northern health
the northern way of caring

All Sites and Facilities

Home Oxygen Program Application

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
☐ Prescription Change

Date: _____ (YYYY-MM-DD)

Hospital Discharge Date: _____ (YYYY-MM-DD)

2. Client Data

PATIENT LABEL
Surname:
First name: Middle Name:
DOB: (YYYY-MM-DD) ☐ Male ☐ Female
PHN:

Street Address: _____
City: _____
Mailing Address: _____
_____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Contact/Next of Kin: _____ Relationship: _____ Phone: _____

Extended Health Benefits (specify): _____ Other Funding (specify): VAC, NIHB, WorkSafe BC, ICBC

3. Clinical Information (Note: Palliative clients must present with hypoxemia)

Most Responsible Diagnosis: _____

‡ Co-morbidities: ☐ CHF ☐ Pulmonary Hypertension

Safety: ☐ Smoker ☐ Active Illicit Drug/Excessive ETOH use without active rehabilitation)

‡ Evidence must be provided for co-morbid disease (i.e. 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. Dianostic Data: Data must be obtained less than 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) ☐ **Resting Room Air Study Attached** ☐ **Ambulatory Study Attached** ☐ **Nocturnal Study Attached**

Additional Information: _____

5. Referral Information

Referring Physician or NP: _____ Phone: _____ Fax: _____

Family Physician: _____ Other Physician/Facility: _____

Referred By: ☐ Physician/NP Office ☐ Hospital/Ward: _____ Hospital/Ward Fax: _____

Completed By: _____ Phone: _____

Form must be returned to
Home Oxygen Program (HOP)
Phone: 250-645-3717
Fax: 250-645-8008

AND

Vendor as outlined on the right:

HSDA	Northern Interior	Northeast	Northwest
Acute/Hospital Setting	**Vital Aire** P: 1-800-637-0202 F: 1-866-812-0202	**MedPro** Phone: 1-888-310-1444 Fax: 1-888-310-1441	**VitalAire** Phone: 1-800-637-0202 Fax: 1-866-812-0202
Community/ Physician's Office	**Fax to HOP office only** Phone: 250-645-3717 Fax: 250-645-8008	**MedPro** Phone: 1-888-310-1444 Fax: 1-888-310-1441	**VitalAire** Phone: 1-800-637-0202 Fax: 1-866-812-0202

6. Prescription and 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 SpO_2 greater than 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 and VitalAire.

7. HOP Subsidy Review (for HOP use only)

☐ **Approved** ☐ **Rejected** **Signature**: _____ **Date**: _____

Equipment Approved: Approval Number:

Comments:

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 and a VitalAire respiratory therapist.
   - VitalAire respiratory therapists and 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, WorkSafeBC 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 as possible to support any co-morbid disease (e.g., echocardiogram, spirometry, consultation notes, discharge summary, etc). 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. Qualifying clients must have ABGs with a partial pressure of arterial oxygen (PaO_2) equal to or less than 55 mmHg on room air or an ABG with a PaO_2 equal to or less than 60 mmHg with evidence of one of the following conditions: CHF or pulmonary hypertension or oxygen saturations less than 88% sustained continuously for 6 minutes, to be measured by pulse oximetry (SpO_2) while client is on room air and at rest. Saturations must be documented at minimum of 30 second intervals to qualify. Any data submitted and identified as a single value only will not be accepted.

   Nocturnal Oxygen: In the absence of the aforementioned co-morbidities, daytime hypoxemia (SpO_2 less than 88%), either at rest or with ambulation, plus a nocturnal oximetry study on room air is required for nocturnal oxygen therapy to be funded. For all clients, the SpO_2 must be less than 88% for more than 30% of a minimum 4 hour nocturnal oximetry study. Sleep disorder breathing (e.g. 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 one minute or more, 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 (i.e.: treadmill) is not permissible. Clients should be tested with their usual mobility devices such as canes, walkers, etc and walk as far as possible within the 6 minute test. Note: Any post ambulation saturation values are not acceptable.

   Oxygen saturations must be measured and documented at a minimum of 30 second intervals during walk tests. Qualifying clients must meet one of the following criteria:

   A. An SpO_2 less than 88% sustained continuously for a minimum of one minute during a 6 minute walk test while breathing room air, and a measured improvement in a second 6 minute walk test while breathing oxygen showing the distance travelled increases by at least 25% and at least 30 meters (100 feet).

   or

   B. An SpO_2 less than 80% with ambulation for a minimum of one minute during a six minute walk test.

   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 or more of a calendar year and continue to maintain their home in BC to maintain BC MSP coverage.
   - Must be a permanent resident of Northern 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.

   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. 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.

4. **Application Process**

   Acute referrals: Once the application is completed in full, fax the application and any additional data to HOP and the appropriate vendor as determined by the health service region and care setting (acute care versus community) in the table that follows:

Health Service Delivery Area	Northern Interior	Northeast	Northwest
Acute/Hospital Setting	Vital Aire	MedPro	VitalAire
Community/Physician's Office	Fax to HOP Office Only	MedPro	VitalAire

   Vendors must be contact by telephone if the discharge is after 1630 hours Monday to Friday, at any time on the weekends and statutory holidays or if there is immediate information to share. See front of application for fax and phone numbers.