



HOME OXYGEN PROGRAM APPLICATION

Application must be completed in full and faxed (complete with hard copy lab data) directly to an HOP Contracted Vendor

Hospital Starts: Respiratory Homecare Solutions (RHS) Fax: 1-877-701-0425

Community Starts: MedPro Respiratory Care 1-888-310-1441

1. Date of Application:				Hospital Discharge Date:			
2. Client Data							
PHN: Last Name First Middle				Referring Physician or NP: Dr.:			
DOB (dd/mm/yy): Gender: M <input type="checkbox"/> F <input type="checkbox"/>				Doctor No.:			
Street Address				Street Address			
City: Phone:		Postal Code: Cell:		City: Phone:		Postal Code: Fax:	
Alternate Contact:		Phone:		Other Physicians involved: <input type="checkbox"/> Respiriologist <input type="checkbox"/> Internist			
If Extended Health Benefits / Third Party Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No				Dr.: Fax:			
Agency: <input type="checkbox"/> PBC <input type="checkbox"/> Sun Life <input type="checkbox"/> VAC <input type="checkbox"/> NIHB <input type="checkbox"/> Other				Dr.: Fax:			
3. Clinical Information							
Primary Diagnosis: _____							
Precautions: (i.e. MRSA, VRE, TB, etc.): _____				Advanced Care Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No		COPD Action Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
* Co-morbidities: <input type="checkbox"/> CHF <input type="checkbox"/> Pulmonary Hypertension				Safety: <input type="checkbox"/> Smoker <input type="checkbox"/> Active Drug / ETOH use			
<small>* Evidence must be provided for co-morbid disease (i.e. Echocardiogram, Discharge summary, etc.) If this evidence is not at time of discharge, a time limited subsidy for home oxygen therapy <u>may</u> be provided to permit additional time for submission of evidence pertaining to the co-morbid disease.</small>							
4. Laboratory Data: Data must be obtained <72 hours from hospital discharge and hardcopy of the study must be attached (Data on Room Air only)							
Test	Date (dd/mm/yy)	pH	PaCO ₂	PaO ₂	HCO ₃	BE / O ₂ Sat (cal)	Oximetry SpO ₂
OXIMETRY STUDIES: (See Reverse) <input type="checkbox"/> Resting Room Air Study Attached <input type="checkbox"/> Ambulatory Study Attached <input type="checkbox"/> * Nocturnal Study Attached							
<small>* Daytime desaturation must be present at rest or with ambulation for nocturnal oxygen therapy to be funded, subject to Medical Director review. Sleep disordered breathing only be treated with supplemental oxygen therapy if the nocturnal criteria are met despite optimal treatment (i.e. CPAP therapy).</small>							
Additional Information:							
5. Application Source:							
<input type="checkbox"/> Hospital		<input type="checkbox"/> Physician / NP Office		<input type="checkbox"/> Other:		Hospital: Ward:	
Application Completed by: (Name, Title) Phone Number:				Oxygen Supplier: _____ Application Sent / Faxed to Vendor <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Oxygen Prescription to maintain Oxygen Saturation ≥ 90%							
At Rest: _____ l/min.		With Ambulation: _____ l/min.		Nocturnal: _____ l/min.			
Physician / NP Signature: (mandatory) _____				Date: _____			
<small>Physician/ Nurse Practitioner: By signing above you are authorizing a prescription of oxygen therapy and ongoing titration of flow rate by HOP and Oxygen Supplier Respiratory Therapist to maintain SpO₂ ≥ at rest, on exertion and nocturnally; and are accepting the Program's Terms on the reverse on behalf of this client.</small>							
7. HOP Subsidy Review:				HOP USE ONLY			
Signature: _____		Date: _____		<input type="checkbox"/> Approved		<input type="checkbox"/> Not Approved	
Usage: <input type="checkbox"/> Continuous		<input type="checkbox"/> Nocturnal		<input type="checkbox"/> Ambulation			
Date of Reassessment:		<input type="checkbox"/> 1 month		<input type="checkbox"/> 3 months		<input type="checkbox"/> 6 months	
		<input type="checkbox"/> 1 year		<input type="checkbox"/> Other			
Notes:							

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, (C) Acknowledging the terms and ongoing involvement of HOP with this client.
- Completing this form does not ensure that a subsidy will be granted.
- Successful applications will be granted an oxygen system consistent with the client's clinical needs. You do not need to choose oxygen equipment; it will be determined for you.
- The HOP Respiratory Therapists will provide periodic assessments, and oxygen titration. At-home testing may include arterial blood gas, resting, ambulatory and nocturnal oximetry.
- Extended Health Benefits, Veterans Affairs Canada (VAC), NIHB, ICBC, and WCB providers are the primary sources of funding for home oxygen, not the HOP.

