VA CARIBBEAN HEALTHCARE SYSTEM
SAN JUAN, PUERTO RICO

CENTER MEMORANDUM NO.111-15-05
MAY 2015

HOME OXYGEN THERAPY

I. PURPOSE: To establish policy and procedures for the administration control for procuring and furnishing and related accessory equipment to eligible beneficiaries on an outpatient basis.

II. POLICY: Oxygen and appropriate accessory equipment will be provided to eligible and entitled veterans when medical determination has been made that continued use of oxygen in the home is reasonable and necessary for the treatment of their medical condition.

III. RESPONSIBILITIES:

A. The Director is responsible for ensuring the institution fulfills the requirements for the provision of patient care by providing appropriate qualified and competent human and budgetary resources, according to patient population and their specific health care needs.

B. The Associate Center Director and Associate Director for Patient Care are responsible for ensuring the participation of all involved staff under his/her responsibility in supporting efforts for compliance with the requirements for the provision of patient care as established in this center memorandum.

C. The Chief of Staff is responsible for overseeing the needs and provision of patient care. He/she ensures the participation of all medical staff and other concerned professionals under his/her responsibility to participate actively in fulfilling the requirements for the provision of patient care as established in this center memorandum.

D. The Medical Staff will be responsible for identifying patients that may benefit from Home Oxygen Therapy and initiating an electronic consultation to the Pulmonary Section.

E. The Pulmonary/Critical Care Medicine Section (Pulmonary/CCM section) Medical Staff is responsible for the proper evaluation and requests for Home Oxygen Therapy (See Attachment B – Instructions to Pulmonary Section Physicians).

F. The Home Pulmonary Program (a Pulmonary and Critical Care Section's division) Director or his/her designee will have to approve, disapprove or modify any request made by Pulmonary/CCM section. The Home Pulmonary Program personnel will be responsible for verifying that the required medical documentation is provided for all eligible veterans, that the patient receive the adequate treatment; liaison between patients, prosthetic service and contracting company when necessary and maintain the documentation for The Joint Commission including the National Patient Safety Goals.

G. The Prosthetic Service will be responsible for procuring furnishing oxygen and related accessory equipment to eligible beneficiaries. The Prosthetic Service will be responsible of the DME and administrative management of the program. The Chief of the Prosthetic service or his/her designee will maintain accountability of all patients and equipments. The Prosthetic Service will be responsible for processing the oxygen request and issuing the necessary oxygen equipment, only after receiving electronically (by CPRS) the necessary documentation (i.e: Progress note with plan of care, the medical order: Prosthethic Request-Home Oxygen, Non VA Care Pulmonary-Home Oxygen and other necessary documents as required), authenticated by a Pulmonary/Critical Care Physician or his/her designee. The equipment will be delivered through the contracted company for the Home Oxygen service. The Prosthetic Service will be responsible for faxing all documents to the contracted company, processing and charging all bills to the proper control point of the Home Oxygen Contract.

H. The contracted company will be responsible for the delivery of the equipment, patient education on the use of the equipment, timeliness and follow up visits to the home by a qualified respiratory therapist and biomedical technician (when necessary) among other. The contracted company is responsible for following all requirements stated in the Home Oxygen Contract and with TJC standards for Home Care.

I. The contracting officer from Network Contracting Office-8, Business Office, will be responsible for amending, reviewing, terminating or extending contracts with oxygen suppliers in accordance with the Department of Veterans Affairs procurement regulations, The Joint Commission on Accreditation of Healthcare Organizations (TJC), and perform and document inspections of suppliers and other contractors for compliance with applicable directives.

J. The Home Oxygen Care Committee/HRCT (see Attachment A) has oversight responsibilities for the Program assuring that all established criteria for the Program are met.

K. Social Work Section of Mental and Behavioral Healthcare Service will assess patients and family needs, provide needed orientation and counsel, and assist physicians in the process of applying for services, as Aid and Attendance and Housebound. The social worker will provide orientation about how to apply for pension, Medicare, or any other local aid available in the community, so that patients may continue their medical care.

L. The Ambulatory Care Service will be responsible for scheduling appointments for the appropriate Pulmonary/Chest Clinics, as required by the Home Pulmonary Program Clinical Personnel and/or Pulmonary/CCM Medical Staff; and will verify eligibility of patients.

M. The Contracting Officer Representative (COR) will be responsible for overseeing, reporting and documenting contract performance and compliance to the Contracting Officer. Any contract requirement, non-compliance or irregularity so that appropriate action can be taken in accordance with Federal and VA Acquisition Regulations.

