



Team Name: Home Care Leadership Team Lead: Regional Director, Home Care Approved by: Executive Director - East	Reference Number: CLI.5411.PL.006 Program Area: Home Care Policy Section: Service Delivery
Issue Date: March 30, 2018 Review Date: Revision Date:	Subject: Home Oxygen Concentrator Program (HOCP)

**POLICY SUBJECT:**

Home Oxygen Concentrator Program (HOCP)

**PURPOSE:**

The Home Oxygen Concentrator Program supports client's independence in community living, delays/prevents admission to facility-based care and provides comfort measures for palliative clients for as long as is safely possible. The Home Oxygen Concentrator Policy outlines:

- Eligibility criteria for and parameters of the HOCP
- Service and equipment available under the HOCP
- Process to access services of the HOCP
- Monitoring and audit requirements

**BOARD POLICY REFERENCE:**

Executive Limitation (EL-2) Treatment of Clients

**POLICY:**

Home Oxygen Concentrator Program (HOCP) is available to individuals of Southern Health-Santé Sud who have been assessed and meet eligibility requirements. Eligibility for the HOCP is confirmed when **all** of the following are met:

- Client is eligible for regional Home Care or Palliative Care services in Manitoba
- Medical eligibility (Home Oxygen Concentrator Program – Medical Assessment/Referral Form CLI.5411.PL.006.FORM.01) for home oxygen is confirmed
- Environmental safety is confirmed
- Competency eligibility is confirmed
- Continued eligibility is based on reassessment of the individuals clinical care needs and established clinical criteria

The equipment, supplies and supports provided through the HOCP are not extended to situations where clients travel outside the province.

Portable oxygen and associated supplies for mobility purposes are NOT included in the HOCP and are the responsibility of the client. Benefits may be available through Pharmacare or private insurance.

Clients may be removed from the HOCP for any of the following reasons:

- Client does not comply with the reassessment appointments as required per policy
- Client/caregiver(s) do not comply with safe use of oxygen equipment
- Continued and persistent non-compliance with the established Oxygen Prescription/Delivery Mode after attempts to improve compliance through client education

#### **DEFINITIONS:**

**Approved Regional Respiratory Authorizer (ARRA)** - A designated physician, appointed by each Regional Health Authority, who reviews the clinical information; consults with the Registered Respiratory Therapist (RRT), and/or Home Care Case Coordinator (HCCC), and/or client's physician; and determines and documents the client's medical eligibility or rejection for HOCP services.

**Caregiver** – a person who is providing care because of a prior relationship with the client. A caregiver may be a biological family member or “family by choice” (e.g. friends, partners, neighbors).

**Client** – In the context of home care services, is a Manitoba resident who has been assessed as eligible for home care services.

**Designated Provincial Respiratory Consultant (DPRC)** - A physician contracted provincially by the Regional Health Authority's purchasing division to:

- Assist in the maintenance and review of the HOCP
- Organize and provide orientation training to physicians and Regional Health Authority staff as required in order to maintain the HOCP
- Provide case consultation to physicians, Respiratory Therapists and health care staff as required
- Determines and documents the client's medical eligibility or rejection for HOCP services

#### **Oxygen Concentrator**

Oxygen Concentrators are used in the home, which deliver a low pressure concentrated flow of continuous oxygen by taking the oxygen in the surrounding room air and converting it into a concentrated form.

**Palliative Care Program Professional (PCPP)** - A member of the Palliative Care team who verifies that the HOCP applicant meets the Palliative Care criteria for home oxygen.

**Regional Home Oxygen Administrator (RHOA)** – Designated Regional Health Authority staff who verify that the HOCP applicant meets **Initial Medical Eligibility criteria**, environmental and competency eligibility criteria and coordinates follow-up for reassessment for continued medical eligibility. The Regional Home Oxygen Administrator liaises with the appropriate regional programs/staff/designates (e.g. Home Care, Palliative Care, physicians) as needed to assist with determining applicant competencies. The Regional Home Oxygen Administrator **CANNOT** approve ongoing medical eligibility. The Regional Home Oxygen Administrators for Southern Health-Santé Sud included; Registered Respiratory Therapist (RRT) and Palliative Care Professionals.

