Länsi-Uudenmaan hyvinvointialue
Västra Nylands välfärdsområde

Care equipment distribution instruction 2025

Contents

1 Care equipment distribution

The centralised care equipment distribution distributes care equipment required for the treatment of chronic illness for the residents of the Western Uusimaa Wellbeing Services County under section 24 of the Health Care Act. Care equipment is given out when a client has needed it for the treatment of their illness for at least three months. An exception is a need caused by a permanent illness, in which case the care equipment can be given already before the 3-month time limit (diabetes equipment and stoma equipment).

Care equipment is distributed from the wellbeing services county with which the client has a basic health care treatment relationship. If the client of another wellbeing services county has transferred their client relationship concerning basic health care to a health centre in the Western Uusimaa Wellbeing Services County, they will also receive the necessary care equipment from the Western Uusimaa Wellbeing Services County. The client's own wellbeing services county is invoiced for the distributed equipment.

The referral for care equipment is given by the health care professional who is responsible for the client's treatment and writes the referral for care equipment with the distribution instruction in mind. The determined individual need for care equipment is recorded in the client's treatment plan, after which the health care professional responsible for the client's treatment regularly monitors the client's need for equipment.

The selection of care equipment is steered, in addition to the client's individual need and an assessment made by a health care professional, by the procurement legislation concerning the competitive tendering for care equipment. If the client wants a product not included in the procurement selection, they have to procure and pay for it independently. Deviating from the distribution instruction is processed client-specifically through a separate permit process.

Health care is not obligated to give the client such care equipment that is deemed necessary by a party other than public health care. Public health care is also not obligated to reimburse care equipment that a person or insurance institution has directly ordered from a supplier. Therefore, the requirement for the granting of care equipment to be used in independent medical care is a written referral from a health care professional that is pursuant to the valid instructions and a personal treatment plan. A referral or treatment plan recorded in the private sector is reviewed before enforcement.

Care equipment distribution does not give equipment to people in an institution under a long-term decision. On the other hand, a resident living in a home-like environment (e.g. nursing homes) is entitled to the care equipment in accordance with their treatment plan.

Care equipment is free of charge for the client.

1.1 Referral for care equipment

Care equipment always requires a referral. The referral for care equipment is made by a health care professional with the distribution instruction in mind. A new referral is always needed if, later on, there are changes to the client's treatment that impact the nature or amount of care equipment.

The referral concerning care equipment must contain:

- A medical reason (the ICD-10 code corresponding to the illness due to which the issuing of the care equipment is being proposed). Supplemental diagnoses if necessary
- Current medication
- Estimated duration of the care equipment (permanent or temporary)

- Product/brand and the necessary REF numbers
- Number of products. The number/day or week or month must always be marked in detail.
- Size, if needed, e.g. the length of an insulin pen needle
- Grounds for deviation. Reason why the amount pursuant to the instruction is being exceeded. After this, the deviation from the distribution instruction is processed client-specifically through a separate permit process
- Place of treatment, especially if the treatment place is other than the client's own health centre
- Signature of a health care professional, contact information.

Incomplete referrals are returned to the unit that sent them.

1.2 Customer register maintenance

The customer relationship and all the care equipment the client has received, and the amount of equipment are recorded in the patient information system in use.

1.3 Ordering

The ordering and delivery of care equipment happens through centralised care equipment distribution, primarily with the electronic order form or alternatively by phone.

2 Diabetic care equipment

Diabetes equipment is primarily only distributed to clients who have a diabetes diagnosis. The referrals for care equipment are made by a health care professional.

2.1 Blood sugar indicators

One basic indicator is given to the client. If the client uses several different indicators, they get the measuring strip they need for one indicator. Blood sugar indicators are given and replaced when needed. The blood sugar monitoring of diabetic patients in dietary therapy is mainly implemented during clinic visits.

For children, the individual need for indicators is always assessed by specialised health care, and the needed indicator(s) are granted on the basis of this needs assessment.

