fraserhealth

HOME OXYGEN PROGRAM APPLICATION

Phone: 604.514.6106 Toll Free: 1.888.514.6106 Fax: 604.514.6079

Form ID: RTXX100123G Rev: January 27, 2025 Page: 1 of 1

Please complete in FULL and PRINT CLEARLY. See reverse side for Terms.
Subsidy may be rejected or delayed if application is incomplete, illegible or unsigned by Physician or Nurse Practitioner.

1. DATE of APPLICATION

☐ New Application Date: _____ (DD/MM/YYYY) Hospital Discharge Date: _____ (DD/MM/YYYY)

☐ Rx Change

2. CLIENT DATA

Last Name:	First Name:	Middle Name:
D. 0. B. _____ (DD/MM/YYYY)	☐ Male ☐ Female	PHN:
Street Address:	City:	Postal Code:
Primary Contact Number:	Secondary Contact Number:	Alternate/English Speaking Contact/Number:

Extended Health Benefits (please specify):

HOP does not fund for FNHA WCB ICBC RCMP (see reverse)

3. CLINICAL INFORMATION **Note: Palliative clients must present with hypoxemia**

Most Responsible Diagnosis

Precautions (i e MRSA, VRE, TB etc.) | Advanced Directives:

*Co-Morbidities ☐ CHF ☐ Pulmonary Hypertension Safety: ☐ Smoker ☐ Active Drug / EtOH Use

4. DIAGNOSTIC DATA: **Data must be obtained 72 hours prior to discharge date. All qualification criteria noted on reverse.**

Test	Date	O_2 Flow Rate	O_2 Saturation	pH	$PaCO_2$	PaO_2	HCO_3

Oximetry Studies (See Reverse): ☐ **6 Minute Resting Room Air Study Attached** ☐ **Ambulatory Study Attached** ☐ **‡ Nocturnal Study Attached**

‡ In the absence of co-morbid disease, daytime desaturation must be present at rest or with ambulation for nocturnal oxygen therapy to be funded. Sleep disorder breathing will only be treated with supplemental oxygen therapy if the nocturnal criteria are met despite treatment (i.e. CPAP Therapy)

Additional Information:

5. REFERRAL INFORMATION

Referring Physician or NP

College ID:

Phone: Fax:

Family Physician:

Other Physician/ Facility:

Hospital Ward Fax:

Completed by: Phone:

HOSPITALS: Contact MedPro (or VitalAire if existing VitalAire client).

****MedPro must be phoned (604.526.0208) just prior to hospital discharge and for Urgent Matters****
If existing VitalAire client, VitalAire must be phoned just prior to hospital discharge (1.833.904.2473)

☐ Faxed to MedPro: 604.521.9286 AND

☐ Faxed to HOP: 604.514.6079

DOCTOR OFFICE/OTHER: Contact HOP for supplier selection prior to referral. Phone: 604.514.6106 or Toll Free: 1.888.514.6106

☐ Faxed to HOP: 604.514.6079 AND the HOP identified supplier below:

☐ Faxed to VitalAire Healthcare: 1.866.812.0202

☐ Faxed to MedPro Respiratory: 604.521.9286

6. PRESCRIPTION & SIGNATURE - MANDATORY - maximum flow 15 LPM Consult with HOP.

At Rest: _____ LPM Ambulatory: _____ LPM Nocturnal: _____ LPM

PHYSICIAN / NURSE PRACTITIONER SIGNATURE: (MANDATORY) _____

Date: (DD/MM/YYYY) _____

Physician/Nurse Practitioner: By signing above you are authorizing a prescription for oxygen and ongoing titration of flow rate by Home Oxygen Program and are accepting the Program's 'Terms' on the reverse on behalf of this client. Oxygen equipment will be determined by HOP.

7. HOP SUBSIDY REVIEW - For HOP use only

☐ APPROVED ☐ REJECTED Date: Comments:

Equipment Approved: HOP Physician Signature: Tracking Number:

Print Shop # 251823

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Home Oxygen Program (HOP) Criteria and Information

1. TERMS:

- By signing this form you are (A) Completing a prescription for oxygen, (B) Ensuring all information provided is accurate, and (C) Acknowledging the terms, ongoing involvement, and clinical management by HOP with this client.
- Completing this form does not ensure that a subsidy will be granted. See Section 2 and 3 below.
- Successful applicants will be granted a temporary subsidy and an oxygen system consistent with the client's clinical needs. You do not need to choose the oxygen equipment; it will be determined for you by HOP.
- HOP Respiratory Therapists will provide periodic assessments, and oxygen titration. At home testing may include arterial blood gas, resting, ambulatory and nocturnal oximetry. All assessments will be forwarded to the client's health care team.
- Extended Health Benefits, Veterans Affairs, NIHB, ICBC, WorkSafe BC and RCMP providers are the primary source for funding for home oxygen, not the HOP.

