

## **Occupational Therapy Procedures**

### **Power Mobility Assessment and Safety Procedures (PMASP)**

#### **Introduction**

Power mobility enhances quality of life, improves self-esteem and increases social interaction. There are risks associated with power mobility use. Accidents, which can occur, are a serious concern within residential facilities and community.

Power mobility prescribers are faced with the dilemma of balancing a client's right to independent mobility with a need to limit personal injury and property damage.

#### **Principles**

Decision regarding power mobility safety will be based on the following principles:

- The process will be fair and non-threatening for mobility users.
- Reasonable risk taking will be supported as it is recognized that some accidents will happen.
- A power mobility user's need for mobility will be balanced with rights of others for safety.
- Problem solving will be emphasized to allow users to maintain their mobility.
- Clients will have options about their mobility within the limits of these guidelines.
- The bureaucratic system will be kept to a minimum to minimize delays in obtaining and utilizing power mobility.
- Guidelines will apply equally to those who own their own chair and those who use facility chairs.

#### **Definition**

**Safe Driving** - Is defined as mobility use that does not harm people or property.

Safe drivers demonstrate respect for those around them by

- Adjusting their speed appropriately for the setting and conditions.
- Yielding the right of way to others.
- Obeying traffic laws outside the facility.
- Not using power mobility when impaired by drugs or alcohol.

#### **Principles of Safe Driving:**

- Safe drivers have good control of their power mobility devices.
- Those who drive outside are able to navigate a variety of terrains.
- Safe drivers cope with environmental changes, such as obstructed hallways.
- Safe drivers drive defensively to avoid problem situations.
- Safe drivers take responsibility for repairs on their power mobility devices.

## Definition

Power mobility – a device used to facilitate the transport of an individual in a normal seated orientation such as a battery operated wheelchair or scooter.

Reference: Traffic Safety Act [www.infratrans.gov.ab.ca](http://www.infratrans.gov.ab.ca)

## Procedures

Refer to *Power Mobility Assessment and Safety Flow Chart*

### Step 1A, 1B & 1C: Who should be considered for power mobility?

#### 1a. Client Requests Power Mobility:

- An in-depth assessment, training and trial process is needed for those with cognitive, movement, perceptual and/or visual problems assisted by Occupational Therapy together with the interdisciplinary team.

#### Occupational Therapy Role:

- Review **PMASP** with client
- Follow **PMASP checklist**

#### 1b. Clients who come to the facility with a power wheelchair or scooter or a client in the community with a power wheelchair will:

- Be explained the PMASP
- Be assessed regarding their ability to safely drive a power mobility device.
- Undergo the same training and driving assessment as potential new power mobility users receive.
- Be permitted to temporarily use the device, however if driving abilities are in question the device may be temporarily removed until an assessment is completed.

#### Occupational Therapy Role:

- Review **PMASP** with client
- Follow **PMASP checklist**

#### 1c. All power mobility devices brought into the facility will have a visual inspection.

#### Occupational Therapy Role:

- Complete the **Visual Inspection Checklist** in consultation with maintenance, client and/or vendor
- If PM device requires repair discuss funding and arrange with family/guardian/resident/client for a vendor to complete repairs
- Note some repairs must be completed before use of device is permitted.

**\*Power Mobility use is not recommended on cognitively impaired units for the safety of the resident's living there.**

## Step 2: Power Mobility Driving Assessment and Training

The goal of power mobility assessment and training is to promote safe driving.

### Occupational Therapy Role:

#### Client Requesting Power Mobility

*Discuss funding (See **Funding Resource List**)*

1. *Arrange trial of power mobility device with client's vendor of choice.*
2. *Use **PIDA/PCDA** to assess driver's abilities.*
3. *Other supporting assessments may include: COPM, WhOM, other cognitive assessments (see Cognitive Binder), power mobility judgment questions.*
4. *Develop a plan for training based on assessment results – Review **OT Teach and Train Power Mobility**.*
5. ***DTHR Power Mobility Summary Sheet**.*
6. *Facilitate an interdisciplinary meeting to develop/discuss interventions if necessary.*
7. ***Power mobility Care Plan**.*
8. *Power mobility will not be permitted to clients that do not agree to use their PM within the parameters set out by the OT and interdisciplinary team.*

#### Clients who have Power Mobility

1. *Complete driving assessment using **PIDA/PCDA** and other assessments as necessary to establish a baseline of skills and detect any potential issues (see above).*
2. *Develop a plan for training based on assessment results – Review **OT Teach and Train Power Mobility**.*
3. ***DTHR Power Mobility Summary Sheet**.*
4. *Facilitate an interdisciplinary meeting to develop/discuss interventions if necessary.*
5. ***Power mobility Care Plan**.*
6. *Power mobility will not be permitted to clients that do not agree to use their PM within the parameters set out by the OT and interdisciplinary team.*

### Driving Assessment

- Driving assessment will be conducted by or in collaboration with the Occupational Therapist working with the client.
- Assessment will determine how the power mobility device should be programmed and which modifications may be required to the seating or access method.
- New drivers in facility will have a probationary period determined by the Occupational Therapist in collaboration with facility staff. During that time feedback from staff, the prescribing therapist will elicit family and friends.

