

1. DATE of APPLICATION

- New Application
- Rx Change

Date: _____ Hospital Discharge Date: _____
dd/mm/yyyy dd/mm/yyyy

2. CLIENT DATA

Surname: _____ First Name: _____ Middle Name: _____

D.O.B. _____ Male Female PHN: _____
dd/mm/yyyy

Street Address: _____ City _____

Mailing Address: _____ Postal Code _____

Home Phone: _____ Work Phone: _____ Cell: _____

Alternate/English Speaking Contact _____ Relationship: _____ Phone: _____

Extended Health Benefits (please specify): _____ **HOP does not fund for: VAC, NIHB, WCB, ICBC, RCMP (see reverse)**

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

Most Responsible Diagnosis: _____

Precautions (ie MRSA, VRE, TB, etc): _____ Advanced Directives: _____

‡ **Co-morbidities:** CHF Pulmonary Hypertension

Safety: Smoker Active Drug / ETOH Use

‡ **Evidence must be provided for co-morbid disease** (ie: Echocardiogram, Spirometry, Discharge Summary, etc). If this evidence is not available at time of discharge, a time limited subsidy for home oxygen therapy may be provided to permit additional time for submission of evidence pertaining to the co-morbid disease.

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 optimal treatment (ie: CPAP therapy).

Additional Information:

5. REFERRAL INFORMATION

Referring Physician or N.P.: _____

Doctor Number: _____

Phone: _____ Fax: _____

Family Physician: _____

Other Physician/Facility: _____

Referred by: Physician/NP Office Hospital/Ward _____

Hospital/Ward Fax: _____

Completed by: _____ Phone: _____

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

****VitalAire must be phoned (1.800.637.0202) between 1630-0800 hours M-F, anytime on Weekends or Stat Holidays and for Urgent Matters****

- Faxed to VitalAire Healthcare: 1.866.812.0202 ... **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 MedPro Respiratory: 604.521.9286 or 1.888.310.1441
- Faxed to VitalAire Healthcare: 1.866.812.0202

6. PRESCRIPTION & SIGNATURE – MANDATORY

At Rest _____ lpm Ambulatory _____ lpm Nocturnal _____ lpm

PHYSICIAN/NURSE PRACTITIONER SIGNATURE: (mandatory) _____ **DATE:** _____

Physician/Nurse Practitioner: By signing above you are authorizing a prescription for oxygen therapy and ongoing titration of flow rate by HOP and Oxygen Supplier Respiratory Therapist to maintain SpO₂ ≥ 90% at rest, on exertion, and nocturnally; 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 Equipment Approved:
- REJECTED

HOP Physician Signature: _____

Date: _____

Comments:

Tracking Number:

Printshop # 251823 Revised March/12

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 of 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 respiratory assessments, and oxygen titration. At-home testing may include an arterial blood gas and resting, ambulatory and nocturnal oximetry tests with the client using or not using oxygen therapy. All assessments will be forwarded to the attending physician(s) and available to the client's health care team.
- Extended Health Benefits, VAC, NIHB, ICBC, RCMP, WCB providers are the primary source of funding for home oxygen, not HOP.

2. BC HOME OXYGEN MEDICAL CRITERIA REQUIRED FOR FUNDING:

Provide as much recent and appropriate information (ie: echocardiogram, spirometry, consultation notes, discharge summary, etc) as possible to support any **co-morbid disease**. Clinical data submitted must be obtained within 72 hours of acute client discharges. All HOP subsidy applicants are expected to seek and be compliant with optimal medical treatment. The safe use of home oxygen therapy is vital.

Clients who meet the following criteria will be considered for home oxygen funding:

Resting Oxygen: Clients must be rested off oxygen therapy (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 (PaO₂) ≤ 55 mmHg on room air **-OR-** an ABG with a PaO₂ of ≤ 60 mmHg with evidence of one of the following conditions: CHF or Pulmonary hypertension. An oxygen saturation (SpO₂) measured by pulse oximetry must be sustained continuously and documented at <88% for 6 consecutive minutes on room air to be accepted. **Any** oximetry data submitted and identified as a single value only will not be accepted.

Nocturnal Oxygen: In the absence of co-morbid disease (ie: CHF, Pulmonary hypertension), evidence of daytime hypoxemia, either at rest or with ambulation, plus a nocturnal oximetry study on room air is required for approval of nocturnal oxygen therapy. For all clients, the SpO₂ must be < 88% for > than 30% of a minimum 4 hour nocturnal oximetry study. *Sleep Disorder Breathing (ie: sleep apnea) will only be treated with supplemental oxygen therapy if the nocturnal criteria are met despite optimal treatment, such as CPAP therapy.*

Ambulatory Oxygen: If the client is unable to walk for at least one minute, ambulatory oxygen therapy 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 ambulatory funding. Ambulatory testing is to be performed on a flat surface only. The use of any exercise equipment (ie: treadmill) is not permissible. Clients should be tested with their usual mobility devices such as canes, walkers, etc and walked at their usual pace as far as possible within the 6 minute test. **Note:** Any post ambulation saturation values are not acceptable.

Short Term Oxygen Therapy for Ambulation: Acute care for in-patients and Community Professionals (ie: Physician office, Home Health, etc) may perform this test. The SpO₂ must be < 88% and sustained continuously for a minimum of one minute during the client's usual type of ambulation on a level surface.

Long Term Oxygen Therapy for Ambulation (LTOT): 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. 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) using oxygen therapy compared to room air so that the distance traveled increases by at least 25% and at least 30 meters or 100 feet while using oxygen therapy compared to room air **B.** An SpO₂ < 80% with ambulation.

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 a home oxygen subsidy. Palliative clients must qualify with the above criteria. The 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/Nurse Practitioner must sign the application.

HOP will not provide client funding:

- If above eligibility criteria are not met.
- For placebo effects.
- For second reported safety violations (ie: smoking & using O₂)
- For misuse of oxygen or equipment.
- To operate nebulizers.
- 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
- VAC, NIHB, WCB, ICBC and RCMP claimants

Approved funding for oxygen will be granted for an appropriate oxygen system for a limited time. Clients are required to maintain regular HOP respiratory assessments and sustain eligibility criteria for HOP to continue their funding. Private pay or alternate insurance coverage 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:

5. **Acute Referrals:** Once the application is completed in FULL, fax the application and any additional clinical data to HOP AND VitalAire. VitalAire must be contacted by telephone if the discharge is after 1630 hours M-F, at any time on weekends and statutory holidays or if there is immediate information to share. See front of application for fax and phone numbers.
6. **Community/Physician Office Referrals:** Once the application is completed in FULL, contact HOP for supplier selection and application tracking number, then fax the application with tracking number and any additional clinical data to HOP AND the identified supplier. Applications should be sent to the appropriate Health Authority Home Oxygen Program where the client maintains a permanent residence. The application will be redirected if necessary.