**Regional Palliative Care Program (RPCP)** - The clinical program or team designated to provide palliative care services.

**Vendor(s)** - The entity/ies identified in the Contract who agrees to sell the Deliverables.

### **IMPORTANT POINTS TO CONSIDER:**

Client eligibility is established when all of the following criteria are met:

- Client is eligible for home care or palliative care services in Manitoba
- Medical eligibility for home oxygen is confirmed when the defined medical criteria as outlined in the Home Oxygen Concentrator Program – Medical Assessment/Referral Form (CLI.5411.PL.006.FORM.01) are met:
  - The Palliative Care Program Professional confirms client is registered with the Palliative Care program
  - Client is appropriate for home based disease management and/care
  - The necessary test/reports for assessing and monitoring client's oxygen needs are completed
- Environmental safety is confirmed when:
  - Client resides in a geographic location where it is possible to provide/maintain the equipment safely
  - Client's home is appropriate for the safe use of the equipment
- Competency eligibility is confirmed when:
  - Home Oxygen Concentrator Program - Safety Information/Requirements (CLI.5411.PL.006.FORM.03) has been reviewed with client/caregiver. Client/caregiver is/are in agreement to adhere to safe practices relative to the delivery of oxygen therapy and vendors recommendations/policy
  - Client and/or caregiver demonstrate safe use of equipment

Reassessment for continued medical eligibility - HOCP is required for resting hypoxemia and exertional, is based on established clinical criteria outline on the Home Oxygen Concentrator Program – Medical Assessment/Referral Form (CLI.5411.PL.006.FORM.01) and must be done one to three months post initial eligibility/treatment initiation and as required.

The contracted vendor is responsible for:

- Installation, repair and removal of oxygen equipment and supplies.
- Conducts and sends the following reports to designated Case Coordinator:
  - Installation confirmation
  - Safe environment assessment
  - Client/caregiver equipment training and capability assessments
- Follow-up at least every 4 months or earlier to replenish supplies, service equipment, reinforce teaching and record utilization of oxygen
- Submission to the Home Care Program Director/Case Coordinator an installation confirmation report and regular service reports including a record of each client's oxygen utilization for a quarterly reporting period
- Emergency client support 24/7

Regional Home Oxygen Administrator designated staff for Southern Health-Santé Sud include:

- Respiratory Therapists who have completed the education as identified by the Designated Provincial Respiratory Consultant (DPRC)
- Designated Palliative Care Professionals (Physician/Palliative Care Nurse)

Individuals who require oxygen (by physician prescription), but do not meet medical eligibility criteria for the HOCP, are referred to private vendor.

## **PROCEDURE:**

**Referral to Home Oxygen Concentrator Program (HOCP)** - refer to Home Oxygen Concentrator Program Referral Pathway – Acute/ Community/Palliative (CLI.5411.PL.006.SD.01).

- Initiated by the client's treating Physician/Physician Assistant (PA), Nurse Practitioner (NP), Palliative Care Professional who completes the Home Oxygen Concentrator Program – Medical Assessment/Referral Form (CLI.5411.PL.006.FORM.01):
  - Client and physician identifying data and referral information
  - Diagnosis / Medications/ Significant Medical History (e.g. Active Tuberculosis) – Attach with Referral
  - Performing the required tests to determine Initial Medical Eligibility identified on Home Oxygen Concentrator Program – Medical Assessment/Referral Form (CLI.5411.PL.006.FORM.01) for:
    - Resting Hypoxemia (submit ABG with referral)
    - Exertional Oxygen (submit Home Oxygen Concentrator Program - Blinded Six (6) Minute Walk Test and Guidelines (CLI.5411.PL.006.FORM.04). results with referral)
    - Nocturnal Desaturation (submit sleep study reports with referral)
    - Palliative Oxygen
  - Oxygen Prescription / Delivery Mode
- Case Coordinator/Respiratory Therapist/Palliative Care Program professional (PCP)Nurse reviews/completes with the client/caregiver:
  - Home Oxygen Concentrator Program - Safety Information/Requirements (CLI.5411.PL.006.FORM.03) as part of safety screening and awareness building of home oxygen therapy with client/caregiver
  - Safety/Hazard identification through verbal conversation or historical information e.g. smoking, bed bugs, violent behavior
  - Verifies client is registered with the Palliative Care program