Driving Assessment will determine that independent power mobility (Indoor and Outdoor) is inappropriate for a client who despite modification to the power mobility device, the environment and driver education.

- Is unable to stop the power mobility device reliably.
- Is unable to avoid bumping into others.
- Is unable to avoid bumping into objects or damaging property.
- Uses the power mobility device as a weapon.
- Has an accident as the result of alcohol or drug use.

## Training

- The therapist and therapy assistant working with the client will conduct the power mobility training.
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### Step 3: If Client is Capable: Power Mobility is Permitted

- Client will sign the **Power Mobility Care Plan** acknowledging the policy and process for power mobility use.
- As noted in Step 2 some clients will have parameters imposed on their power mobility device by the interdisciplinary team. The **Power Mobility Care Plan** will be used to communicate limitations – additional documentation may include the **DTHR Managed Risk Negotiated Agreement** (form # 02120).
- A client alert system may be used to prevent clients from leaving the unit or the facility with their power chairs.
- The Occupational Therapist and team may review limitations and risks at the request of the client, family member or staff. Failure to abide by these limitations may result in further assessment and intervention.
- Care Plan is revised indicating power mobility use.

#### Occupational Therapy Role:

- *Review/Reassess clients determined capable to use power mobility on a regular basis.*
- *A trial period for PM use may be recommended.*
- *Following team discussion/planning – restrictions for use may be imposed temporarily or long term. Restrictions should be based on assessment and training results with interdisciplinary discussion/planning. Amend **Power Mobility Care Plan** to reflect the plan for safe power mobility use.*
- *Ensure **PMASP** has been reviewed and **Power Mobility Care Plan** is signed.*

### Step 4A & 4B: If Client is Not Capable Power Mobility is NOT Permitted

#### 4a. Client Not Capable

- If assessment indicates that power mobility is inappropriate for a client, power mobility will not be allowed in facility or recommended for use in the community.
- The client, family member or client advocate may appeal this decision by contacting the therapist working with this client who will address the appeal along with the interdisciplinary team (Proceed to **Step 8**).

#### 4b. Appeal

- Only one appeal will be allowed unless there is an improvement in the candidate's health, cognition or other factors that previously limited their ability to drive safely as determined by the team.

#### Occupational Therapy Role:

- *Discuss the results of assessment and training that indicate the client is not capable of using Power Mobility with the resident/client and interdisciplinary team*

- *Inform client and family/guardian of the appeal process- see **Power Mobility Incident Management**.*
- *Facilitate team conference if necessary.*

## **Step 5: Incident**

### **Definition**

An incident is defined as a situation in which the safety of others or the safety of the driver is put at risk or property is damaged. This may include the situation in which an individual experiences any physical or mental deterioration. Refer to **DTHR Incident Management Policy** (CORP – II-20).

Of particular concern are incidents in which:

- Someone is injured.
- Property is damaged (keeping in mind that power mobility involves normal wear and tear such as occasional bumps/grazing of walls or objects that does not result in serious harm).
- The power mobility device is used or threatened to be used as a weapon.
- The power mobility device is used while impaired because of drugs or alcohol.
- A pattern of repeated incidents emerges.

### **Incidents Occurring in Facility**

#### **Procedure**

1. Incidents will be reported to the charge nurse and/or manager and incident reporting completed as per **DTHR Incident Management Policy** (CORP-II-20) and recorded in the client's chart as appropriate.
2. The charge nurse and/or manager will take the necessary action to resolve the incident and refer to the interdisciplinary team for review of status and the Occupational Therapist for a power mobility assessment.
3. Incidents will be discussed during interdisciplinary rounds care plans and strategies to address the issues outlined in the care plan.
4. Incidents will be addressed with the residents.
5. Anyone including members of the community, clients, family members and other staff, can report incidents.
6. The Occupational Therapist will record and track incidents of individual clients using a **Power Mobility Incident Tracking Tool**.

#### **Occupational Therapy Role:**

- *Contact charge nurse to investigate determining factors of incidents and incident reporting completed.*
- *Determine what form of reassessment is necessary (see **Step 6**).*
- *See **DTHR Incident Management Policy** (CORP-II-20)- note **RISK Identification System***
- *Utilize **Power Mobility Incident Tracking Tool**.*
- *Refer to **Power Mobility Incident Management Facility and Community**.*
- *Following team discussion/planning – restrictions for use may be imposed temporarily or long term. Restrictions should be based on assessment and training results with interdisciplinary discussion/planning. Amend **Power Mobility Care Plan** to reflect the plan for safe power mobility use.*
- *Should power mobility be removed permanently refer to **Step 7** and **PM***

***Incident Management Facility and Community for the process.***

### **Incidents Occurring in Community (residents of DTHR facilities)**

Clients who use their power mobility in the community are responsible for their actions beyond the boundaries of the facility. The residents will sign out of the facility indicating their location/destination and time of return as per facility policy.