2.2 Blood sugar test strips

Daily independent monitoring is not proved to have any additional benefits if the HbA1c value is according to the target and the client does no use medication that exposes them to hypoglycaemias. In this case, the most important means of independent monitoring is the regular monitoring of weight, waist circumference and blood pressure.

Blood sugar is monitored in connection with periodic controls with laboratory examinations. The need for independent measuring depends on factors such as the form of treatment, glucose balance, hypoglycaemia sensitivity, daily routine and the client’s own preparedness. The need for independent measuring and its time and numerical targets are determined individually and in cooperation with diabetes care professionals.

The treatment plan must include the need for care, the care target, the implementation of care, the means of care (e.g. medication, lifestyle changes, blood glucose measuring frequencies and daily acts), support, monitoring and assessment (e.g. the next appointment with possible laboratory examinations). The care equipment referral is written by a doctor/nurse who is responsible for the monitoring of the treatment.

Table 1.

Independent measuring of glucose content and the minimum need of test strips. The individual need for measuring is assessed in cooperation with a diabetes nurse and doctor and it is recorded in the treatment plan.

Situation	**Purpose**	**Measuring times**	**Glucose content target**	**Weekly need for strips**	**Need duration**
Long-term needs					
Insulin deficiency diabetes or multiple daily injection therapy	Noticing a change in the glucose level	Pre- and post-meal measuring: (before a meal and 2 hours after the start of the meal) Evening and morning measuring: measuring when going to bed (3–4 hours after the evening snack and in the next morning and when needed)	Maximum allowed change is 2–3 mmol/l	56	Permanent
Diabetes and only basic insulin or other treatment form that exposes to hypoglycaemia	Noticing a change in the glucose level	Pre- and post-meal measuring and measuring in the evening and morning	Maximum allowed change is 2–3 mmol/l	21	Permanent
Diabetes and a treatment form that does not expose the patient to hypoglycaemia	Noticing a change in the glucose balance	Measuring in the evening and morning and pre- and post-meal measuring	Maximum allowed change is 2–3 mmol/l	Individual, 2–14	Permanent
Additional need					
Varying daily routine and life situations	Determination of hyper or hypoglycaemia	Pre- and post-meal measuring and measuring in the evening and morning, when exercising, when falling ill	Even glucose content	Individual	Individual

2.3 Ketone measuring strips

Given, according to individual need, to insulin deficiency patients and children with severe epilepsy on the basis of a treatment referral from specialised medical care.

2.4 Blood sampling device

A blood sampling device is given in accordance with the procurement agreement.

2.5 Lancets for blood sampling

Given according to the treatment plan.

A blood sampling lancet can be used 1–6 times or for 1–3 days in good conditions.

2.6 Insulin syringes and insulin pen needles

Given according to the treatment plan. The recommendation is that the injection tools (needles and syringes) are changed after each injection.

2.7 Insulin pens

Reusable insulin pens are given according to the guarantee time for each insulin quality to be injected.

If the insulin pen goes missing or gets broken due to carelessness, the client shall obtain a new pen independently.

No additional insulin pens are given for trips. Single-use syringes with fixed needles are given as a standby.

2.8 Insulin pump equipment

As a rule, the client procures the special and additional equipment of an insulin pump (pump-specific special batteries, belts, bags, harnesses, fastening tapes/films, glue-removing spray/wipe and skin-protecting spray/wipe) themselves.

The following equipment is given:

Infusion sets	1–4 pieces/week
Insulin containers	1–4 pieces/week
Cannula	2–3 pieces/week
Fastening belts if necessary	1 piece/year

2.8.1 Sensors of diabetic patients using a sensor-augmented insulin pump

Distributed sensors are in line with the latest procurement decisions. Sensors are distributed according to the use times specified by the manufacturers in the procurement decisions.

For a child and young person using a sensor-augmented insulin pump, a referral is written by specialised health care (public health care).