## **Initial Medical Eligibility Approval for the HOCP Program**

- Forward the completed Home Oxygen Concentrator Program – Medical Assessment/Referral Form (CLI.5411.PL.006.FORM.01) with supporting documents confirming medical stability and room air arterial blood gas results (ABG) (exception palliative care clients) to:
  - Case Coordinator - for clients residing in the community or in rural acute facilities.
  - Respiratory Therapist (Regional Home Oxygen Administrator) for clients in one of the three Regional Health Centres (Bethesda Regional Health Centre, Boundary Trails Regional Health Centre and Portage Regional Health Centre).
  - Palliative Care Professional for palliative care clients only.
- The Case Coordinator forwards the Home Oxygen Concentrator Program – Medical Assessment/Referral Form (CLI.5411.PL.006.FORM.01) to the Designated Provincial Respiratory Consultant.
- The Designated Provincial Respiratory Consultant /Regional Home Oxygen Administrator (Respiratory Therapists)/ Palliative Care Professional (palliative oxygen referrals only):
  - Review the referral form for completeness including diagnosis, medications, medical history and safety hazard identification.
  - Reviews medical and determines disposition (approve/not approve) for initial eligibility for HOCP.
  - Forwards the referral form to the Case Coordinator, based on client's geographical community.

## **Coordinate Oxygen Equipment and Supplies**

### Clients Eligible for HOCP

- Case Coordinator/Respiratory Therapist/Palliative Care Program professional:
  - Coordinate and communicate date for second Arterial Blood Gas, requirement for Resting Hypoxemia and Exertional Oxygen.
  - Forward completed Home Oxygen Concentrator Program – Medical Assessment/Referral Form (CLI.5411.PL.006.FORM.01) to contracted vendor **no later than 2 working days** from the date medical eligibility is confirmed.
  
- Contracted vendor responsibilities:
  - Notify Case Coordinator of the date service provider is able to complete installation.
  - Provision of equipment and associated supplies
  - Equipment set up, education and training
  - Environment safety assessment and assessment of client/caregiver's ability to safely use the oxygen equipment.
  - Complete and send to designated Case Coordinator:
    - Installation confirmation
    - Safe environment assessment
    - Client/caregiver equipment training and capability assessment.
  - Inform Case Coordinator of actual or potential risk situations
  - Maintain/repair equipment
  
- Case Coordinator/Palliative Care Professionals/designate notifies the client/hospital of eligibility and date service provider is able to complete installation.
  
- Palliative Care Professional forwards a copy of the HOCP referral form to the Case Coordinator in client's geographical area. The Case Coordinator opens client to Registration (if not registered to the Home Care Program) and Oxygen services in Procura.

### Clients Ineligible for HOCP

- The Case Coordinator/Respiratory Therapist/Palliative Care Professional will within 2 days return the assessment/referral form to the referring physician, physician assistant or nurse practitioner.

## **Reassessment for Continued Medical Eligibility for the HOCP – Resting Hypoxemia and Exertional only (Exception: Palliative/Nocturnal)**

- Client on oxygen therapy for resting hypoxemia and determined to be medically stable, requires a room air ABG at minimally one (1) month (not to exceed three [3] months) post treatment initiation. Reassessment may occur more frequently as the client's clinical profile dictates.
  
- Client's treating Physician/Physician Assistant (PA), Nurse Practitioner (NP) or Respiratory Therapist completes Reassessment for Continued Medical Eligibility Ongoing/Continued Eligibility of the Home Oxygen Concentrator Program – Medical Assessment/Referral Form (CLI.5411.PL.006.FORM.01) complete with the ABG results and forwards to the Case Coordinator.
  
- Case Coordinator forwards completed document, reassessment information and supporting information to the Designated Provincial Respiratory Consultant for review and disposition.