2. **BC HOME OXYGEN MEDICAL CRITERIA REQUIRED FOR FUNDING:**

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 subsidy applicants are expected to seek and be compliant with optimal medical treatment. The safe use of oxygen therapy is vital. Information to support the co-morbid disease is required (e.g. consultation note, discharge summary, spirometry, echocardiogram, etc.).

Resting Oxygen: Patients must be rested on room air for a minimum of 10 minutes prior to obtaining an **arterial blood gas (ABG)** sample.

- A. An ABG with a partial pressure of arterial oxygen (**PaO₂**) **≤ 55 mmHg on room air**. **Note:** in exceptional circumstances an arterial oxygen saturation measured by pulse oximetry (**SpO₂**) **< 88% sustained continuously for 6 minutes** may be accepted.
- OR**
- B. An ABG with a **PaO₂ of ≤ 60 mmHg on room air**, with evidence of one of the following conditions:
Clinically significant CHF and/or Pulmonary hypertension

Nocturnal Oxygen: Obstructive sleep apnea (OSA) must be ruled out or maximally treated. A nocturnal overnight study on room air is required for approval of nocturnal oxygen therapy. Evidence of daytime hypoxemia, either at rest or with ambulation is required for approval, subject to HOP Medical Director review. **SpO₂ < 88% for > then 30% of a minimum 4-hour nocturnal oximetry study.**

Ambulation-Only Oxygen: As per the HOP Medical Director, **Hospital discharge is appropriate and safe (on room air) if the patient has a resting, room air SpO₂ greater than 88%** (despite desaturation with activity).

There will need to be documented evidence of co-morbidities such as restrictive lung disease, heart failure, PHTN, pre-transplant program, cystic fibrosis, and/or enrollment in an exercise rehab program in order to qualify for ambulation only O₂ or at the discretion of the HOP Medical Director (**Dr. Heather Clark 250-655-2037**) or Respiriologist.

To determine O₂ ambulation requirements for clients that have already qualified for resting O₂ please follow ambulation testing procedure. Ambulation testing procedure: Perform on a flat surface only. If the client is unable to walk for at least **one minute** or a **minimum of 33 meters**, ambulation oxygen therapy will not be useful and will not be funded. Clients should be tested with their usual mobility device such as canes, walkers, etc., and walk as far as possible within the **6 minute** test. **Note:** Any post ambulation saturation values submitted will not be accepted.

Infants: Separate qualifying criteria may exist for subsidies involving infants and children. In general, Neonatologists or Pediatricians determine the chronic needs for oxygen for infants or children.

Palliative: Palliative diagnosis does not ensure a home oxygen subsidy. Palliative clients must qualify with the above criteria.

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 Island Health, and not reside in a facility governed by the Hospital Act.
- Must be capable of handling oxygen safely in the home.
- The referring physician must sign the application.
- Applications involving Veterans Affairs Canada (VAC) may be reviewed by HOP then submitted to VAC for further processing.

HOP will not provide client funding:

- If above eligibility criteria are not met
- For placebo effects.
- After the second reported safety offense.
- For misuse of oxygen or equipment.
- To operate nebulizers.
- For outpatient use from a hospital
- For travel outside of Canada
- For noncompliance with the prescription or terms of the HOP
- Workers Compensation and ICBC claimants

4. **PROCESS:**

Fax the completed form directly to the vendor. To establish a setup timeframe, contact the vendor by phone.

Hospital starts: Respiratory Homecare Solutions (RHS) Fax 1-877-701-0425 / PH: 1-877-701-0424

Community starts: MedPro Respiratory Care Fax 1-888-310-1441 / PH: 1-888-310-1444

Home Oxygen Program Contact Info PH: (250) 370-8840 / Fax: (250) 519-1567 / Toll Free: 1-866-370-8840