

Home Oxygen Therapy Policy Guideline

Version No.: v3.1
Approval date: 16/10/2019



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Home Oxygen Therapy Policy Guideline

1. Policy Statement

Home oxygen therapy is a component of therapeutic management for a number of chronic conditions experienced by SA Health patients where symptoms are associated with hypoxaemia.

Home oxygen therapy delivers oxygen at concentrations greater than the ambient air with the intention of treating or preventing the symptoms and effects of hypoxemic or non-hypoxemic medical conditions that are known to clinically improve with oxygen.

This guideline sets out the eligibility criteria for state funded home oxygen therapy and provides direction to staff who undertake the administrative processes associated with the home oxygen electricity rebate.

2. Roles and Responsibility

Chief Executive, SA Health is responsible for ensuring a consistent approach to the access of state funded home oxygen therapy and the application of the Home oxygen electricity rebate across SA Health.

Chief Executive Officers of Local Health Networks are responsible for ensuring:

- that the guideline is communicated to relevant staff.
- that the guideline is complied with.

Management within Hospital Respiratory Specialist Clinics are responsible for ensuring:

- staff comply with the guideline.
- patients receive appropriate education and training on how to operate their oxygen equipment and are well informed about the risks of smoking.

3. Policy Requirements

3.1 Applicant Eligibility Criteria

To be eligible individuals who meet the following criteria will be eligible to receive basic state funded oxygen and provided by the SA Health, Local Health Networks, including Country Health SA Local Health Network.

To be eligible individuals must:

- be a permanent resident of South Australia.
- be Australian citizen or the holder of a permanent visa.
- be living in the community but not in a commonwealth funded nursing home. For individuals who reside in a Commonwealth funded aged care facility it is

the responsibility of the aged care facility to provide and fund the home oxygen equipment. (Refer to Aged Care Quality of Care Principles 2014, schedule 1, part 3).

- Be ineligible to receive the equipment from any other funding program.
- not be residing in a post-acute convalescence or rehabilitation facility.
- have quit smoking for a minimum of four weeks.

- meet the medical criteria for the supply of oxygen as stated in the Domiciliary Oxygen Therapy Application form in line with the Thoracic Society of Australia and New Zealand (TSANZ) position paper.

- be committed to all aspects of using oxygen therapy including:
 - following the oxygen prescription.
 - attending follow-up with specialist's and/or general practitioners and
 - following safety guidelines as recommended by the oxygen supplier and respiratory nurse and/or community health team.

Patients who do not meet the prescribing guidelines may be prescribed home oxygen therapy by any registered Medical Practitioner at the patient's own expense. Safety guidelines must be adhered to and a letter of statement should be sent to the oxygen supply company. Prescribed hours of use and flow rate should be provided to assist the oxygen supply company to educate the patient.

Precaution:

Patients with cognitive impairment must be assessed with either the Cognitive Adaptive Test (CAT) or a Mini-Mental State Examination (MMSE) prior to being prescribed Domiciliary Oxygen Therapy. Prescribing practitioners should also give consideration to the level of support and supervision available to the patient (e.g. family cover).

3.2 Referral

Referrals must be made for all eligible patients using the Home Oxygen Therapy Application form which includes the mandatory patient and clinical details. All relevant fields must be completed before the service provider can dispense the prescription.

Home Oxygen Therapy Application Form

Referrals of home oxygen therapy for entitled veterans must be on the Department of Veterans' Affairs (DVA) application form.

[DVA Application for Home Medical Oxygen](#)

Veterans requesting home oxygen therapy must have their application supported by a General Practitioner or local medical officer, a report from a respiratory physician, thoracic physician, cardiologist, oncologist or appropriate specialist. This requirement does not apply to patients residing in remote and isolated areas who cannot receive timely assessment by such a specialist. For further information about the DVA Rehabilitation Appliances Program (RAP) guidelines refer to www.dva.gov.au

3.2.1 Metropolitan Referrals

Hospital inpatients in metropolitan area can be referred to a Respiratory Physician, Respiratory Nurse or Thoracic Registrar.

