



**Section:** Continuum of Care

**Procedure No.** 01603/v2/06/2008

**Procedure Title:** Acquittal of Prosthesis (Artificial Limb) – QALS

**Review Officer:** QALS Manager

**Review Summary:** [2<sup>nd</sup> Version Review Summary](#)

**Applicable To:** All Staff and PSPs

**Last Review Date:** 06 2008

**Next Review Date:** 06 2010

**Authority:** QALS Advisory Committee

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**Signature of Authorised Officer**

**Replaces:** 01603v1

**Key Words:** Prosthesis, Prosthetic Service Providers, Amputee Clinics

**References:**

Acquittal and Quality Control Form  
Client Responsibilities Procedure  
Therapeutics and Goods Act 2002

**Purpose:**

To ensure the fit and functionality of the prosthesis is correct and suitable for the client's purpose and needs.

To ensure the quality and manufacturer of the artificial limb is consistent with best practice and prosthetic manufacturing standards AS/NZS 9001:2000.

To ensure the prosthesis is manufactured according to the Therapeutics and Goods Act 2002 for custom made medical devices by the Queensland Health contracted Prosthetic Service Provider (PSP).

**Procedure:**

As a vital part of assuring a quality product to meet the client's need, QALS requires that a new or replacement prostheses, or major repairs to a prosthesis effecting the fit and function of a prosthesis, is acquitted at a recognised amputee clinic or via QALS.

**Acquittal Form:**

QALS provides a 'Prosthesis Acquittal and Quality Control Form' which must be completed for all prostheses and major repairs as directed by QALS. The form must be completed in its entirety and

distributed as identified. Please note and complete all areas marked as compulsory as any acquittal submitted without these areas completed may be rejected.

The form incorporates a 'Warning and Compulsory Direction' section regarding the disposal of a replaced prosthesis. This disclosure must be directed to the client as part of the acquittal process. Payment of services may be jeopardised, if QALS is not satisfied that the acquittal process has been pursued adequately by the prosthetic manufacturer or amputee clinic.

**Client Responsibility:**

All clients are required to participate in the acquittal of services as a condition of their receiving services. It is therefore mandatory for the acquittal form to be duly signed by the client. Only under exceptional circumstances will QALS acquit a service without a client's signature.

If a client refuses, or does not attend, a clinic appointment made on his/her behalf for acquittal, the manufacturer will advise QALS. QALS will advise the client in writing of his/her responsibility in the acquittal process and the consequences of refusal. If the client subsequently chooses not to attend an amputee clinic for a third appointment made for this purpose, then QALS, upon notification by the manufacturer, may consider suspending the client from further services.

**Evaluation Method:**

1. Client satisfaction survey.
2. Feedback from amputee clinic staff and Prosthetic Service Providers.



**Section:** Continuum of Care

**Procedure No.** 01124/v2/06/2008

**Procedure Title:** Amputee Clinic Recognition – QALS

**Review Officer:** QALS Manager

**Review Summary:** 2<sup>nd</sup> Version  
Review Summary

**Applicable To:** All Staff & PSPs

**Date Last Reviewed:** 06 2008

**Next Review Date:** 06 2010

**Authority:** QALS Advisory

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**Signature of Authorised**

**Replaces:** 01124v1

**Key Words:** Amputee Clinic  
Prescribing Doctor  
Clinic Coordinator

**References:**

### **Purpose:**

This procedure is to ensure consistent clinical practices are maintained and provided to all eligible amputees in the State seeking prostheses and prosthetic services funded by QALS.

### **Procedure:**

The Queensland Amputee Limb Service seeks to improve the accessibility to the services it provides and is prepared to recognise appropriately resourced and focussed Amputee Clinics.

### **New or Existing Clinic**

QALS recognises that it is only one part of a holistic service for the benefits of an amputee's ongoing needs, both clinical and prosthetic. Not all amputees accessing the Clinic will necessarily be registered with QALS or seeking funding support for prosthetic services by QALS. Nevertheless, QALS will preferentially recognise Clinics that strive to provide a comprehensive rehabilitation program with ongoing periodic clinical assessments after their acute rehabilitation phase is complete. Such Clinics must be sponsored and recognised by the Health Service District, as per the signed Service Agreement, within which they reside,

whether the staff involved are funded or not funded by that body. The sponsoring agency will assure that the physical resources and amenities for the Clinic ensure patient confidentiality and privacy. The Clinic will operate on a regularly scheduled basis. The Clinic will provide services to all clients who seek an appointment within its capacity.

### **Staffing**

The Clinic must be under the direction of a Rehabilitation Specialist or Medical Officer with recognised experience in amputee rehabilitation – refer to [Procedure Title: Recognition of Medical Officer – QALS Procedure No: 42088/v2/06/2008](#). The Clinic must also be supported by both a qualified Prosthetist and Physiotherapist and other health professionals as required and appropriate. The recognised Clinic must be willing to allow attendance at the Clinic, by any, or all Queensland Health contracted prosthetic service providers (PSP), if so requested.

