POLICY MEMORANDUM
NO. 111-09

VA Medical Center
Chillicothe, Ohio
July 1, 2013

HOME RESPIRATORY CARE PROGRAM

1. PURPOSE: To establish the clinical indications, policy, and procedures for providing home oxygen to eligible patients treated at this medical center.

2. POLICY: This medical center provides home oxygen therapy using a multi-disciplinary approach, involving members of the Medical/Surgical Specialty Care Line, Prosthetic and Sensory Aids Service (P&SAS), Logistics Service, and Quality Improvement, who form the Home Oxygen Oversight Committee. The team meets quarterly.

3. RESPONSIBILITY:

a. The Staff Pulmonologist, or designated provider, is responsible for:

(1) Determining the need for home respiratory care based on the patient's prognosis, medical history, and results of arterial blood gases or pulse oximetry, sleep study, effective ventilator settings, or effectiveness of other interventions.

(2) Prescribing the initial prescription for Home Oxygen and renewal prescriptions for Home Oxygen. The Home Oxygen request MUST be complete, including:

(a) Home Oxygen: method of delivery, liter flow or fractional inspiration (FiO2) (continuously, on exertion, at night), and duration.

(b) Airway pressure: mask type, settings, spacers, and other associated devices.

(c) Ventilator: settings, FiO2, mode.

(d) Documenting if the patient is a smoker, has physical or mental barriers, and advance directives.

b. The Home Oxygen Coordinator is responsible for:

(1) If the patient is medically approved for home oxygen, writing a plan of care that includes:

(a) The patient's problems/needs;

(b) Reasonable and measurable patient goals;

(c) Review of Patient Rights and Responsibilities.

(2) Serving as a consultant to physicians, nurses, social workers, and patients in the event questions or problems arise.

(3) Determining whether the patient is compliant with current prescription, written agreement, smoking agreement and treatment plan.

(4) Scheduling home visits at a minimum of ten percent of the patients on home oxygen therapy, or a minimum of fifteen percent on a yearly basis annually. These random home visits are necessary to provide quality assurance of this treatment modality. The Home Oxygen Therapy Program Contract Compliance Follow-up Report is completed for each home visit.

(5) Providing education to the patient and family regarding the causes of fires and fire prevention activities**,** home oxygen use and safety, infection control, and Joint Commission information.

(6) Entering home oxygen prescriptions into the Computerized Patient Record System (CPRS), both new and renewal, for approval and signature of the Staff Pulmonologist, or designated provider.

(7) Conducting the Home Oxygen Clinic, and forwarding any patients with any issues or concerns on to the Staff Pulmonologist, or designated provider.

(8) Contacting the home oxygen contractor to ensure all documentation is being received per home oxygen contract.

(9) Acting as a liaison between the patient and the home oxygen vendor.

(10) Conducting one site visit to the home oxygen vendor warehouse per quarter.

(11) Auditing monthly documentation of visits made by the contractor to ensure appropriate and complete contract compliance. Notifying the contractor of needed corrections, unsatisfactory performance, or non-compliance with the contractual agreement.

(12) Acting as a liaison between the patient and contractor for any non-clinical problems or concerns, such as the need for additional tanks, safety issues, non-compliance issues, pick-ups, delivery and service calls.

(13) Notifying the primary care physician when contacted by a non-VA facility to provide home oxygen for VA patients.

(14) Identifies risks associated with long-term oxygen therapy such as home fires.

(a) The presence or absence and working order of smoke detectors, fire

extinguishers.

(b) The presence or absence of fire safety plans.

(c) a review of all medical equipment.

(d) Other fire safety risks in the home, including the presence of smoking materials and the potential for open flames.

c. The Contracting Officer Technical Representative (COTR), is responsible for the administrative aspects of the Home Oxygen Program. This includes:

(1) Determining the patient administrative eligibility. The primary responsibility for this duty is the COTR.

(2) Contacting the home oxygen contractor for delivery and set up of the oxygen equipment necessary for the prescribed needs of the patient, and contacting outside agencies to provide oxygen for patients outside the contract area. The primary responsibility for this duty is the Chief, P&SAS.

(3) Conducting unannounced contractor inspections bi-annually.

(4) Assuring that all Joint Commission standards and applicable patient safety goals are satisfied by the contractor. Findings are reported to the Home Oxygen Oversight Committee quarterly.

