HOME OXYGEN THERAPY PROGRAM

Recertification date: 9/3/18

1. POLICY. Oxygen is a medication that will be provided to eligible Veterans on an outpatient basis when medically indicated, as determined by established criteria.

2. RESPONSIBILITIES.

a. Physician with primary patient responsibility
b. Medical Chest Staff Physician(s)
c. Neurology Staff
d. Home Oxygen Coordinator
e. Prosthetic Service
f. Home Oxygen Therapy Team (HOTT)

3. PROCEDURES.

a. The Primary Care Provider will evaluate the patient for home oxygen using the medical criteria listed in this section. In the case of home-bound patients, the same criteria apply, but the information may be obtained in the community by a reliable trained health professional.

(1) Patient should have oxygen readings, applicable while awake or sleeping (for at least 5 minutes when asleep) of one of the following:

(a) PaO_2 equal to or less than 55 mmHg while at rest breathing room air,

(b) O_2 saturation equal to or less than 88% while at rest breathing room air,

(c) An arterial oxygen tension of less than 60 mmHg or an oxygen saturation of 89% with evidence of hypoxic organ dysfunction including cor pulmonale, pulmonary hypertension or polycythemia with a hematocrit > 55%,

(d) An arterial oxygen tension 55 mmHg or lower or an O_2 saturation of 88% or less during exercise while breathing room air,

(e) Decrease in arterial PaO2 of more than 10 mmHg or in oxygen saturation more than 5%, for at least 5 minutes during sleep, with signs and symptoms of hypoxic organ dysfunction as in (c) above.

(2) Patient is on optimal drug therapy and he/she has reached optimal oxygenation status.

(3) After determining that the patient meets criteria for home oxygen therapy, the Primary Care Provider will:

(a) In the case of a Veteran followed by VA Pulmonary staff, the Primary Care Provider will request a formal consultation from the Medical Chest Section.

(b) In the case where the Veteran's pulmonary care is being managed by a community care Provider that has determined the patient's need for home oxygen therapy, the Primary Care Provider will complete a pulmonary outpatient home oxygen consult, and sign completed VA Medical Center Form 10-2341, Request for Prosthetic Service. No action from the Medical Chest Consultant will be necessary on these patients.

(c) In the case of a Veteran, who is not followed by VA Pulmonary staff, requiring home oxygen therapy at the time of discharge from a Non-VA hospital, the Primary Care Provider may request a Non-VA Care consultation (Choice Care) for continuity of care by a community Pulmonary specialist and complete a Pulmonary outpatient home oxygen consult, and sign completed VA Medical Center Form 10-2341, Request for Prosthetic Service. No action from the Medical Chest Consultant will be necessary on these patients.

b. After consultation and approval, the Medical Chest Consultant will:

(1) Complete in its entirety, VA Medical Center Form 10-2341, Request for Prosthetic Service (CPRS Prosthetics Consult).

(a) Name of Patient and Social Security Number.

(b) Interface of oxygen administration (cannula, etc.)

(c) Oxygen flow in liters/minute (and concentration if applicable).

(d) Primary delivery system for home oxygen

(e) Portable delivery system, including estimated number of tanks per month when applicable.

(2) The first re-evaluation for home oxygen use will be within 1-6 months of the initiation of home oxygen, depending on the indication for home oxygen therapy. Subsequent evaluations will be scheduled at least annually. The purpose of periodic re-evaluations is to conduct oxygen/smoking risk assessment, oxygen/smoking risk reduction, and to determine whether the prescription for supplemental oxygen is appropriate for the patient's changing clinical status. As a result of the re-evaluation, the oxygen prescription may be modified or discontinued. In cases where the patient's pulmonary care is being managed by a community care (CHOICE) Provider, the community care (CHOICE) Provider will be responsible for the re-evaluations for home oxygen use.

(3) Annual home oxygen renewal consults will include the same information as the initial consult.

(4) Only under the most exceptional circumstances, including a need for over 4 liters/minute of O_2, and only with the approval of the Chief of Pulmonary and Critical Care Medicine or his/her designee, will liquid O_2 be prescribed.

c. Neurology Staff: Neurology patients requiring home oxygen therapy for cluster headaches and sleep apnea with nocturnal hypoxemia will be managed and followed by the Neurology Staff, a formal consultation from the Medical Chest Section is not indicated.

(1) Cluster headaches regardless of the arterial oxygen level with a diagnosis by a neurologist. At least annually, the Neurology Staff will review, approve, and reorder all requests for home oxygen to treat cluster headaches.

d. Home Oxygen Coordinator: Veteran will be educated about safe administration of oxygen.

