

# 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      Date: \_\_\_\_\_      Hospital Discharge Date (if applicable): \_\_\_\_\_  
 Rx Change      mm / dd / yyyy      mm / dd / yyyy

## CLIENT DATA

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  Male  Female 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**

## 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 <sub>2</sub> Flow Rate	O <sub>2</sub> Saturation	pH	Pa CO <sub>2</sub>	PaO <sub>2</sub>	HCO <sub>3</sub>
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:** Fax VitalAire (or phone MedPro if existing MedPro client)  
**\*\* VitalAire must also be phoned (1-833-904-2473) between 1630-0800 hours M-F, anytime on Weekends, Stat Holidays, and for Urgent Matters\*\***

Faxed to VitalAire Healthcare: 1-866-812-0202

**COMMUNITY MD/ OTHER:** Fax to HOP: 604-301-3829  
 Phone HOP for questions: 604-301-3814

**OXYGEN PROVIDERS:**  
 VitalAire Healthcare: 1-833-904-2473; fax 1-866-812-0202  
 MedPro Respiratory: 1-888-310-1444; fax 1-888-310-1441

## 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 SpO<sub>2</sub> ≥ 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<sub>2</sub>) ≤ 55 mmHg on room air -OR- an ABG with a PaO<sub>2</sub> of 60 mmHg or less, with evidence of one of the following conditions: CHF or Pulmonary hypertension. Oxygen saturation by pulse oximetry (SpO<sub>2</sub>) < 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 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, 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 SpO<sub>2</sub> < 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<sub>2</sub> 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 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 or nurse practitioner 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
- 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 VitalAire. VitalAire 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 MedPro if existing MedPro 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.