The Health Service District shall identify the individual whom should be considered by QALS as the **Clinic Coordinator** according to the Service Agreement, section 4.3 Duties of Parties. The nominated Clinic Coordinator will be the first point of contact for QALS under most circumstances.

The Clinic Coordinator is responsible for :-

- the sending, receiving and the distribution of all correspondence and forms relating to the consumers, staff and clinic operations;
- advising QALS of any matters that may impact on the management and performance of the Clinic;
- providing QALS with a current list of staff who are involved in the Clinic's operations;
- advising QALS of consumer related matters and/or complaints;
- notifying QALS of any matters relating to the PSP's performance or attendance at Clinics;
- providing QALS with a list of scheduled Clinic dates, times and/or cancellations.

### **QALS Guidelines**

The Amputee Clinic must be prepared to adhere to QALS guidelines, procedures and documentation regarding assessment and provision of prosthetic services. The Clinic staff must agree to duly complete the necessary documentation, which is required for QALS approval, payment and quality improvement activities.

### Cessation of Recognition

QALS reserves the right to discontinue its recognition of an Amputee Clinic, for QALS purposes if :-

- the Clinic is unable to meet the staffing requirements;
- the District Health Service can not provide suitable facilities for a Clinic;
- staff choose to decline to adhere to QALS guidelines and procedures;
- the performance of the clinic staff or visiting PSP is below Queensland Health Clinical Governance Standards.

### Evaluation Method:

- Annual site visits to the Clinics by QALS Manager.
- Maintenance of staff profiles and recognised medical staff.
- Patient survey and complaints.
- Monitoring of completed forms and documentation.

## AMPUTEE CLINICS

<b><u>METROPOLITAN</u></b>	
<b>Royal Brisbane and Women's Hospitals</b> Ned Hanlon Building – Level 2 Butterfield Street, HERSTON 4029 <b>Outreach Clinics held at:</b> <b>Nambour; Redcliffe and Toowoomba.</b>  Ph: 07- 3636 7286 Fax: 07- 3636 2595	<b>Princess Alexandra Hospital</b> GARU Building 7 – Prosthetic Department - 1 <sup>st</sup> Floor Ipswich Road WOOLLOONGABBA 4102  Ph: 07- 3240 2245 Fax: 07- 3240 7047
<b>Royal Children's Hospital</b> Limb Deficiency Clinic Herston Road, HERSTON 4029 Ph: 07- 3636 5400 Fax: 07- 3636 5464	<b>Gold Coast</b> Helensvale Community Centre Discovery Drive, HELENSVALE 4212 Ph: 07 5519 8501 Fax: 07 5519 8608
<b><u>REGIONAL</u></b>	
<b>Maryborough Hospital</b> 185 Walker St MARYBOROUGH QLD 4650 Ph: 07 4123 8471 Fax: 07 4123 8452	<b>Bundaberg Hospital</b> Bourbong Street BUNDABERG QLD 4670 Ph: 07 4150 2550 Fax: 07 4150 2579
<b>Rockhampton Hospital</b> Canning Street ROCKHAMPTON QLD 4700 Ph: 07 4920 6274 Fax: 07 496539	<b>Mackay Hospital</b> Bridge Street MACKAY Ph: 07 49686487 Fax: 07 496483
<b>Townsville Hospital</b> 100 Angus Smith Drive TOWNSVILLE QLD 4810 Ph: 07 4796 3544 Fax: 07 4796 2371	<b>Cairns Hospital</b> The Esplanade CAIRNS QLD 4870 Ph: 07 4050 6226 Fax: 07 4050 6204

**Section:** Continuum of Care

**Procedure No.** 01125/v2/08/2008

**Procedure Title:** Child Amputee Limb Replacement

**Review Officer:** QALS Manager

**Review Summary:** 2<sup>nd</sup> Version  
Review Summary

**Applicable To:** All Staff & PSPs

**Date Last Reviewed:** 08 2008

**Next Review Date:** 08 2010

**Authority:** QALS Advisory  
Committee

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**Signature of Authorised  
Officer**

**Replaces:** 01125 v1

**Key Words:** Child, Amputee

**References:**

**Purpose:**

To create an equitable system for meeting the Prosthetic needs of limb deficient children. Due to the rapid growth factors in children a more realistic time frame for replacement of artificial limbs is required rather than the standard adult time frame of three years. Children's prosthesis will have a life expectancy of one (1) year from date of acquittal, noted on the QALS Acquittal Form, funding permitting.

**Procedure:**

For the purpose of QALS and this procedure "child" means any child or adolescent aged 0 to 16 years inclusive.

All children seeking QALS funding for a prosthesis, whether amputees or congenitally limb deficient, will have successfully completed an interim or rehabilitation program during which the child will be mobilised using a prosthesis of appropriate design. Review of prosthetic needs is available at any time by a multi-disciplinary team at a QALS recognised amputee clinic. A specialist paediatric clinic is available at the Royal Children's Hospital in Brisbane. The multi-disciplinary team (MDT) assessment will consider all

factors including growth rate, activity level and weight, bearing in mind component limitations. While MDT assessment is available at any time, replacement of a prosthesis is on an average, provided each 12 month period – measured from the date of acquittal. Replacement is based on a need basis and is not automatic when the prosthesis is 12 months old. QALS does NOT fund recreational, research or trial prostheses. QALS will not repair or replace a prosthesis that has been neglected or abused.

