



## Home Oxygen Program 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, WCB 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 96 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. Clients who meet the following criteria will be considered for home oxygen funding.

**Resting Oxygen:** Patients 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<sub>2</sub>) ≤ 55 mmHg on room air. In exceptional circumstances an arterial oxygen saturation measured by pulse oximetry (SpO<sub>2</sub>) < 88% sustained continuously for 6 minutes may be accepted. **-OR-** An ABG with a PaO<sub>2</sub> of 60 mmHg or less, with evidence of one of the following conditions: Clinically significant CHF, Cor Pulmonale, Pulmonary hypertension or Polycythemia.

**Nocturnal Oxygen:** Obstructive Sleep Apnea (OSA) must be ruled out or maximally treated. SpO<sub>2</sub> < 88% for > than 30% of a minimum 4 hour nocturnal oximetry study. **-OR-** SpO<sub>2</sub> < 88% for > than 20% of a minimum 4 hour nocturnal oximetry study, with evidence of one of the following conditions: Clinically significant CHF, Cor Pulmonale, Pulmonary hypertension and Polycythemia.

**Short Term Oxygen Therapy for Ambulation:** An SpO<sub>2</sub> < 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 or an accredited Pulmonary Lab 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) on oxygen compared to air so that the distance traveled increases by at least 25% and at least 30 meters or 100 feet **-AND-** A 3 point reduction in dyspnea as per the 7-point Borg scale on oxygen compared to room air. **B.** An SpO<sub>2</sub> < 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 home oxygen subsidy. 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 Vancouver Coastal Health, and not reside in a facility governed by the BC Hospital Act.
- Must adhere to oxygen safety practices.
- The referring physician must sign application.

#### **HOP will not provide client funding:**

- If above eligibility criteria are not met.
- For placebo effects.
- After the second 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
- Workers Compensation and ICBC 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 Referrals:** Once the application is completed in FULL, fax the application and any additional clinical data to VitalAire. Phone VitalAire if discharge is after 1600, on weekends, stat holidays, or if there is immediate information to share. See front of application for fax and phone numbers.

**Community 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.