Metropolitan referrals from General Practitioners/Physicians require the Home Oxygen Therapy Application form to be completed and forwarded to a Respiratory Physician at one of the SA Health metropolitan hospitals specialist respiratory clinics.

3.2.2 Country Referrals

For all Country referrals the home oxygen therapy application form should be completed by a General Practitioner and forwarded to a nominated physician at an SA Health metropolitan hospital specialist respiratory clinic or SA Country Local Health Network for review and authorisation.

- Upon authorisation the Respiratory Physician at the metropolitan hospital will return the approved domiciliary oxygen therapy application form to the GP and the Country Health Nurse.
- The Country Health Nurse will organise oxygen equipment, delivery and provide client liaison as required.

3.3 Review

Review Arrangements

The funding of home oxygen therapy will continue to be met as long as the medical eligibility criteria are satisfied and patients are reviewed annually. A nursing review, including safety assessment, should occur within the first seven days of commencement of Home Oxygen Therapy with ongoing annual review.

As part of the continuing supply of state funded oxygen from the health service a patient must be reviewed by the respiratory specialist within four to six weeks of initial oxygen prescription when the patient is in a stable condition to determine ongoing oxygen requirements and then at least annually thereafter.

In the metropolitan area the patient should be reviewed by their respiratory specialist and respiratory nurse. For country patients this may require the patient

to visit their general practitioner (GP) and community health nurse to provide ongoing review. Clinical indications as outlined in the home oxygen therapy application must be met for the continuation of oxygen therapy at the review.

Patients should be advised in detail of any individual Local Health Network or SA Country Health Service review arrangement processes.

3.4 Prescribing Authority

Authority to prescribe home oxygen therapy is restricted to:

- Adult and paediatric respiratory physicians at SA Health Public hospitals and their nominees.
- Nominated physicians to SA Country Health Local Health Network services.
- Consultants of Level 5 & 6 neonatal units at Flinders Medical Centre and the Women's and Children's Hospital. It is important to note that all neonates that fail to wean from oxygen over 6 months corrected age should be referred to a respiratory service for further evaluation investigation as per the TSANZ guidelines.

For further information in regards to who is authorised to prescribe home therapy oxygen please refer to the Home Oxygen Therapy contacts list.

- The Authorised Prescribers list will be updated by SA Health annually.
- Local Health Networks are responsible for the review of their current practicing Authorised Prescribers and are required to advise SA Health of any updates accordingly.

A Home Oxygen Prescription should include:

- Flow rate at rest, activity and sleep.
Duration – hours per day
- Continuous Positive Airway Pressure (CPAP) /Non Invasive Ventilation (NIV) flow rate and specified oxygen input site (recommended entry at pump)
- Emergency use
- Inflight use for clients listed for transplant
- Alert notification for patients with elevated Carbon Dioxide (CO₂) levels.

3.5 Home Oxygen Therapy Equipment and Funding

Eligible patients in the metropolitan area will be provided basic oxygen equipment free of charge by their relevant Local Health Network. For those patients living outside the Adelaide metropolitan area this will be provided through their Country Health SA Local Health Network service.

Equipment will consist of an oxygen concentrator, portable cylinders, regulator or conserver (if tested) and a trolley and/or carry bag. The Respiratory/Community Nurse will discuss the patient's equipment requirements.