**Socket Replacements:**

As is it recognised that children have rapid and irregular growth patterns, a socket replacement may be requested during the expected 12 months life of a prosthesis. Requests for a socket replacement will be considered in relation to the acquittal date of the replacement limb and the expected life of the prosthesis.

**Pylons:**

Where ever possible, an older child's prosthesis should be of modular construction to allow for growth related lengthening where deemed appropriate by the Prosthetic Service Provider (PSP) manufacturing the artificial limb.

**Knee Components:**

Knee components are expected to last the life of the prosthesis and will often continue to be serviceable for the replacement prosthesis as well. If there is any doubt about the condition of a prosthetic knee joint, it should be noted on the MDT Form requesting the knee joint be checked and serviced at time of assessing a replacement limb. The PSP is to check and assess if the current knee joint component is still in good working order and likely to last for the life of the replacement prosthesis in question. If in doubt the PSP is to discuss the matter with QALS and seek an approval to replace.

**Prosthetic Feet:**

Prosthetic feet are expected to last the full twelve months of the prosthesis. Undue care and misuse of feet is common and not taken lightly by QALS. Prosthetic feet will not be automatically replaced within the life expectancy of an artificial limb.

**Cosmetic Covers:**

A maximum of one cosmetic cover per limb is permitted in any twelve month period. Additional cosmetic covers will require supporting evidence of the need from an amputee clinic or at the client's own expense. Repairs to a prosthesis will not automatically require a replacement cosmetic cover.

**Client responsibility:**

The child and parents/guardians are responsible for ensuring the prosthesis is maintained in a clean condition. PSPs are happy to provide details on how to maintain and care for your artificial limb. QALS will not repair or replace a prosthesis that has been mistreated, water damaged or used incorrectly. The prosthesis must be used only in the manner and circumstances for which it was designed.

**Evaluation Method:**

- Monitor child amputee costs and service provision through the QALS database.
- Compare costings and service provision to historical data already collected in the database.
- Provide relevant reports to the Royal Children's Hospital Paediatric Rehabilitation Service and RCH Amputee Clinic on child amputee service provision.
- Monitor complaints both verbal and written and report back to the QALS Advisory Committee.

HYPERLINK TO: [All QALS Procedures](#)



**Section:** Leadership and Management

**Procedure No.** 42080/v2/06/2008

**Procedure Title:** Completion of Multi Disciplinary Team (MDT) Form

**Review Officer:** QALS Manager

**Review Summary:** 2<sup>nd</sup> Version  
Review Summary

**Applicable To:** All Staff & PSPs

**Date Last Reviewed:** 06 2008

**Next Review Date:** 06 2010

**Authority:** QALS Advisory  
Committee

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**Signature of Authorised Officer**

**Replaces:** 42080v1

**Key Words:** Prosthetic Services,  
Component Limitations,  
Compensation, PSP

**References:**

**Purpose:**

The procedure was developed to ensure consistent practice was followed by the amputee clinic staff when filling in a prosthetic "**Multi Disciplinary Team Form**".

**Procedure:**

The following procedure provides information and guidance for Amputee Clinic staff when completing the Multi Disciplinary Team (MDT) Form. The information requested on the form is necessary for QALS approval and if this form is incomplete or lacks adequate information, QALS will be obliged to return the form to the originating Clinic.

The provided information is compared to other data on file when considering approval. If there are unexplained inconsistencies, then approval may be delayed.

The QALS's **File Number** is optional but may be of value to the Clinic when making queries. If known, this number can be placed on the MDT form by the clinic otherwise it will be placed on the form once it is received by QALS.

**Patient Information**

Amputee clinic staff are asked to confirm with the client their **address and phone numbers are current**, as QALS will be communicating with the client directly.

The '**Date of Birth**' is a key identifier for QALS as we do have on file a number of clients with the same Given names and Surnames.

Basic eligibility to the service is for Australian citizens, and thus a **Medicare Card Number is a requirement**. Clients who normally hold a Medicare card but being held in the custody of the Department of Corrective Services are exempt from producing their Medicare card while in prison.

QALS must also determine whether clients are eligible for extended services (as in the case of DVA Gold card holders), or are involved a compensation case.

Please also indicate, by ticking the box, if the patient wishes to change Prosthetic Service Provider (PSP). QALS will contact them about their choice.

**Information about Amputation**

Diabetes is a major cause of amputation. It is important that we can identify trends affecting rates of amputation and underlying causes. The data collected previously by QALS was incomplete and unclear. The present form allows us to more accurately identify causes and trends. Please complete the check boxes detailing the diabetes status of the patient.

Information regarding the amputation itself is **mandatory for all primary limbs**. Please include the side (left/right) and type of amputation on all prescriptions (eg. Lt TT, R TH, L TK).