(5) Maintaining a file for contractor competencies and licensures.

d. The Home Oxygen Oversight Committee is responsible for:

(1) Reviewing aspects of the home oxygen program, including medical center policy, clinical assessments, patient education, staff education, follow-up assessments, administrative monitors, Joint Commission standards and patient safety goal compliance.

(2) Reviewing, monitoring and evaluating data pertinent to performance improvement on a quarterly basis.

(3) Recommending changes in medical center policy on home oxygen therapy.

(4) Meeting as needed to review concerns and issues that may occur and need addressed prior to the quarterly meeting. Discussing and implementing recommended changes to medical center policies, as well as the procedures and processes of the Home Oxygen program. Changes to the process follow VHA specific policies and directives. The Home Oxygen Oversight Committee meets the third Thursday

monthly.

(a) Membership: The Home Oxygen Oversight Committee is comprised of the following:

Member – Co-Chairperson – Staff Pulmonologist
Member – Co-Chairperson – Home Oxygen Coordinator
Member – Prosthetic Representative
Member – Quality Improvement
Member – Home Base Primary Care
Member – Home Oxygen Contractor
Member – VISN 10 Prosthetic Representative, on request
Member – Contracting Officer, on request.

e. The Chief Contracting Officer is responsible for:

(1) Working with the Prosthetic Representative to identify contractual requirements for equipment management, such as concentrators, cylinders, consumable supplies, and other respiratory equipment.

(2) Submission of the home respiratory care contractual requirements for the development of a solicitation for bids or offers and inspection of bidders' or offerors' facility prior to award of contract.

f. The Contractor is responsible for:

(1) Cleaning/disinfecting of all non-disposable home oxygen equipment picked up. Decontamination is accomplished according to manufacturer's instructions, using an approved disinfectant in compliance with the Association for Professionals in Infection Control and Epidemiology (APC), and/or guidelines of the Centers for Disease Control and prevention (CDC). Disposable or single use respiratory devices or equipment are NOT retrieved for pickup but are left in the patient home for proper disposal. Patient/caregivers are educated as needed in proper disposal.

(2) Items found to have visible blood/body fluid contamination are cleaned and then disinfected with a fresh (made within 24 hours) 1:10 bleach/water solution.

(3) Assuring that employees are provided with the materials for adequate processing of equipment and also assuring the contractor employees have been instructed in the use of protective equipment (gloves, gowns, masks, and goggles) when handling and processing potentially contaminated equipment. The contractor assures that clean equipment items are handled and delivered in such a manner that clean and dirty equipment are not mixed or allowed to occupy the same area without decontamination of that area.

(4) Used items are not placed in the same vehicle as clean items without a visible barrier separation in the vehicle. After picking up dirty materials, the vehicle is sprayed with a bleach/water solution and allowed to stand for 5-10 minutes. The solution is then wiped from the surface with a clean cloth. Personnel completing the job wear household rubber gloves and if the potential for splashes to clothing with visible blood or body fluids exists, gowns or plastic aprons are used. Gloves are also worn if items for pick up at patient homes are visibly contaminated with blood or body fluids.

(5) Clean equipment is stored in the appropriate area of the warehouse. Some items require maintenance and safety checks, cleaning and bagging prior to being issued as follows:

Concentrators

Oxygen cylinder

Regulators

Suction machines

Conserving devices

Tubing

g. In-home care settings where oxygen is used, the contractor ensures the following actions are implemented:

(1) A fire-risk is conducted of new oxygen therapy home care patients, who smoke, and a reassessment is conducted when renewing an oxygen prescription, or at any time there is a change in the patient's oxygen therapy (e.g., equipment).

(2) Any contract for oxygen delivery services for home care patients incorporates requirements that contractors provide educational and/or warning information for patients and their families and/or caregivers on the hazards of smoking while oxygen is in use. The educational materials are provided upon initial delivery and every six months thereafter. The checklist used by vendors for medical gas follow-up services cover, at a minimum, the items in Appendix C.

(3) The home environment of any home health care patient has appropriately working smoke alarms. The presence of the smoke alarms is verified and the patient is instructed by the oxygen vendor to test smoke alarms monthly. In any home where smoke alarms are not present, the contractor notifies the appropriate clinical staff (e.g., home oxygen coordinator) for further review and potential action.

h. For home care patients determined to be high-risk, the following actions are

implemented:

(1) The Home Oxygen Coordinator, or designee, alerts the home oxygen vendor that the patient is at high risk for smoking while oxygen is in use.