IV. PROCEDURE:

A. Any physician who identifies a patient who they believe may benefit from Home Oxygen Therapy will need to request consultation to Pulmonary/CCM Section, in CPRS.

B. Physician from Pulmonary/CCM Section will evaluate the patient and determine if he/she is candidate for Home Oxygen Therapy (see Attachment B). If the patient is a candidate, the physician must complete all required documentation (see Attachment B). All requests for Home Oxygen Therapy from non-VA physicians/non-VA Institution will be routed through the Home Pulmonary program Director or designee, who will verify the need for home oxygen therapy and arrange for a scheduled appointment for evaluation. If the patient is hospitalizing in a non-VA Institution a temporary arrangement for Home Oxygen can be done and arrangement for a scheduled appointment for evaluation will be done to confirm the Home Oxygen necessity. The evaluation in the non-VA Institution must be done by an accredited Pulmonologist.

C. The Prosthetic Service representative will proceed as specified in the electronic form and forward the Request for Prosthetic Services and all required documentation to the contracted company. The Prosthetic service will oversee the contracted company and make sure that the patients receive the equipments and the education in a timely manner.

D. The contracted company issues oxygen equipment in a time frame specified in the contract for use at home when the previous steps are done and documented. At the patient's home, the patient or caregiver will be oriented on how to operate and regulate oxygen equipment and its safety operation. The contracted vendor will provide an explanatory letter to the patient or his/her caregiver clarifying the steps to be taken in the event of equipment malfunction. Those receiving concentrators/ventilators will be advised that H backup oxygen tank are for abnormal needs. Dangerous misuse of oxygen and failure to comply with Pulmonary/Chest Clinics appointments without justification may result in removal from the program. Patients that refuse the treatment/equipment will sign a "Release of Responsibility" form. The contracted company will submit copies of all documents specified in the Home Oxygen Contract to the Home Pulmonary Program and Prosthetic Services.

E. The Contract Official Representative (COR) will perform compliance inspections on service providers to insure compliance with items designated in contracts and will advise/recommend to the Contracting Officer any actions that may impact the administration of the contract.

V. REFERENCES:

A. M-1, Part 1, Chapter 17

B. VHA Directive 2000-033, Home Respiratory Care Program, dated September 29, 2000.

C. VHA Handbook 1173.13, Home Oxygen Respiratory Care Program, dated November 1, 2000.

D. VHA Directive 1173, Prosthetic and Sensory Aids Service June 27, 2008

E. The Joint Commission Manual 2015

VI. **RESCISSION:** Center Memorandum No.111-12-05, dated May, 2012.

VII. **EXPIRATION DATE:** May, 2018

VIII. **FOLLOW-UP RESPONSIBILITY:** Home Pulmonary Program Director

DEWAYNE HAMLIN
Director

MEMBERS OF THE HOME OXYGEN CARE COMMITTEE/HRCT

Home Pulmonary Program Director	Chairperson
Chief, Pulmonary/CCM Section Chairperson	Alternate
Safety Engineer	Member
Director's Office Representative (Quality Office)	Member
Chief Nurse, Home and Community	Member
Community Health Coordinator	Member
Home Pulmonary Program Clinical Coordinator	Member
Clinical COR: Home Pulmonary program	Member
Business Office Contracting Officer	Member
Infection Control Office Representative	Member
Chief, Prosthetic Service	Member
Administrative COR: Prosthetic Service	Member

Others:

Contract Vendor Representative
Pharmacy Representative
Social Worker Representative
RCU Physician
BROS Representative

INSTRUCTIONS TO PULMONARY SECTION PHYSICIANS

1. The Pulmonary/CCM Section physician who prescribes Home Oxygen Therapy must electronically complete a Request Form in the CPRS consult tap (Prosthetic Request-Home Oxygen and Non VA Care Pulmonary-Home Oxygen) and a complete progress note with all required elements, which may include but not limited to: medical history, actual medications and problem list, physical exam, indication for long term oxygen therapy, evidence of blood gases or oxygen saturation, and a plan of care.

2. For inpatients, all requests for Home Oxygen equipment should be done at least 24 hours prior to the planned discharge. New patient in Home Mechanical Ventilation see CM 111-15-02.

3. Patients should be in optimal medical condition for their underlying cardiorespiratory illness. Smoking cessation is recommended.