(1) Oxygen/Smoking Fire Risk Assessment will be completed.

(a) Patient's PCP will be alerted of high risk home oxygen status and asked to consider placing a HBPC consult for greater safety oversight and education.

(b) All Veterans who continue to smoke will be encouraged to enroll in the Dayton VAMC or a community based Smoking Cessation Program if they have not completed a program in the preceding 12 months

(2) Oxygen to be provided by another VA facility will be processed by the Home Oxygen Coordinator through submission of approved prescription and prosthetic forms for home oxygen to the Prosthetic Service or Home Oxygen Coordinator at Columbus, Cincinnati, Cleveland, Chillicothe, or Indianapolis depending upon the patient’s residence and place of follow-up.

(3) Travel arrangements will be coordinated between the Home Oxygen Coordinator and Home Oxygen Contractor. Documentation of travel dates and arrangements will be made by adding a comment to the Home Oxygen Prosthetics Consult in CPRS.

e. Prosthetics Service: The Home Oxygen Contractor will submit monthly bills for services to Prosthetics Service.

(1) Equipment orders from the consults are entered into the Prosthetics Home Oxygen computer package by Prosthetics Service

(2) The monthly contractor bill is matched to the Home Oxygen package to verify accuracy of charges. Prosthetics Service will resolve billing errors and conflicts prior to authorizing payment.

f. The Home Oxygen Therapy Team (HOTT) will provide oversight and guidance to the Home Oxygen Therapy Program, including making recommendations regarding unusual situations and occurrences within the program.

4. REFERENCES. Veteran Health Administration (VHA) Handbook 1173.13, dated November 1, 2000; VHA Prosthetic Clinical Management Program; Clinical Practice Recommendations Home Use of Supplemental Oxygen, dated April 27, 2010; VHA Directive 2006-021, Reducing the Fire Hazard of Smoking When Oxygen Treatment Is Expected.

5. UPDATE TO. Medical Center Policy No. 111-22, dated August 21, 2015.

6. AMENDMENT DATE: May 23, 2016.

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Mark Murdock, MHA, FACHE
Acting Director
Signed by: Mark Murdock 316808

SUPPLEMENTS: 3

HOME OXYGEN THERAPY COMMITTEE

1. MEMBERSHIP.

Chief, Pulmonary & Critical Care Medicine	Chairperson*
Chief, Prosthetic Treatment Center or designee	Member
Home Oxygen Coordinator or designee	Member*
Home Oxygen Contractor Representative	Member
Home Based Primary Care Representative	Member
Neurology Service Representative	Member*
Pulmonary Staff (Physician/PA)	Member*
Social Work Representative	Member
Quality Management Representative	Member
Ethics Consultant	Member
Tobacco/Behavior Coordinator	Member

* Home Oxygen Therapy Team

2. MEETINGS. Meetings of all or part of the Home Oxygen Therapy Team will be held quarterly as determined by the Chief, Pulmonary & Critical Care Medicine.

3. MINUTES. Meeting minutes will be distributed to committee members for review and approval. A copy of approved meeting minutes will be kept on file with the Home Oxygen Coordinator or his/her designee. A copy of approved meeting minutes will be presented to the Clinical Executive Board (CEB) quarterly by a representative from the Pulmonary Section.

REDUCING THE FIRE HAZARD OF SMOKING WHEN OXYGEN TREATMENT IS EXPECTED

1. PURPOSE.

a. To reduce the potential fire hazard of smoking when oxygen treatment is expected, and to reinforce VA policy regarding smoking cessation.

b. It is the Dayton VAMC policy that whenever oxygen treatment is being delivered, access to smoking materials must be restricted, patients who smoke must be offered nicotine replacement therapy or other alternatives, and all smoking must be prohibited in the vicinity of oxygen delivery equipment.