The Occupational Therapist and facility staff may make recommendations for appropriate use of the power wheelchair but are not in a position to enforce them in the community. However, restrictions may be imposed on a power mobility user if they are in a position of incapacity.

### **Incidents Occurring in Community (DTHR Home Care Clients)**

Clients who use their power mobility in the community are responsible for their actions. The Occupational Therapist may make recommendations for appropriate use of the power wheelchair but are not in a position to enforce them in the community.

#### **Occupational Therapy Role:**

- *Investigate determining factors of incidents and incident reporting completed. Discuss with team as appropriate.*
- *Determine what form of reassessment is necessary (see **Step 6**).*
- *See **DTHR Incident Management Policy (CORP-II-20)**- note **RISK Identification System***
- *Utilize **Power Mobility Incident Tracking Tool**.*
- *Refer to **Power Mobility Incident Management Facility and Community**.*
- *Following team/family discussion/planning – restrictions for use may be recommended temporarily or long term. Restrictions should be based on assessment and training results with interdisciplinary discussion/planning.*
- *If removal of FUNDED power mobility is recommended refer to **PM Incident Management Facility and Community** for the process.*

### **Step 6: Re-Assessment & Intervention**

The number of people involved in the reassessment process may vary depending on the type and seriousness of the incident and or status changes of the client. Generally the prescribing therapist is involved during reassessment, but this may be expanded to include other relevant health professionals or even the entire team for more serious incidents. More staff will be involved in the reassessment process if someone has been injured, the power mobility device is used or is threatened to be used as a weapon, the power mobility device is used while impaired because of drugs or alcohol and/or a pattern of repeated incidents emerges.

If an incident results in visible damage to the power mobility device, an alternate means of mobility will be provided to the client in the interim.

- Reassessment will include an investigation of the incident and may include reassessment of the client's driving ability and a more in-depth inspection of the chair mechanical function.
- Reassessment should be completed as soon as possible recognizing that delays may occur due to the time it takes for a mechanical inspection or medical testing of the client.
- Interventions will be individually tailored to try and facilitate safe power mobility use. Interventions will be dependent on the client and the nature of the incident. The client will be informed about concerns and if possible, involved in a process to develop solutions.
- Interventions will be recorded in the **Power Mobility Care Plan**.

**Occupational Therapy Role:**

- *Reassess clients driving abilities using **PIDA** and **PCDA**.*
- *Refer to **Step 2**.*

**Step 7: If Client is not Capable Power Mobility is Removed**

The intervention process will be considered unsuccessful if there are repeated incidents such as those noted in Step 5. The power mobility device will be removed:

- If there are repeated incidents of harming self or others.
- If there are repeated incidents of running into objects and damaging property.
- Using the **DTHR Incident Management Policy** (CORP-II-20) and the **Power Mobility Incident Management Facility and Community** the interdisciplinary team will evaluate and determine the severity of incidents.

If a decision is made to **remove** the power mobility device:

1. The client will be provided with an alternate means of mobility.
2. Generally, the client should never be permanently prevented from using power mobility.
3. Reassessment may occur if the client's driving ability improves or new mobility technology becomes available.
4. The power mobility device may be removed for increasing amounts of time with repeated volitional problems.
5. In some situations the power mobility device may need to be removed until the underlying problem is dealt with (i.e. alcoholism) at which point it may be re-trialed.

**Occupational Therapy Role:**

- *The OT and interdisciplinary team will discuss with the client (or client's family/guardian as appropriate) the decision to remove power mobility and discuss the appeal process.*
- *OT to inform client of the appeal process (refer to **Step 8**).*

## **Step 8: Appeal of Power Mobility Removal**

If the decision is made to remove a power mobility device, the client, family member or client advocate may request an appeal.

This appeal would:

- Determine whether or not the person will be re-evaluated regarding their ability to drive, because the process was unfair or their condition has changed.
- Involve a formal meeting between the power mobility user and the appeal committee members who would include an occupational therapist and the interdisciplinary team.
- Be completed as soon as possible.

Only one appeal is allowed unless there is a marked improvement in the candidate's health and/or ability or new mobility technology becomes available. If the appeal is successful further assessment and intervention will be conducted (See **Step 6**).

### **Occupational Therapy Role:**

- *Facilitate a team meeting to review process or change in client's condition.*
- *See **Power Mobility Incident Management Facility and Community document** for appeal procedures.*
- *If there are grounds for an appeal return to **Step 6**.*

Reference:

William B Mortenson, BscOT, MSc; William Miller, PhD,OT; Jeanette Boily, BscOT; Barbara Steele, BscOT; Erin M. Crawford, BscOT; Guylaine Decharnais, BscOT (2006). *Overarching principles and salient finding for inclusion in guidelines for power mobility use within residential care facilities.* Journal of Rehabilitation Research & Development, 43(2) 199-208.