For adults, the referral is written by specialised health care, a diabetes centre or by the diabetologist at a health centre.

2.8.2 Sensor-augmented blood sugar monitoring system

The sensor-augmented blood sugar monitoring system is mainly meant for insulin deficiency patients who are committed to treatment and benefit from it at the recommendation of a diabetologist or a diabetes physician-in-charge.

Distributed sensors are in line with the latest procurement decisions. Sensors are distributed according to the use times specified by the manufacturers in the procurement decisions.

It is also possible to revert from a sensor-augmented blood sugar monitoring system to fingertip measuring if the benefits for the patients are no longer realised.

Sensors are given every 3 months, 6+6+6+6 sensors/12 months. The monitoring system is intended for the following special groups:

- For type 1 diabetics with severe hyperglycaemias or a problematic hypoglycaemia tendency
- Type 1 diabetics who are planning to get pregnant or who are pregnant (and nursing mothers) who measure their blood sugar 8–10 times a day

- Dialysis and organ transplant patients 6 months after transplant if necessary

The client must commit to monitoring their blood sugar i.e. carry out sensing over 6 times a day. The patient's commitment to the treatment is monitored at the clinic.

Glucose sensors are primarily not granted for the blood sugar monitoring of type 2 diabetics. If a type 2 diabetic later on develops an insulin deficiency, it must be recorded in the referral with grounds that support the insulin deficiency diagnosis. After this, the referral is processed individually through a separate permit process.

3 Urological equipment

Given according to the treatment plan.

3.1 Urine catheters

Urine catheters, permanent catheters, special catheters and suprapubic catheters are given according to the treatment plan.

A gauze pad and medical tape can be granted for the base of the catheter if necessary. Other care-related bandages are paid by the client.

3.2 Urine collection bags/accessories

Urine collection bags are given to clients at an average of 1–2 pieces/week. The holding sleeve is given to the client at 1 piece/3 months. Fastening strings are given at one pair/3 months.

Holding sleeve and fastening strings are not for single use, they can be washed several times.

3.3 External urine collector

External urine collectors are given according to a referral from specialised medical care.

For clients doing recurring catheterization or using incontinence pads, urine collectors are given according to individual need.

3.4 Incontinence pads

There are three determined severity levels of urinary incontinence. The diagnosis and degree of incontinence is determined on the basis of preliminary information and clinical research results.

Degree 1 mild: urinary incontinence occurs rarely or when exerting, in which case the client procures the product by themselves.

Degree 2 moderate: urinary incontinence occurs several times a day and the amount is about 1.5 dl at once.

Degree 3 severe: urinary incontinence occurs no matter the position and all the time = wets completely (incontinent).

Before the long-term use of incontinence products, it must be investigated whether the incontinence can be treated or alleviated through other means (e.g. physiotherapy, medication, surgery). This means that the right to care equipment might not be created.

Incontinence pads are granted to diagnosed persons who suffer from moderate or severe urinary incontinence and who have a diagnosed organic chronic illness or disability where the urinary incontinence has lasted for at least three months.

Incontinence pads are granted to children over the age of 4 for the treatment of the following diagnosed chronic illnesses, among others:

- Disability that does not enable staying dry (the wetting mechanism must be indicated clearly in the referral)
- Primary neurological illness that affects the urinary bladder
- Condition that leads to disturbed function of the spine
- Functional issues of the urinary bladder caused by medical treatment (sequalae of pelvic area cancer, radiotherapy)
- Diagnosed memory disease

- Palliative care patient living at home

Normal night-time wetting does not entitle anyone to the incontinence products distributed free of charge.

Pads are generally granted 2–4 pieces/day.

The permanent or suprapubic catheter that the client has may affect the number of incontinence pads granted. Incontinence pants are granted to a client who is able to independently manage their bathroom functions.

When planned well, the need for incontinence pads does not usually exceed 3–4 pads a day.