2. RESPONSIBILITY.

a. The Home Oxygen Therapy Team (HOTT) is responsible for:

(1) Conducting an initial fire risk assessment of patients who are evaluated for receiving oxygen therapy,

(2) Offering nicotine replacement therapy and other appropriate smoking cessation treatments, and

(3) Discussing with the patient and/or caregiver or surrogate their responsibility for complying with agreed-upon terms for the safe administration of oxygen therapy. The HOTT is responsible for subsequent fire risk assessments, which are to be completed during any prescription change or renewal. The team is responsible for documenting identified close calls or adverse events involving smoking and oxygen therapy as well as submitting an incident report as indicated.

b. All Dayton VAMC staff that becomes aware of a close call or adverse event involving smoking and oxygen therapy is responsible for filing an incident report.

c. The Home Oxygen Contractor, as part of initial delivery protocol, is responsible for the initial equipment assessment, fire risk assessment, education on equipment use and care and handing out and discussing warning information for patients and their families and/or caregivers regarding the hazards of smoking while oxygen is in use. The Home Oxygen Contractor is additionally responsible for subsequent fire risk assessments for any prescription change or renewal and the safety and ongoing assessment related to the use of equipment and its condition. The Home Oxygen Contractor is responsible for reporting to the Home Oxygen Coordinator all close calls and adverse events related to smoking while oxygen is in use.

d. All health care providers treating the patient are responsible for education regarding the hazards of smoking while on oxygen therapy.

3. PROCEDURES.

a. Contracts for oxygen delivery for home care patients must incorporate requirements that contractors provide education and/or warning information for patients and their families or caregivers on the hazards of smoking while oxygen is in use. These materials must be provided at the initial delivery of oxygen and at least every six months thereafter. Patients or their surrogates should sign a document that verifies that they have received educational and warning information about the hazards of smoking when oxygen is in use.

b. Patients receiving oxygen at home must have appropriate, working smoke alarms. The presence of smoke alarms will be verified by the Home Oxygen Contractor. The patient will be instructed by the Home Oxygen Contractor to test all smoke alarms monthly. In a home environment when smoke alarms are not present or operational, the contractor must notify the Home Oxygen Coordinator.

c. Procedures for High Risk Patients: High risk patients are those who exhibit unsafe clinical or behavioral traits involving smoking and oxygen use. These are patients who may attempt to hide smoking-related behaviors from staff and or family, or have a history of noncompliance with smoking rules.

(1) Patients who resist efforts to comply with the no smoking policy will be referred to HOTT and may be referred to the Ethics Committee for review to determine appropriate restricted environmental or clinical requirements. The Home Oxygen Coordinator, respiratory practitioner or equivalent must report noncompliant behavior to the patient's provider or appropriate designee who must counsel the patient and/or patient's surrogate of the potential risks and consequences associated with such activity.

(2) The Home Oxygen Coordinator must alert the Home Oxygen Contractor that the patient is at high risk for smoking while oxygen is in use.

(3) Patients may be called or visited by the Home Oxygen Coordinator within the first 30 days of treatment and as appropriate afterwards to assess patient compliance with education about the hazards of smoking while on oxygen. Patients considered high risk for oxygen/smoking related incidents may be contacted or visited every 6 months by the Home Oxygen Coordinator for ongoing education and risk reduction.

4. REFERENCES. Veteran Health Administration (VHA) Directive 2006-021, Reducing the Fire Hazard of Smoking When Oxygen Treatment Is Expected; (VHA) National Ethics Committee report: Ethical Considerations that arise when a home care patient on Long Term Oxygen Therapy continues to smoke, March 2010.

OXYGEN/SMOKING FIRE RISK ASSESSMENT

1. When did you last smoke? (cigarettes, cigars, pipe, marijuana, E cigarette)

❒ Today ❒ days ❒ weeks ❒ months ❒ years ❒ never

2. Do you live alone?
❒Yes ❒No

3. Do any family members living in your home smoke?
❒Yes ❒No ❒N/A

4. Does the Veteran or others in the home have a history of smoking while oxygen is present?
❒Yes ❒No ❒N/A

5. Do you smoke in your bedroom?
❒Yes ❒No ❒N/A
If yes, please STOP! Smoking in the same room with oxygen is a fire hazard.

6. Does Veteran's home have working smoke alarms?
❒Yes ❒No

7. Do you ever feel the need to hide your smoking material?
❒Yes ❒No ❒N/A
If yes, explain why: _____

8. Does the Veteran and others in the home understand safety issues with oxygen and open flame heating sources?
❒Yes ❒No

9. Do you ever have any open flame heating sources in your home or yard?
(example: Bunsen burner, Bonfires, Grills, Gas stove, Wood burning stove, Fireplace)

❒Yes ❒No
If yes, please describe: _____

10. Do you burn candles in your home?
❒Yes ❒No

11. Does Veteran's home have a working fire extinguisher?
❒Yes ❒No

12. You reside in a(n)? ❒House ❒Apartment ❒Trailer ❒Group Home or Shelter