(2) At the discretion of the Home Oxygen Coordinator, or designee, the patient may be called or visited within the first 30 days of treatment and every six months thereafter to assess compliance with education on the hazards of smoking while on oxygen.

(3) Incidents where patients are reported as non-compliant with the guidelines set forth in the education and orientation material, and/or whose behavior poses a risk of self-harm or harm to others, are documented and reported to the Home Oxygen Coordinator, or designee. The Home Oxygen Coordinator, or designee, reports non-compliant behavior to the Home Oxygen Oversight Committee who corresponds in writing, counseling and educating the patient, and/or patient's surrogate, of the potential risks associated with such activity and potential consequences of continued activity. This correspondence is sent to the patient by certified mail and documented in the patient medical record.

(4) Patients who fail to comply with oxygen therapy and smoking safety guidelines are referred to the Home Oxygen Oversight Committee for review to determine appropriateness of continued therapy, and how such therapy will be provided in ongoing care.

4. PROCEDURES:

a. Home oxygen orders are reviewed and approved by the Staff Pulmonologist, or designee. Patients are assessed at rest (while awake), during exercise and, in some cases, during sleep. In general the following criteria are used to establish the need for home oxygen:

(1) Oxygen therapy indications for long-term partial pressure of oxygen in arterial blood (PaO2) less than 55 milligrams of mercury (mmHg) or oxygen saturation (SaO2) less than 88.

(2) In the presence of an alteration in the structure and function of the right ventricle caused by primary disorder of the respiratory system.

(3) PaO2 less than 59 mmHg or SaO2 less than 89.

(4) Electrocardiogram (EKG) evidence of tall, narrow, peaked waves over the atrium.

(5) Hematocrit greater than 55.

(6) Clinical evidence of right heart failure.

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(7) Specific Situations:

(a) PaO_2 greater than 60 mmHg or SaO_2 greater than 90 with lung disease and other clinical needs, such as sleep apnea with nocturnal desaturation not corrected by continuous positive airway pressure (CPAP).

(b) If the patient meets criteria at rest, oxygen is also prescribed during sleep and exercise, and appropriately titrated.

(c) If the patient is normoxemic at rest but desaturates during exercise or sleep (PaO_2 greater than 55 mmHg), oxygen is prescribed for these indications. Consideration of nasal continuous positive airway pressure (CPAP) or bi-level noninvasive nocturnal ventilation is warranted in patients with desaturation during sleep.

b. The Staff Pulmonologist, or designated provider, initiates and signs an electronic request for home oxygen consult. In accordance with appropriate discharge planning policies, requests for home oxygen for inpatients are initiated by the Staff Pulmonologist, or designee, at least two days prior to the patient's discharge date.

c. The patient is re-evaluated by the Home Oxygen Coordinator twice in his/her first year in the program (at the end of six months and the end of 12 months) and annually thereafter. Normally, the patient reports to the medical center for the re-evaluation.

d. To ensure that prescriptions are administered safely and accurately, all patients receiving home oxygen, and/or their providers, are trained in the proper use of the prescribed equipment. This includes strict instructions on the avoidance of smoking while receiving, or in the vicinity of, oxygen therapy. In order to assure compliance with this, patients receiving home oxygen are required to read and sign the Smoking Agreement.

e. Patients are discharged from the Home Oxygen Oversight Committee by the following means:

(1) No longer meet medical criteria.

(2) Are non-compliant with oxygen use (continue to smoke or fail to keep clinic appointments).

(3) Refuse to use oxygen and request equipment to be removed from their home.

(4) Move from the service area without previous notification to allow for transfer of care.

f. Patients transferring care either to or from this medical center meet the following criteria:

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(1) Patients moving to another VA service area: A prescription for home oxygen is written by the veteran's primary care physician for 45 days. COTR coordinates home oxygen service to the VA facility nearest to the patient's destination. The patient has 45 days to enroll into primary care.

(2) Patients moving into this medical center service area: COTR contacts the patient's former VA facility. COTR gives the former VA facility our current contractor so they can set up the patient with home oxygen until he/she can be seen by a new primary care physician.