4 Faecal incontinence

Anal tampon is given for a specialised medical care referral. Alternatively, incontinence pads can be given when the faecal incontinence is caused by a chronic illness or disability.

4.1 Colon-cleansing system

Colon-cleansing system is only given for a specialised medical care referral.

5 Stoma care equipment

Given customer-specifically on the basis of a specialised medical care referral.

5.1 Intestinal stoma equipment

Either a closed or an emptiable colostomy bag and stoma protective plate is given according to the treatment plan.

5.2 Urostomy equipment

Urostomy bag and protective plate are given according to the treatment plan.

5.3 Other stoma equipment

Given according to the treatment plan:

- Protective paste or protective ring for the skin
- Skin-protecting spray or skin-protecting wipe
- Glue-removing spray or glue-removing wipe
- Stoma belt 1 piece/3 months

The equipment not included in the stoma equipment list shall be paid the client.

6 Gastrostomy equipment

Given customer-specifically on the basis of a specialised medical care referral. Care equipment distribution does not give out nutrition transfer pumps.

7 Tracheostomy equipment

Given customer-specifically on the basis of a specialised medical care referral.

8 Other catherers

Given according to the treatment plan: rectal catheters, ileostomy catheters, suction catheters and suction bags/tubes.

The suction device is not given by care equipment distribution.

9 Oxygen concentrator and oxygen container

Oxygen therapy is started in specialised medical care from where the client can borrow an oxygen concentrator.

If the user requires oxygen when moving outside their home, they shall rent an oxygen container independently with a medical certificate.

Care equipment distribution gives a nasal cannula or a mask for the client’s use.

The client shall purchase the medicinal oxygen independently, Kela will reimburse them for the purchase. For the Kela reimbursement, the client must fill out form SV 178 (Medicine expenses incurred in Finland).

Saturation measurement devices and their accessories are not given by care equipment distribution.

The accessories of an at-home oxygen treatment device (mask/nasal cannula) are paid by the client.

10 Medication pump

The infusion tube and syringe – and adapter if necessary – are given when using an independently maintained medication pump.

Care equipment distribution does not give batteries.

11 INR value determination equipment

The strips and lancets needed for the monitoring of anticoagulant therapy are only granted to children (under the age of 18).

12 Central venous catheter care equipment

Sterile wads and skin protective plates are given according to the treatment plan.

13 CPAP equipment

Both mask and tube are given on the basis of a referral for the duration of one year. Filters are given 4 pieces/year. The humidifier chamber is given every other year.

14 Draining kit for pleural fluid

Given according to the treatment plan.

15 Palliative care

To clients with palliative care decisions is granted and given care equipment that is pursuant to the distribution instruction, deemed to support the care, and promotes care that is as painless as possible when the palliative care takes place in the client’s home.

Products that are not given through the care equipment unit can be found in the last chapter of the distribution instruction.

16 Other care equipment

Granted and given based on a separate permit process. Wound care products are distributed by health centres.

17 Not covered by care equipment distribution

The following products are not given as part of care equipment distribution (not an exhaustive list):

- Bed protectors
- Draw sheets, protective plastic for bed, slide sheets
- Normal hygiene maintenance products such as shampoo, toothpaste, etc.
- Drip collectors and pads designed for mild incontinence
- Bibs
- Facecloths, washing lotions or wet wipes
- Hygiene overalls
- Menstrual pads
- Protective gloves, protective aprons
- Urinals, catheterisation sets
- Sterile instruments
- Washing emulsions/lotions

- Kidney dishes
- Tissues, cotton wool, etc.
- Medicinal care/support socks
- Disinfectants for skin
- Medicines or medicine-like products, lotions, anaesthesia gels, salt, enemas, honey used in wound care, wound-care solutions, etc.
- Hazardous waste container
- Medication dispensers
- Batteries for indicators/devices
- Assistive devices

Care equipment required by professionals, such as protective gloves and facecloths are paid by the unit caring for the patient.

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