- Designated Provincial Respiratory Consultant:
  - Reviews and indicates disposition approved/not approved for HOCP;
  - Returns signed form to Home Care Case Coordinator.
- Clients who are **APPROVED** for Continued Medical HOCP, the Case Coordinator forwards the Home Oxygen Concentrator Program – Medical Assessment/Referral Form (CLI.5411.PL.006.FORM.01) to the contracted service provider **advising of continued medical eligibility for HOCP** and notifies client of disposition.
- Clients who are **NOT APPROVED** for continued HOCP, Case Coordinator returns the assessment/referral form and communicates rationale application is not approved to the referring physician, physician assistant or nurse practitioner.

### Discontinuation of HOCP

- Clients may be removed from HOCP if:
  - Client does not comply with the reassessment appointments as required per policy.
  - Client/caregiver(s) do not comply with safe use of oxygen equipment.
  - Continued and persistent non-compliance with the established Oxygen Prescription/Delivery Mode after attempts to improve compliance through client education.
- Case Coordinator/designate responsibilities:
  - Complete and forward the Home Oxygen Concentrator Program - Request for Removal of Services (CLI.5411.PL.006.FORM.02) to the contracted vendor.
  - Close client to oxygen service in Procura and Registration if HOCP is the only service client receives from Home Care.
- HOCP supports may be reestablished for any client for whom services were discontinued if a current assessment confirms eligibility based on the existing program parameters.

### Winnipeg Regional Health Authority (WRHA) referrals for HOCP (clients who reside in Southern Health-Santé Sud.)

- Referrals for HOCP for Southern Health-Santé Sud clients in WHRA facilities will be received by the Home Care Administrative Assistant and distributed to the appropriate Case Coordinator based on client's community of residence.
- WRHA will complete the disposition for Initial Medical Eligibility and send referral to designated oxygen service provider.
- Case Coordinator shall open client to Registration (if not registered to the Home Care Program) and Oxygen services in Procura.
- Case Coordinator in discussion with the Primary Physician/Respiratory Therapist will coordinate the re-assessment/required tests to determine continued medical eligibility for HOCP and forward results to Designated Provincial Respiratory Consultant (DPRC) to:
  - Review and provide disposition regarding continued medical eligibility for HOCP.
  - Return signed form to Home Care Case Coordinator.

### **Audit requirements/Ongoing monitoring (excluding Palliative Care Clients)**

- Case Coordinator:
  - Reviews oxygen usage reports.
  - Request nursing to assess client's respiratory status for clients whose continuous oxygen usage in two consecutive reporting periods is < 18 hours/day or nocturnal usage is < 4 hours/day and forward results to primary health care provider.
  
- Home Care Administrative Assistant compiles monthly statistical report:
  - # of clients open to oxygen
  - # of clients closed to oxygen
  - Total # of clients on oxygen service
  - Quarterly verification of clients open to Oxygen service in Procura with the oxygen billing by the contracted vendor

### **EQUIPMENT/SUPPLIES:**

- The contracted vendor provides the client with: oxygen concentrator, back-up oxygen cylinder(s), collar or stand for cylinder(s), regulator for back-up cylinder(s), disposables and consumables related to the provision of oxygen therapy.
- Equipment, supplies, and supports provided through the HOCP are **not** extended to situations where clients travel outside the Province of Manitoba.

### **SUPPORTING DOCUMENTS:**

[CLI.5411.PL.006.SD.01](#)

Home Oxygen Concentrator Program (HOCP) - Referral Pathway – Acute/Community/Palliative

[CLI.5411.PL.006.FORM.01](#)

Home Oxygen Concentrator Program – Medical Assessment/Referral Form

[CLI.5411.PL.006.FORM.02](#)

Home Oxygen Concentrator Program - Request for Removal of Services

[CLI.5411.PL.006.FORM.03](#)

Home Oxygen Concentrator Program - Safety Information/Requirements

[CLI.5411.PL.006.FORM.04](#)

Home Oxygen Concentrator Program - Blinded Six (6) Minute Walk Test and Guidelines

### **REFERENCES:**

Manitoba Health: *Home Care Program Administrative Manual - Policy HCS 207.7 - Home Oxygen Concentrator Program Revised Feb 2018*