In order to meet our obligations under the Therapeutic Goods Act (TGA) it is necessary to ensure the close matching of the components supplied to an amputee with their **weight** and **activity level**. QALS has adopted the K-Level Classification test called the '*Amputee Mobility Predictor Assessment Tool (AMPAT) Form*'.

Every amputee progressing from interim to definitive service should be classified by assessment of a suitably trained Physiotherapist. Please enter the **AMPAT** score in the relevant check box. Please also enter height (cm) and weight (kg) information for the same reasons. It is preferred that the weight should be taken consistently either with or without the prosthesis to facilitate comparisons from visit to visit.

### **Relevant Medical Considerations / Co-Morbidities**

To be completed by the medical officer only. Any medical condition the medical officer considers significant to the ongoing rehabilitation of the patient and that will affect the ability to wear and use a prosthesis should be noted here. This will help the prosthetist in designing a suitable prosthesis. Examples would include: a colostomy, blindness, stroke/hemiparesis, insensitivity or congestive heart disease.

### **Prosthetic Rehabilitation Aims**

It is important for all MDT members to understand the aims of the rehabilitation program for each individual patient. This allows everyone to work towards the same goal and gives common ground for communication between MDT members and the prosthetic service providers (PSP). This field should be used to note the aims for rehabilitation which are deemed appropriate, realistic and achievable for the patient in question. This allows the prosthetist to understand the goals of the amputee clinic staff and so design an appropriate limb. Examples of aims which might be noted here would include: return to work or transfers only etc.

### **Reason for Requested Service**

Please note here the reasons for the requested service. Examples of entries in this field might include: wear & tear; stump volume change, or medical reasons.

### **History of Interims**

This field should be used to include a brief history of the treatment during the interim phase for those clients progressing onto a definitive limb. Numbers and frequency of socket provision would be useful information. It should also be used to record any interim prostheses provided for someone who has returned to the interim program e.g. following revision surgery.

### **Generic Limb Description**

This area can be used to indicate the suggestion of the Multi Disciplinary Team for limb design considering any special requirements of the patient. A generic description such as 'suction socket' or 'SACH foot' is all that is required. QALS requires the PSP to supply specific details of the components they wish to use to be submitted to QALS prior to approval.

### **Signature Block**

The recognised amputee clinic will have health practitioners from the following designations, a medical officer, a prosthetist and a physiotherapist as the core members of the multi disciplinary team. There may also be health practitioners from other areas of service such as social worker, occupational therapist and nurse involved in the client's rehabilitation program. In ideal circumstances all of the core members would be present at all clinics. QALS recognises that this is not always possible, particularly in non-metropolitan clinics. For this reason there is provision on this form for a variety of members to sign requesting service with limitations as noted below.

This area has provision for the indication of whether social work / grief counselling was offered to the patient. Please indicate by use of the check boxes whether the offer was made or the service has been requested, either by or on behalf of the patient.

For progression from interim to definitive service it is necessary that a medical officer is satisfied that the patient is suitable for prosthetic treatment. If a client is already receiving definitive prosthetic treatment, the assumption is made that they continue to be suitable until a medical officer signs to say this is no longer the case. In either circumstance the medical officer should tick the relevant check box to let QALS know of the decision. Under no circumstances can a client be accepted as a QALS client without the necessary confirmation of their suitability for prosthetic treatment from a medical officer.

However, when no medical officer is available and the patient is already receiving services from QALS then the MDT form may be submitted with all details completed other than Relevant Medical Considerations and the Confirmation of Medical Suitability. In this case QALS will consider the request as ongoing provision.

With the exception of transition from interim to definitive services it is acceptable for the MDT form to be signed by a member of the Multi Disciplinary Team other than the medical officer. In this case the MDT member should note their designation (e.g. physiotherapist, prosthetist) on the relevant line. If the script is unsigned or signed by a non-recognised MDT member, the script will be returned to the originating Clinic.

The contracted Prosthetic Service Provider (PSP) can NOT sign the MDT form under any circumstances, even if they are the prosthetist in attendance at the amputee clinic.

**MDT Form Expiry**

An MDT Form is valid for up to six months after approval, but may be cancelled earlier if QALS required responses are not forthcoming.

**Evaluation Method:**

- Indicator monitors on time frames for processing of prescriptions
- Monitoring the number of uncompleted forms returned to amputee clinics per annum
- Monitoring of complaints by staff, PSPs or patients in relation to the understanding and completion of the form.

**HYPERLINK TO: To all other QALS procedures.**

QALS Clinic Information on  
QALS Procedures

2008 Edition



**Section:** Leadership and Management

**Procedure No.** 42085/v2/08/2008

**Procedure Title:** Identification of Limbs

**Review Officer:** QALS Manager

**Review Summary:** [2<sup>nd</sup> Version](#)  
[Review Summary](#)

**Applicable To:** All Staff and  
PSPs

**Last Review Date:** 07 2008

**Next Review Date:** 07 2010

**Authority:** QALS Advisory  
Committee

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**Signature of Authorised  
Officer**

**Replaces:** 42085 v1

**Key Words:** transponder,  
Limb number,

**References**

### **Purpose:**

The purpose of this procedure is to allow proper identification of prostheses in order to enhance patient safety and tracking of prosthetic services funded by Queensland Health.