The provision of equipment and services will be on the basis of clinical need and can include, for example

| ADULT | PAEDIATRIC |
|---|--|
| <ul style="list-style-type: none"> • oxygen concentrators and electricity rebate • cylinders (B, C, D or E sizes available & assessed on requirements) • humidifiers (cold) • tubing (max 12.2m or 40ft length) • regulator or conserving device • nasal cannula and/or mask • trolley or carry bag (not both) • support of trained personnel | <ul style="list-style-type: none"> • oxygen concentrators and electricity rebate • cylinders • tubing (max 12.2m or 40ft length) • regulator or conserving device • nasal cannula and/or mask • tape • trolley or carry bag (not both), however children for school or childcare will need both at times for safety issues. • support of trained personnel |

Portable oxygen concentrators are not state funded. Patients may hire or purchase a portable oxygen concentrator at their own expense. They can enquire with their home oxygen service/supplier. Entitled veterans who are eligible for a portable oxygen concentrator should be assessed to ensure that it is clinically appropriate, and to contact DVA to gain approval and supply.

Patients should be encouraged to contact their respiratory nurse/community nurse for further information or to discuss further.

3.6 Education, Training and Safety

Patients are to be provided with the Home Oxygen Patient Information booklet and detailed instructions on how to operate and obtain maximum benefit from their oxygen equipment.

For paediatric patients, the Women's and Children's Hospital has specific education resources available for families regarding the use of home oxygen and equipment.

Patients are advised of their responsibilities and must sign a Home Oxygen Therapy Patient Agreement form (Sample Form -Attachment C) as evidence that they understand and acknowledge the conditions of Home Oxygen Therapy.

Patients are to be advised that to be eligible for home oxygen therapy they must have ceased smoking for a minimum of four weeks prior to commencing and continue not to smoke once prescribed oxygen therapy.

3.7 Emergency Power Failure Plan

Patients and their Respiratory Nurse/Community Nurse are encouraged to develop a personalised emergency plan to use in the event of a power failure. Patients are eligible to register with SA Power Networks upon commencement of home oxygen therapy.

The document *Notification of installation/removal of life support equipment* should be provided by the funding SA Health service and can be printed from the [SA Power Networks website](#). Patients are encouraged to complete this document and return to SA Power Networks. This document provides notification to SA Power Networks that an oxygen concentrator is in use at a residence and will better enable them to provide notification of planned power interruptions.

In addition, patients should be advised to register with SA Power Networks Power@Myplace. This is a free messaging service which provides timely and accurate information regarding power at their property, via SMS text message or email to registered customers.

To register to receive these alerts contact SA Power Networks on 13 1366 or register via SA Power Networks Power@Myplace.

3.8 Role of oxygen supply company

Equipment is supplied by private oxygen suppliers according to rental agreements. The role of the oxygen supplier is to supply oxygen equipment as directed by the funding SA Health public health service. Suppliers will only be paid for supply that takes place on the basis of applications/prescriptions completed by authorised prescribers.

The supplier is responsible for:

- Initial set-up and education
- Ongoing trouble shooting related to the equipment
- Maintenance
- Concentrator meter reading
- 24 hour emergency equipment problems, and
- Where agreed with the funding public health service payment of quarterly electricity rebate to eligible patient's.

The supplier is responsible for providing monthly reports to the funding SA Health public health service on:

- Individual patient equipment cylinder holdings.
- Concentrator usage reports (hourly use).
- Notification of final returns.
- Unsafe oxygen use or home environment.
- Where agreed with funding public health service payment of the electricity rebate.

3.9 Consent

Patients are required to sign a consent form to allow medical and personal information to be conveyed to their nominated General Practitioner and the oxygen supplier.

3.10 Compliance

Non-compliance issues identified by service/supplier (the concentrator report) or at times of patient review will be brought to the attention of the Respiratory Nurse / Community Nurse who will review the patient with a home visit to provide further education and support. The Respiratory Nurse / Community Nurse will document the visit and outcome in the medical record and provide the Respiratory Consultant/Nurse Practitioner with a copy.

3.11 Electricity Rebate

Eligibility

Patients who hold a Health Care Card are eligible for an electricity rebate. Eligible patients will be reimbursed 50% of the electricity costs associated with the use of an oxygen concentrator. Patients who do not have a Health Care Card will be responsible for all electricity charges.