4. Results of a recent determination of arterial blood gases on room air must be documented electronically. Based on these results, ambulatory chronic low flow oxygen therapy will be indicated as follows:

a. Resting room air arterial oxygen tension (PaO2) below 55 mmHg and/or Sat <88

b. Resting room air arterial oxygen tension (PaO2) below 60 mmHg and/or Sat <90 with hypoxic organ dysfunction such as but not limited to cor pulmonale, secondary polycythemia.

c. Resting room air arterial oxygen tension (PaO2) greater than 55 mmHg with exercise-associated desaturation of less than 55 mmHg and/or Saturation <88.

d. Certain patients who do not meet above criteria but whose condition might be benefited by oxygen therapy in the opinion of the prescribing physician will be dealt with on an individual basis on the prescribing physician recommendations. (ex: cluster headache)

e. Nocturnal oxygen due to nocturnal desaturation seen in polysomnogram or nocturnal oxygen monitoring (documented Sleep Apnea Syndrome with sleep desaturation).

5. Mode of therapy:

a. In the majority of cases, oxygen can be administered by a nasal cannula at different rates depending on the primary pathophysiologic process.

b. The prescribing physician must document the effectiveness of the oxygen therapy in correcting the hypoxemia and reducing the hematocrit while avoiding adverse effects like the development or respiratory acidosis in patients with Chronic Obstructive Pulmonary Disease (COPD).

c. Chronic ambulatory low flow oxygen therapy must be prescribed for a specific number of hours during the day, i.e.:

(1) Continuous, 19 hours/day oxygen therapy
(2) Nocturnal oxygen therapy only, 8 hours/day oxygen therapy
(3) As needed for specific activities i.e. exercise, 2 hours/day oxygen therapy, as need for cluster headache
(4) The prescription must include the amount of refills (E or M tanks) needed per month

6. Monitoring chronic ambulatory oxygen therapy:

a. Patients who are started in the Home Pulmonary Program should have been seen in the Pulmonary/CCM Section Clinic, within tree (3) to six (6) months after the treatment with oxygen started, then as needed according to patient's medical condition, but at least annually for prescription renovation.

b. These reevaluations must be documented in the patient's record and monitored by the Pulmonary Physician or designee, who will recommend continuing or discontinuing the use of oxygen therapy by patient.

INSTRUCTIONS TO LONG TERM OXYGEN THERAPY

1. When a Pulmonary Section Physician considers that Long Term Oxygen Therapy is indicated, he/she must complete a progress note with all required elements, Prosthetic Request-Home Oxygen, and the Non VA CARE-Home Oxygen. The Home Pulmonary Program personnel will proceed to verify all documents and the forms will be faxed to the contracting Company by the Prosthetic Service.

2. Patients initially placed on the Home Oxygen will be reevaluated within three (3) to six (6) months by the Pulmonary physician/Respiratory Therapist to establish stability with short-term oxygen therapy and on annual basis for long-term oxygen therapy. Appointments for evaluation of the patient will be given by Ambulatory Care Service personnel, upon authorization by the physician. Patients initially placed on nocturnal oxygen will be re-evaluated within twelve months and annually thereafter. All patients placed on the Home Oxygen will be reevaluated as needed based on patient's medical condition, but at least annually for prescription renovation.

3. Those patients that are lost to follow up and the Home Pulmonary Program staff is not able to contact will have the service suspended until a reevaluation is completed. Exception will be granted if the patient/caregiver contacts the Home Pulmonary Program to notified that due to limitations or complications, i.e.: bed bound or transportation problems, among other, are present. Other alternative for complete the evaluation will be considered as coordination with Telemedicine, Home Visit or thru Fee Basis.

4. In the event that the patient fails to follow up or fail to follow instructions, the Home Pulmonary Program personnel will notify the Pulmonary/CCM Section Chief and Prosthetics Service Chief for ethic committee referral.

5. The Home Pulmonary Program personnel will carry out monthly reviews to determine that patients requiring reevaluation have received it, and to initiate appropriate actions if not.

6. The Home Pulmonary Program personnel or Pulmonary Physician will identify the patients on home oxygen therapy who die or the oxygen supplementation is not necessary in order to discontinue the services and initiate discharge procedures on CPRS.

7. Calls received from beneficiaries for equipment malfunction will be referred to the contract vendor. Calls received concerning clinical issues will be referred to the Home Pulmonary Program, Respiratory Therapy Coordinator.

8. Home Oxygen patients reporting for outpatient visits should be instructed to bring an ample supply of tanks with them to use while waiting for their appointments. Refills and extra tanks can be obtained on a limited basis in the Home Pulmonary Program Office.