### **Procedure:**

It is essential that all prostheses which are provided or maintained by QALS be permanently and individually identified to meet client safety, legal, ethical and operational needs. QALS requires compliance with the Therapeutic Goods Act 2002 (TGA) in the production of all QALS funded prostheses. The Essential Principles of the TGA stipulate the labelling requirements that a manufacturer must meet. However due to privacy issues and practical limitations on the application of a label to prostheses an alternative, approved by TGA, is used. All prostheses are to be supplied with a label (not attached to the prosthesis) which, in addition to all other TGA requirements, carries a microchip transponder number. The corresponding microchip transponder is to be implanted/attached to the socket of the prosthesis. When this is not possible, the Prosthetic Service Supplier (PSP) is to engrave a serial number on the socket and append this number on the label supplied with the prosthesis.

### **QALS Role**

QALS will provide the transponder microchips for incorporation into all new or replacement prostheses or socket replacements as required. Each

unique transponder number will be recorded in the appropriate field of the Prosthesis Details Form in the ALS database. This field will be updated each time a new microchip is included in a replacement socket or prosthesis. QALS will provide the transponder readers as appropriate to amputee clinics and PSP.

### **Amputee Clinic Role**

QALS will not honour any invoice for work done on a prosthesis that cannot be identified using the means described in this procedure. In practice, this means that any prosthesis presented at an amputee clinic for acquittal must bear either a microchip transponder or an identifying number engraved on it. QALS requests that PSP and/or amputee clinic staff record the identifying number either by reading the engraving or scanning the embedded microchip, on the Acquittal and Quality Control Form. QALS will use the number recorded on the Acquittal and Quality Control Form as certification that that ID number or transponder is present on the prosthesis.

If a Multi Disciplinary Team (MDT) Form is completed requesting service from QALS, it is requested that the ID number or transponder number of the limb to be serviced is recorded on the form if possible. It is **mandatory** for the PSP to record the ID number or transponder number on the Prosthetic Assessment Form for any service requests to be considered. If there is no number visible, then an appropriate notation should be made on the form indicating the reason the prosthesis can not be identified. QALS will accept this entry as certification that that number is on the prosthesis. In those instances where it is recorded that the number cannot be found, QALS will review its records and enter the most likely limb number and only repairs or replacement to that limb will be authorised.

## **Prosthetic Service Provider (PSP) role in identifying prostheses.**

### **Identification of Prostheses**

QALS will continue the issue of a four digit sequential number preceded by a "Qxxxx" (the approval number) for any approved new prosthesis. However, with the introduction of the implanted transponders, there will no longer be a requirement to visibly identify the prosthesis with this number. Any instance where a microchip transponder cannot be incorporated requires that the approval number should be engraved somewhere accessible but inconspicuous.

In any new / replacement prosthesis or socket replacement, the supplied transponder will be functionally tested and implanted in a safe location.

### **Repairs**

The PSP will positively identify all prostheses **prior** to commencement of any work on behalf of QALS. Only prostheses identified as "current" on the ALS database may be serviced on QALS behalf. QALS will not fund any work on an "expired" or unidentified prosthesis. The PSP should use the supplied scanner to identify the prosthesis presented for servicing and record the number on the Prosthetic Assessment Form and/or Repair Voucher. This annotation is the PSP's certification that the prostheses which was serviced was in fact so identified by the number quoted and that the service was provided to that prosthesis and no other.

If the prosthesis presented for service cannot be identified by normal means the PSP should seek advice from QALS prior to commencing any work on the prosthesis. When it is necessary to engrave the prosthesis with the appropriate limb number, it should be as unobtrusive as possible. The PSP must be satisfied when affixing identification that the prosthesis which is being identified is in fact the prosthesis referred to in the QALS database.

### **Replacement or Major Repairs**

The PSP is only authorised to replace or provide major repairs to properly identified prostheses. Any approved request for service will have the identification number of the relevant prosthesis recorded on it. Only the stipulated prosthesis, and no other, is to be repaired on that approval. The PSP may obtain information from QALS, or the ALS database as to the identification number of a client's current prosthesis, as well as its acquittal date.

If the prosthesis presented for service cannot be identified by normal means the PSP should seek advice from QALS or use the ALS database for the identification of the prosthesis and, prior to commencing any work on the prosthesis, should engrave the prosthesis with the appropriate limb number. This must be carried out regardless of whether it is a prosthetic repair or replacement. Where the repair is a socket replacement, QALS will provide a transponder, which is to be implanted.

### **Verification**

QALS intends to carry out audit activities as appropriate to ensure that all prostheses which are being provided, repaired, maintained or supplied with consumables are properly identified.

QALS will consider a breach of this procedure by a PSP as a serious occurrence which is inconsistent with the spirit of the Prosthetic Provider Service Agreement.