(3) The Home Oxygen Coordinator, or designee, properly instructs the patient in the safe use and possible complications or hazards involved in home oxygen therapy. The individual maintains complete documentation regarding the individual patient's home oxygen therapy plan, and reviews and updates this plan as necessary.

(4) Oxygen is provided to the patient at his/her home by the contract vendor. Deliveries are on a regular schedule, based on the patient's needs. Instruction on equipment usage and oxygen safety is also provided to the patient by the vendor.

5. REFERENCES: VHA Handbook 1173.13,
VHA Directive 2001-057, Home Respiratory Care Program, September 19, 2001
The Joint Commission Comprehensive Accreditation Manual for Home Care 2012
The Joint Commission National Patient Safety Goal NPSG.15.02.01

6. RESCISSION: Policy Memorandum No. 121-1, Home Oxygen, dated November 20, 2009

7. RESCISSION DATE: July 1, 2013

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Wendy J. Hepker, FACHE
Medical Center Director

Attachments: Appendices A-C

Distribution: B, C, D

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PATIENT RIGHTS

The following list of patients' rights is assured for each patient on the Home Oxygen Program:

1. You will be treated with dignity, compassion, and respect as an individual. Your privacy will be protected. You will receive care in a safe environment. We will seek to honor your personal and religious values.

2. You have the right to be told what you can expect from the use of oxygen and what will happen to you if you refuse to use oxygen.

3. You have the right to be informed and involved in decisions regarding your plan of care and to refuse care.

4. Your shadow file and all other information about you will be kept confidential, unless disclosure is required or permitted by law and you consent to the release.

5. You have the right to be discharged from the Home Oxygen Program at any time you desire.

6. You have a right to privacy and security and to have your property respected.

7. You will be given information about the health benefits you can receive. The information will be provided in a way you can understand.

8. You, and any persons you choose, will be involved in all decisions about your care. You will be given information you can understand about the benefits and risks of treatment. You will be given other options. You can agree to or refuse treatment. You will be told what is likely to happen to you if you refuse treatment. Refusing treatment will not affect your rights to future care but you take responsibility for the possible results to your health.

9. Tell your provider about your current condition, medicines (including over-the-counter and herbals), and medical history. Also share any other information that affects your health. You should ask questions when you do not understand something about your care. Being involved is very important for you to get the best possible results.

10. If you believe you cannot follow the treatment plan, you have a responsibility to notify your provider or treatment team.

11. You are encouraged and expected to seek help from your treatment team or a patient advocate if you have problems or complaints. You will be given understandable

information about the complaint process. You may complain verbally or in writing, without fear of retaliation. You also have the right to contact the Joint Commission for safety concerns and complaints at telephone number: 1-800-994-6610.

PATIENT RESPONSIBILITIES

1. Treat the VA and the oxygen contractor with courtesy and respect.

2. Ask questions about your equipment or care that you do not understand.

3. Contact the Home Oxygen Coordinator (HOC) at your VA Medical Center during the hours of 8 a.m. to 4:30 p.m., immediately if you are having or have experienced any problems with equipment. Call the vendor only in an emergency during hours other than those shown for HOC. The vendor emergency number is posted on their equipment.

4. Notify HOC at your VA Medical Center (not the vendor) when equipment provided is no longer needed.

5. Notify the vendor if you will not be available for a scheduled appointment.

6. Follow the VA staff and/or the vendor's instruction about the appropriate use of the equipment. **Note: Do not store oxygen tanks in vehicles in extreme temperatures. The oxygen tank has a relief valve and if the temperature reaches 85 degrees or higher, the relief valve is released due to high pressure and will cause damage to your vehicle.**

7. Follow the equipment instructions regarding the handling, care, safety, and general cleaning procedure of the equipment.

8. Use reasonable care in the use of equipment provided.

9. Notify the contractor if you are having problems with your equipment and supplies.

10. Inform Primary Care Physician of any change in your condition.

11. Smoking cessation is vigorously recommended. However, at minimum, the patient must refrain from smoking in the room where oxygen equipment is used and/or stored.

HOME OXYGEN USE FOLLOW-UP SAFETY ITEMS

1. No Smoking, Oxygen in Use signs are provided and/or posted.

2. Smoke alarm is present and alarm sounds when tested.

3. Verification that the patient has been instructed to test smoke alarms monthly.

4. Patient and family or cohabitants are given educational materials regarding the hazards of smoking and using an open flame near oxygen.