

HOME OXYGEN PROGRAM (HOP) APPLICATION

All HOP applicants are expected to seek and be compliant with optimal medical or adjunctive treatment prior to use of oxygen therapy.
Please complete in FULL and PRINT CLEARLY. See reverse side for Terms & Eligibility Requirements.

1. DATE of APPLICATION

- ☐ New Application
☐ Rx Change

Date: _____ Hospital Discharge Date (if applicable): _____
mm / dd / yyyy mm / dd / yyyy

2. CLIENT DATA

Surname: _____ First Name: _____ Middle Name: _____
DOB: _____ Gender: _____ PHN: _____
mm / dd / yyyy
Street Address: _____ City: _____
Mailing Address: _____ Postal Code: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Alternate/ English speaking contact: _____ Relationship: _____ Phone: _____
Extended Health Benefits: _____ HOP does not fund: FNHA, WorkSafeBC, ICBC, RCMP

3. CLINICAL INFORMATION Note: Data must be obtained <72 h prior to discharge. Palliative clients must present with hypoxemia.

Most Responsible Diagnosis: _____
Precautions (TB, MRSA, VRE, etc): _____ Advanced Directives: _____
‡ **Co-morbidity:** ☐ CHF ☐ Pulmonary Hypertension **Safety:** ☐ Smoker ☐ Active Drug / ETOH use

‡ Evidence must be provided for co-morbid disease: (e.g. consultation note, discharge summary, spirometry, echocardiogram, etc). If evidence is not available at discharge, time-limited funding for oxygen may be provided to allow more time for submission of evidence of co-morbid disease.

Test	Date	O ₂ Flow Rate	O ₂ Saturation	pH	Pa CO ₂	PaO ₂	HCO ₃
Arterial Blood Gas							

Oximetry Studies: ☐ 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 disordered breathing will only be treated with supplemental oxygen if the nocturnal criteria are met despite optimal CPAP treatment.

Additional Information:

4. REFERRAL INFORMATION

Referring Physician or NP: _____
Doctor Number: _____
Phone: _____ Fax: _____
Family Physician: _____
Other Physician/ Facility: _____
Referred by: ☐ Physician/ NP Office ☐ Hospital/ Ward: _____
Hospital/ Ward Fax #: _____
Completed by: _____ Phone: _____

HOSPITALS: Contact MedPro (or Vital Aire if existing Vital Aire client)
**** MedPro must also be phoned (1.888.310.1444) between 1630-0800 hours M-F, anytime on Weekends, Stat Holidays, and for Urgent Matters****

☐ Faxed to MedPro: 1.888.310.1441 or 604.521.9286

COMMUNITY MD/ OTHER: Fax to HOP: 604.301.3829

Phone HOP for questions: 604.301.3814

OXYGEN PROVIDERS:

MedPro Respiratory: P: 1.888.310.1444 F: 604.521.9286 or 1.888.310.1441
Vital Aire: P: 1.833.904.2473 F: 1.866.812.0202

5. PRESCRIPTION & SIGNATURE - MANDATORY

Rest _____ lpm Ambulation _____ lpm Nocturnal _____ lpm

MD/ NP SIGNATURE: (mandatory) _____ DATE: _____

By signing above you are authorizing a prescription for oxygen 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.

6. HOP SUBSIDY REVIEW - For HOP use only

☐ APPROVED ☐ REJECTED

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, FNHA, 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) ≤ 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 may be 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. An $\text{SpO}_2 < 88\%$ 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 Program, out patient lab, or Pulmonary Function Lab 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 $\text{SpO}_2 < 80\%$ with ambulation.

Nocturnal Oxygen: In absence of co-morbidities, 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 resident 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 Vancouver Coastal 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:

- If above eligibility criteria are not met.
- For placebo effects.
- After a reported Safety offence.
- 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
- FNHA, WorkSafe BC, ICBC, RCMP claimants

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 MedPro. MedPro must also be phoned between 1630-0800 M-F, anytime on Weekends, Statutory Holidays, and for Urgent Matters. See front of application for fax and phone numbers. Phone Vital Air if existing Vital Air client.

Community MD/ 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. Application will be redirected if necessary.

Oxygen Saturation Study Form

Short-term Home Oxygen Funding

Date: _____

Client's Name: _____

Client's PHN/ PARIS id: _____

Use this form to record and document oximetry at rest and/ or ambulation or when ABG is not possible/ practical. Out patient Labs and Pulmonary Function Labs must perform long-term study including change in distance walked. If the client is unable to walk 1 minute or more, ambulatory oxygen will not be useful and will not be funded. Ambulatory oximetry should only be done if client walks as an activity of daily living. **The safe use of oxygen at all times is vital.**

- Resting oximetry:
 - Client must be: at rest, seated, and breathing room air for at least 10 minutes, then
 - Oximetry must be monitored and recorded continuously for at least 6 minutes.
 - Resting funding eligibility:
 - SpO₂ < 88% for 6 consecutive minutes, or
 - Please provide oxygen flow rate to achieve SpO₂ ≥ 90% if possible.
- Ambulation oximetry:
 - If SpO₂ < 88% for 6 consecutive minutes on room air at rest do not perform ambulatory oximetry on room air.
 - If SpO₂ ≥ 88% on room air at rest, perform ambulation oximetry on room air if client ambulates and if appropriate for client's condition.
 - Client may stop during the 6 minute study. Do not stop the timer and do not record oximetry during pauses. Document pauses in walking with a dash.
 - Post-ambulation saturation is not acceptable.
 - Ambulatory funding eligibility:
 - SpO₂ < 88% for > 1 minute during a 6-minute maximum recorded study at client's usual ambulation ability on a flat surface (no treadmills, etc), or
 - SpO₂ < 80 % for > 1 minute during ambulation.
 - Please provide oxygen flow rate to achieve SpO₂ ≥ 90% if possible.

Minutes	Room Air Study				Oxygen Study			
					Resting		Ambulation	
	Resting		Ambulation		Flow: _____		Flow: _____	
	SpO2	Pulse	SpO2	Pulse	SpO2	Pulse	SpO2	Pulse
0								
0.5								
1								
1.5								
2								
2.5								
3								
3.5								
4								
4.5								
5								
5.5								
6								

Comments: _____

Clinician Name and Designation (please print): _____

Contact Number: _____