### **Evaluation Method:**

- Annual Report on the number of limbs presented that have expired requesting repairs & replacement.
- Check transponder number is written on all invoices and prescriptions.

**HYPERLINK TO:** [Hyperlink to relevant procedures](#)



**Section:** Leadership and Management

**Procedure No.** 42084/v2/08/2008

**Procedure Title:** Interim to Definitive Prosthesis

**Review Officer:** QALS Manager

**Review Summary:** [2<sup>nd</sup> Version  
Review Summary](#)

**Applicable To:** All Staff and  
PSPs

**Last Review Date:** 07 2008

**Next Review Date:** 07 2010

**Authority:** QALS Advisory  
Committee

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**Signature of Authorised  
Officer**

**Replaces:** 42084 v1

**Key Words:** interim limb,  
Definitive limb, component  
Weight limitations,  
Safety checks.

**References**

### **Purpose:**

To ensure patient safety by requiring consistent practices when scripting prosthetic needs. Prosthetist check and ensure components are safe and within the listed component limitations schedule.

### **Procedure:**

It is recognised that circumstances will arise where the client's immediate prosthetic needs are best met by the conversion of their interim artificial limb (prosthesis) to definitive status. This procedure identifies the issues involved and related conditions.

### **Client Status**

Before any conversion can occur, it must be clearly recognised and indicated to QALS that the client has completed an appropriate rehabilitation program and that the client is ready for a definitive (permanent) prosthesis.

In order to identify the appropriate artificial limb type for a client transitioning to a definitive prosthesis QALS requires that all clients (other than bi-laterals and upper limb amputees) undertake a test to establish their mobility level. At present QALS recognises the AMPRO test resulting in the allocation of a "K-Level" of 0 - 4. No client with a K-Level of "0" will be considered for QALS services. Testing must be carried out by a suitably trained physiotherapist prior to any request for service to QALS.

### **Prosthesis Construction**

QALS requires that components used in QALS funded prostheses are included on the Australian Register of Therapeutic Goods (ARTG). In general, prosthetic components included on the ARTG are stipulated as single person / multiple use. This allows the same component to be used multiple times **on the same client**. For any interim prosthesis to be accepted for conversion to a definitive prosthesis it must be composed of components that were new when used in the interim limb manufacturing.

Where only a new socket is produced during conversion to definitive status, the prosthesis will be given a new limb number, not a major repair number as is the normal process just for socket replacements. This allows QALS to track the number of interim limbs separate to number of definitive limbs otherwise the actual numbers reported will be less than what is actually supplied and funded.

In some unique circumstances the socket may remain the same and only the components are replaced in particular the foot. The same rules apply as above, a new limb number will be allocated to indicate the upgrade from interim to definitive status, all components parts will be recorded as per QALS procedure Identification of Limbs 42085/v2/08/2008.

### **Required Changes**

Where the above conditions are met, QALS is prepared to fund for the provision of a new socket and/or a foam cover where clearly required and requested. These services will be obtained from a QALS recognised Prosthetic Service Provider.

**Payment for Existing Components**

Where the conversion of the interim to definitive meets the above conditions and is approved by QALS, or in the case of a client with DVA entitlements also by DVA, the manufacturer of the prosthesis will only be paid for the costs incurred for the changed/new components used in the definitive prosthesis. No payment whatsoever will be made for any other previously incurred costs associated with the production of the interim limb.

**Database**

QALS will enter the limb identification information in the database as a Primary Definitive and will assign a Limb Number in the form "Qxxxx" to the prosthesis and the prosthesis is to be so identified.

**Warranty**

Any services which are normally considered as subject to warranty will remain the responsibility of the party who provided the service involved.

**Evaluation Method:**

- Checking request for service forms have a clearly written indication of the changes required and the interim components that do not require replacement.
- PSPs identify such limbs clearly on their invoices and charge only for the replacement components.
- Annual report on numbers and types of conversion prostheses.
- Amputee clinic staff support for such a conversion is to the benefit of the client.

**HYPERLINK TO:** Hyperlink to relevant procedures



**Section:** Leadership and Management

**Procedure No.** 42200/v1/07/2008

**Procedure Title:** Prosthesis Disposal Procedure - QALS

**Review Officer:** QALS Manager

**Review Summary:** [1st Version Review Summary](#)

**Applicable To:** All Staff and PSPs

**Last Review Date:** 07 2008

**Next Review Date:** 07 2010

**Authority:** QALS Advisory Committee

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**Signature of Authorised Officer**

**Replaces:** New procedure

**Key Words:** Prosthesis, disposal

**References:**

**Purpose:**

To ensure safe and reliable disposal of expired prostheses and the prostheses of deceased clients.

**Procedure:**

A prosthesis is made of a variety of materials which, in normal use, are benign. However, incorrect disposal methods such as burning can cause the release of materials into the environment which are potentially harmful.

When a prosthesis has reached the end of its useful life, or the client to whom it was supplied has no further use for it, the original supplier is required to accept it back for disposal.

