduction plan**

Investment in the Health Services Program aligns with the provincial poverty reduction plan and its vision that "...people living in poverty and individual citizens, all men, women and children in New Brunswick shall have the necessary resources to meet their basic needs and to live with dignity, security and good health" (Social Development, 2009). This investment further aligns with the priority action to act on opportunities for meeting basic needs.

### **Health plan**

Investment in the Health Services Program aligns with the Provincial Health Plan and aims to better serve the needs of those who are dealing with illness or disability so they can be as independent as possible and enjoy a high quality of life. In the plan, the Minister of Health identified that "(t)ransformation of the health-care system is not about saving money or limiting services." The Department of Social Development Health Services Program works in partnership with the Department of Health to implement programs, such as the Health Services Program, to meet the basic needs of New Brunswickers and to promote overall population health in New Brunswick. Further investment in the Health Services Program will assist in managing health-care and social development spending by reducing hospital stays, avoiding unnecessary nursing home placements and reducing the need for home support workers or Extra-Mural nursing visits for pressure sore care. It will also increase the efficiency of therapists who order rehabilitation equipment and increase the amount of time therapists can allocate to direct patient care.

### **Long-term care plan**

Investment in the Health Services Program aligns with the vision of New Brunswick's long-term care strategy to improve services to seniors. Access to disability supports such as

rehabilitation equipment and technical devices can help delay the entry of seniors into higher levels of care such as long-term care homes or extended stays in hospital.

## **Best practices in other provinces**

There are many best practices within equipment and technical devices programs throughout Canada. For example, Newfoundland & Labrador and Alberta employ Occupational Therapists to ensure applications for funding are carefully reviewed in context of the potential impact of health, safety and quality of life goals. The three provinces below have undertaken significant work in the development of program criteria to ensure optimal health, safety and quality of life outcomes and to ensure cost-effective programs. The criteria and processes for programs in these provinces provides a strong foundation for the enhancement of the New Brunswick Health Services Program and could be used as a foundation to further develop initiatives to address the need for pressure redistribution mattresses, electric beds and power tilt/recline systems. Clear selection criteria, well defined by best practice guidelines, and well-informed and equitable application processes are the best ways to ensure the effective prescription and funding of rehabilitation equipment.

### **Saskatchewan**

The Government of Saskatchewan provides electric (hospital) beds and power tilts on wheelchairs through funding to the Saskatchewan Abilities Council. This funding has enabled the Council to take advantage of bulk purchase discounts. They have developed clear eligibility requirements for their equipment recycling program including clear requirements for requisitions. The Saskatchewan Ministry of Health delivers a program called the Paraplegia Program that purchases pressure redistribution mattresses.

### **Manitoba**

The Winnipeg Regional Health Authority Therapeutic Support Services Working Group engaged in a comprehensive process to review access to therapeutic supports services in Manitoba. The group prepared a report (WRHA, March 2003) that included the development of clear selection criteria for therapeutic sleep surfaces including sleep surfaces for pressure redistribution.

### **Alberta**

The Alberta Aids to Daily Living Program (ADLP), a program of the Alberta Department of Seniors and Community Supports, utilizes an Adult Power Mobility Committee to review applications for power mobility equipment including tilt/recline systems. This committee meets 10 to 12 times per year and committee members are therapists or other individuals who are external to the Department and who are experts in assessment for rehabilitation equipment. Applications are scored based on client needs. If there is insufficient program funding in any given month, and the committee agrees with the client's needs and eligibility, the application is held for three months in an effort to secure the funding. Pressure reduction mattresses are also an eligible benefit from the ADLP and they have

developed a recycling protocol for all equipment and aids, including mattresses. An external vendor is contracted to ensure adequate cleaning of mattresses.

## Recommendations

Pressure redistribution mattresses, electric (hospital) beds and power tilt/recline systems for wheelchairs are essential disability supports that meet the definition of basic need as outlined by the Department of Social Development: “a need that occurs on a regular or daily basis and is physiological in nature” and the items are equipment items that should become program eligible benefits as they “permit or assist a client with eating, drinking, seeing, hearing, eliminating, sleeping, breathing or mobilizing within their home environment”. The Canadian Paraplegic Association (N.B.) Inc. respectfully submits the following recommendations to the Department of Social Development:

- It is recommended that Social Development initiate a Task Team in May 2010 with representation from the New Brunswick Association of Occupational Therapists to review the criteria and process for power tilts for wheelchairs by October 2010. It is further recommended that the Department designate \$105,000 per year for this program benefit.
- It is recommended the Department of Social Development initiate a Task Team by June 2010, inclusive of representation from the New Brunswick Association of Occupational Therapists, New Brunswick Extra-Mural Program, the Stan Cassidy Centre for Rehabilitation and community-based organizations to develop a “pressure redistribution mattresses” benefit through the Health Services Rehabilitation Program. The responsibilities of the Task Team would include the development of program criteria. It is further recommended that the Department designate \$120,000 per year for this program benefit.
- It is recommended that Social Development make an \$110,000 investment in 2010-2011 towards the acquisition of electric (hospital) beds for the equipment recycling programs administered by Easter Seals. It is further recommended that bulk purchasing be explored for the program to reduce costs.
- It is recommended that the Department of Social Development develop a mechanism to monitor requests for Health Services Program funding. This mechanism should focus on two tenants: 1) items that are denied and 2) items that are requested and currently not benefits through the Health Services Program. This mechanism will ensure that accurate data is collected so trends can be monitored and program changes can be proactively explored.

## **Support**

This position paper was developed in consultation with and has received the support of the following organizations:

Canadian Deafblind & Rubella Association-NB/PEI  
Dr. Jeff Pike, Chief of Neurological Sciences, The Moncton Hospital  
Dr. Patricia Forgeron, Saint John Regional Hospital, Physical Medicine & Rehabilitation  
Easter Seals New Brunswick  
Muscular Dystrophy Canada  
New Brunswick Association for Community Living  
New Brunswick Association of Occupational Therapists  
Premier's Council on the Status of Disabled Persons  
Stan Cassidy Centre for Rehabilitation  
South-East Deaf & Hard of Hearing Services Inc.

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