2. BC HOME OXYGEN MEDICAL CRITERIA: Provide as much recent and appropriate information as possible. Data submitted must be taken within 72 hours of application with acute discharges. Oximetry data shown as a single digit will not be accepted. All HOP applicants are expected to seek and be compliant with optimal medical or adjunctive treatment prior to use of oxygen therapy. The safe use of oxygen at all times is vital. Clients who meet the following criteria will be considered for home oxygen funding. Information to support the co-morbid disease is required (e.g. consultation note, discharge summary, spirometry, echocardiogram, etc).

Resting Oxygen: Clients must be rested on room air for a minimum of 10 minutes prior to obtaining an arterial blood gas (ABG) sample. An ABG with a partial pressure of arterial oxygen (PaO_2) $\leq$ 55 mmHg on room air -**OR**- an ABG with a PaO_2 of 60 mmHg or less, with evidence of one of the following conditions: CHF or Pulmonary hypertension. Oxygen saturation by pulse oximetry (SpO_2) < 88% sustained continuously and documented for 6 consecutive minutes is accepted.

Ambulatory Oxygen: If the client is unable to walk 1 minute or more, ambulatory oxygen will not be useful and will not be funded. Oxygen therapy for ambulation is intended to encourage activity outside of the home and for those clients who qualify for funding. Ambulatory testing is to be performed on a flat surface only. Treadmills are not permissible. Clients should use their usual mobility devices (e.g. walker, cane, oxygen cart) during the testing and walk as far as possible within 6 minutes. Post-ambulation saturation is not acceptable.

Short-Term Oxygen Therapy for Ambulation: (Acute care & Community) may perform a short-term ambulatory study. A SpO_2 < 88% sustained continuously for a minimum of one minute during the patient's usual type of ambulation on a level surface. Note: The maximum test time shall be 6 minutes and shall not include post-ambulation oxygen saturation dips.

Long-Term Oxygen Therapy for Ambulation: The Home Oxygen Programs, accredited Pulmonary Labs, Respiratory Rehabilitation Programs and Home Oxygen Suppliers will perform the required testing for Long Term Oxygen Therapy for ambulation. Long-term ambulatory oxygen therapy criteria takes precedence over short-term ambulatory oxygen therapy criteria. Clients must continue to meet short-term oxygen criteria for ambulation with evidence of one of the following: (either A or B) **A.** a measured improvement in a 6-minute walk test (as tolerated on a level surface) on oxygen compared to air so that the distance traveled increases by at least 25% and at least 30 meters (100 feet) on oxygen compared to room air. **B.** an SpO2 < 80% with ambulation.

Nocturnal Oxygen: In absence of co-morbid disease (i.e. CH F, Pulmonary Hypertension), daytime desaturation must be present at rest or with ambulation for nocturnal oxygen therapy to be funded (see above). Information to support the co-morbid disease, if present, is required (e.g. consultation note, discharge summary, spirometry, echocardiogram, etc). *Sleep disordered breathing* (i.e. sleep apnea) will only be treated with supplemental oxygen if the nocturnal criteria are met despite optimal CPAP treatment. SpO_2 must be < 88% for > 30% of a minimum 4 hour nocturnal oximetry study while breathing room air.

Infants: Separate qualifying criteria may exist. Infants with chronic needs for oxygen must be prescribed by Neonatologists or Pediatricians.

Palliative: Palliative diagnosis does not ensure home oxygen subsidy. Clients must qualify with the above criteria. Palliative Care Benefits Program (PCBP) does not provide oxygen.

3. NON-MEDICAL CRITERIA:

- Must be a BC citizen for more than 3 months.
- Must be eligible for and have valid BC Medical Services Plan coverage.
- Must spend > 6 months of a calendar year and continue to maintain their home in BC to maintain BC MSP coverage.
- Must be a permanent resident of Fraser Health, and not reside in a facility governed by the BC Hospital Act.
- Must adhere to oxygen safety practices.
- The referring physician or nurse practitioner must sign application.

HOP will not provide client funding:

- For outpatient use from a hospital.
- For travel outside of Canada
- For travel outside of BC exceeding three months.
- For noncompliance with the prescription or terms of HOP
- If above eligibility criteria are not met.
- For placebo effects.
- After the second reported Safety offence.
- For misuse of oxygen or equipment.
- VAC, NIHB, WorkSafe BC, ICBC, RCMP claimants
- To operate nebulizers.

Approved funding for oxygen will be granted for an appropriate oxygen system for a limited time. Clients are required to sustain eligibility criteria to continue to receive funding. Private pay is the usual option for clients who do not qualify for HOP funding. Indications for home oxygen funding will be reviewed and updated as necessary to reflect changing requirements and accepted medical practice.

4. APPLICATION PROCESS:

Acute Care Referrals: Once the application is completed in FULL, fax the application and any additional clinical data to HOP and MedPro. Medpro must also be contacted by phone prior to discharge. See front of application for fax and phone numbers. Phone VitalAire if existing VitalAire client.

Community MID/ Other Referrals: Once the application is completed in FULL, fax the application and any additional clinical data to HOP. Applications should be sent to the appropriate Health Authority Home Oxygen Program where the client maintains a permanent residence. Applications will be redirected if necessary.