The Prosthetic Service Provider (PSP) should dispose of the unwanted prosthesis according to their normal procedures as laid out in their quality manual while following normal Health and Safety requirements and guidelines.

**Conditions:**

This policy is applicable to expired prostheses. A prosthesis will be expired when it has been superseded/replaced for fitting or safety reasons.

**Process:**

It is the clients' responsibility to return an expired prosthesis to the PSP for disposal. This can be done at collection of a replacement or by posting the prosthesis to the PSP. QALS is not responsible for any postage charges involved in limb disposal.

**Evaluation Method:**

- Annual inspections at premises of prosthetic manufacturers by QALS manager.
- Review of Quality Assurance Certification incorporating Workplace Health & Safety practices.



**Section:** Leadership and Management

**Procedure No.** 42199/v1/07/2008

**Procedure Title:** Prosthetic Service Providers (PSP) Referral to Clinic - QALS

**Review Officer:** QALS Manager

**Review Summary:** [1st Version Review Summary](#)

**Applicable To:** All Staff and PSPs

**Last Review Date:** 07 2008

**Next Review Date:** 07 2010

**Authority:** QALS Advisory Committee

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**Signature of Authorised Officer**

**Replaces:** New procedure

**Key Words:** Referral, prosthesis

**References:**

**Purpose:**

This procedure provides a documented method for Prosthetic Service Providers (PSP) to refer clients to an amputee clinic.

**Procedure:**

QALS recognises the value of the amputee clinics and the multidisciplinary input available there. When a QALS client has a non-prosthetic issue identified by the PSP they should be referred to an amputee clinic for further investigation.

**Conditions:**

Completing the "PSP Referral to Clinic" form provides a method for referral from the PSP to the amputee clinic with the relevant information noted and documented. This is especially useful when the PSP cannot be present at the clinic appointment.

**Process:**

The Clinic referral form should be completed including the following information where appropriate:

- Patient information – Enter all information required to identify, contact and make an appointment for the client.
- ID Number on Presented Prosthesis – The PSP should scan the presented limb and note the number here. This is useful to confirm the prosthesis the client presents to clinic with is the one the prosthetist last saw the client with.
- Reason for provision – Note here the service being considered. This may include a change in prosthesis type, renewal of components or any other type of service the prosthetist wishes to be considered.
- Reason for referral – Note here the concerns that prompted the referral. This might include unidentified skin conditions, variation in socket fit or a change in the general wellbeing of the client affecting prosthesis use.
- Prosthetist request / suggestion / concern – Use this space to express ideas or suggestions to address the issue at hand or to expand on the reason for referral to the multidisciplinary team.
- Signature block – Enter information enabling identification of the referring prosthetist and when the referral was made.

**Evaluation Method:**

- Client is given an appointment for review by the multidisciplinary team
- Clinics receive clear and useful information as to the reason for referral.
- A clear path from PSP to clinic is documented and recorded in the client's files.



**Section:** Leadership and Management

**Procedure No.** 42088/v2/06/2008

**Procedure Title:** Recognition of Medical Officer – QALS

**Review Officer:** QALS Manager

**Review Summary:** 2<sup>nd</sup> Version  
Review Summary

**Applicable To:** All Staff & PSPs

**Date Last Reviewed:** 06 2008

**Next Review Date:** 06 2010

**Authority:** QALS Advisory

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**Signature of Authorised**

**Replaces:** 42088v1

**Key Words:** Qualified in  
Rehabilitation care for amputee

**References**

### **Purpose:**

The procedure is to ensure patient safety and well being is paramount in the amputee's rehabilitation and associated prosthetic use by an assessing Medical Officer. It also incorporates consistent clinical practices in the care and treatment of amputees.

### **Procedure:**

QALS believes that all Medical staff recognised by QALS for the purpose of clinical assessment and the signing of the Multi Disciplinary Team (MDT) Form for any new or replacement prosthesis and/or major repairs must have a combination of training and experience with amputee rehabilitation and care.

### **Training**

QALS recognises that a Medical Specialist in rehabilitation medicine with additional recognised training in amputee management is the optimal academic qualification for an assessing doctor. QALS recognises that not all Rehabilitation Specialists have formal training in amputee management but have acquired strong skills through practical experience and are able to apply these skills to an amputee's rehabilitation and ongoing needs.

QALS appreciates that demographics and supply factors restrict the availability of specialist medical staff as outlined above. Thus, QALS is prepared to recognise a medical staff member, for QALS purposes, if they have completed a recognised university affiliated program in amputee management.

When necessary, QALS will also recognise a medical staff member, who has been deemed as competent and recommended by an existing recognised Rehabilitation Specialist, to carry out the responsibilities and assessments associated with amputee care and rehabilitation. This recommendation should arise from the personal assessment of the applicant's abilities by the recommending Rehabilitation Specialist, usually arising from the applicant medical officer's participation in a number of amputee clinics under the guidance of the recommending Rehabilitation Specialist.

### **Registrars**

Medical staff who are performing as Registrars under the supervision of a recognised Medical Officer will be acknowledged by QALS during that period, upon receipt of formal notification from the responsible Medical Officer or Clinic Coordinator.

### **Association with an Amputee Clinic**

QALS recognised Amputee Clinics must be under the direction of a Medical Officer/ Rehabilitation Specialist to be operational, refer to [Procedure Title: Amputee Clinic Recognition – QALS, Procedure No. 01124/v2/06/2008](#).

QALS will only recognise a clinical assessment recorded on a Multi Disciplinary Team (MDT) Form which arises through a recognised Amputee Clinic. Thus, although a medical staff member may be recognised as an assessing Medical Officer for QALS purposes, the recognition of an MDT Form indicating an amputee has been clinically assessed as being suitable for prosthetic use, will only be accepted if it arises from a recognised Clinic.

**Listing**

The Amputee Clinic Coordinator will provide QALS with a current staff list, including medical staff, as changes occur. QALS will register the names of the medical staff on their database for selection against clinical assessments and prosthetic service requests.

Medical Officers not registered with QALS and new to amputee clinic services, will provide QALS with a brief resume, which indicates their experience and expertise in the field of rehabilitation and in particular in the treatment and care of amputees. A covering letter should indicate which amputee clinics they will be involved with. This information will be forwarded to a Rehabilitation Specialist for peer review and recommendation of acceptance.

**Responsibilities**

A recognised Medical Officer involved with amputee assessment and care agrees to abide by Queensland Health Clinical Governance Standards and QALS guidelines and procedures. If a Medical Officer chooses not to adhere to these guidelines and procedures, then QALS will have no option other than to cease recognition of that medical staff member for QALS purposes.

**Evaluation Method:**

- Medical staff list provided by the Clinic Coordinator will be registered on the QALS database and updated as staff changes occur.
- Change around in Registrars involved in amputee clinic operations will be forwarded to QALS by the Clinic Coordinators.
- Names and signatures on Multi Disciplinary Team (MDT) Forms and correspondence will be matched against the list provided.
- Applications to register as an assessing Medical Officer, for QALS purposes are reviewed by an appropriately qualified Medical Rehabilitation Specialist.



**Queensland  
Government**

Queensland **Health**

**PRINCESS ALEXANDRA HOSPITAL  
HEALTH SERVICE DISTRICT**

**PROCEDURE MANUAL**

**Section:** Leadership and Management

**Procedure No.** 42099/v2/07/2008

**Procedure Title:** Weight and Prosthetic Components Limitations – QALS

**Review Officer:** QALS Manager

**Review Summary:** 2<sup>nd</sup> Version  
Review Summary

**Applicable To:** All Staff & PSPs

**Date Last Reviewed:** 07 2008

**Next Review Date:** 07 2010

**Authority:** QALS Advisory  
Committee

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**Signature of Authorised Officer**

**Replaces:** 42099 v1

**Key Words:** Prosthesis,  
Components Weight Limitations  
Prosthetic Service Providers

**References:**

**Purpose:**

This procedure aims to ensure patient safety by advising and informing clients of any limitation of their prosthesis and the components used in the making of the prosthesis.

**Procedure:**

QALS recognises that the components used in the manufacture of a prosthesis have weight and activity limitations stipulated by the manufacturer of the components. QALS requires that all clients be informed of any, and all, limitations placed on the prosthesis with which they are supplied, either by the component manufacturers or the Prosthetic Service Provider (PSP). The Therapeutic Goods Act 2002 places responsibilities on the PSP as regards to prosthesis design, risk analysis and labelling of prostheses. All PSPs contracted to QALS are required to fully comply with the requirements of the relevant sections of the Therapeutic Goods Act 2002 in the design and supply of any prosthesis to a QALS's client and to stipulate this compliance by signing the "**Prosthesis Issue Document**" when the client takes the prosthesis for trial

**Role of the Amputee Clinic**

All requests for service must record the current weight of the client on the Multi-Disciplinary Team (MDT) form. The leader of the MDT shall advise the client to discuss any limitation of their prosthesis and/or components with their PSP.

**Role of the Manufacturer**

When the client attends the PSP, the prosthetist will review the requirements of the client in the context of the MDT form from an amputee clinic. The Prosthetist will explain to the client the prosthesis weight and activity limitations both verbally and in writing and have the client acknowledge their understanding and acceptance of these limitations by signing the Prosthesis Issue Document prior to taking the prosthesis on trial. The copies of the form are distributed as identified.

**Role of QALS**

QALS will not process an invoice for payment of services unless the client has been informed of the issues relating to the use of the prosthesis. QALS requires that the original copy of the Prosthesis Issue Document be submitted with the invoice for services provided. The Prosthesis Issue Document shall be placed on the QALS client's file.

**Evaluation Method:**

- Verify MDT Form and/or PSP Assessment Form correctly completed before approval of requested services.
- Ensure Prosthetic Service Providers return the signed Prosthesis Issue Document with invoices before payment is processed.
- Response by clients on the annual client survey on PSP service provision.

**HYPERLINK TO:**