Patients who self-fund portable oxygen concentrator machines are not eligible for an electricity rebate.

Department of Veterans' Affairs' clients must contact DVA to obtain the necessary forms to apply for this rebate. This payment only needs to be claimed once, and will be made each year thereafter on the anniversary of the claim.

South Australians on low or fixed incomes may also apply for an energy concession through Concessions SA, Department of Human Services. Refer to [Energy Concessions](#) for information about the energy concession and other concessions that may be available.

The Commonwealth Department of Human Services' Essential Medical Equipment payment is available to eligible clients.

In the event of hardship referral should be made to social work and counselling services in the health unit where the patient is being treated.

3.12 How Local Health Networks Administer Rebates

The rebate is calculated using current SA Power Networks tariffs irrespective of the patient's electricity supplier. Tariffs should be reviewed annually to ensure current tariffs are being used. Due to the number of multiple electricity providers, SA Power Networks prices are considered the benchmark for reimbursement.

Rebates are to be paid to the patient on a quarterly basis and are to be calculated on the hours used or prescribed. The formula for calculating the rebate based on usage is as follows:

$$\text{Electricity concession} = \text{Hrs of machine usage (billing period)} \times \text{oxygen concentrator machine wattage (KW)} \times \text{Electricity tariff} \div 50\%$$

The process for distribution of the electricity rebate is at the discretion of the funding Local Health Network and may include:

- Calculation and payment of the rebate directly to eligible individuals by the oxygen supplier.
- Calculation and payment of the rebates to eligible individuals by the funding Local Health Network.
- Calculation and reimbursement of back pay arrangement where appropriate.









Prior to the payment of the rebate to eligible individuals the concentrator service report is to be reviewed and approved by a Respiratory Nurse / Community Nurse to ensure that the patient's oxygen use aligns with the patient's prescription. If no service report is supplied then the payment is to be made on the prescribed hours only.

Where the funding Local Health Network elects to have the oxygen supply company issue the rebate on their behalf the funding health service will upon receipt of a valid tax invoice reimburse the oxygen supplier. Reimbursements to the oxygen supplier are to be forwarded to Shared Services in accordance with the health sites normal delegation and accounts payable processes.

4. Implementation and Monitoring

Reporting of statistics to the Department of Health and Wellbeing based on categories by individual health units is required on a monthly basis.

5. National Safety and Quality Health Service Standards

| | | | | | | | |
|---|---|--|---|--|---|--|---|
|  National Standard 1 Clinical Governance |  National Standard 2 Partnering with Consumers |  National Standard 3 Preventing & Controlling Healthcare-Associated Infection |  National Standard 4 Medication Safety |  National Standard 5 Comprehensive Care |  National Standard 6 Communications for Safety |  National Standard 7 Blood Management |  National Standard 8 Recognising & Responding to Acute Deterioration |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Definitions

Hypoxaemia: An abnormally low amount of oxygen in the blood.

Oxygen Concentrator: A floor standing stationary electrically driven device that draws in room air through a fine filter; it removes nitrogen and allows only oxygen to pass through the outlet.

Portable Oxygen Concentrator: A portable machine powered by a rechargeable battery that draws in air through a fine filter; removing nitrogen and allowing only oxygen to pass through the outlet.

Cylinder: Portable oxygen cylinders contain compressed oxygen; they allow the patient to leave their home for periods of time.

Concession: A concession is a reduction, discount, subsidy, rebate, or exception provided by the government on the value of goods, services or associated fees to an individual, family, household or organisation. They are generally provided on the basis of low income, special needs or disadvantage, or some other special category such as age or war service.

Home in relation to this guideline refers to privately owned property or rented property where an individual resides. It **does not** include community supported residential facilities or aged care facilities.

Respiratory Nurse: Specialist Nurse working in the field of Respiratory Medicine.

Community Health Nurse: General Nurse working in community outreach.

Respiratory Physician: Specialist physician working in the field of Respiratory Medicine.

Local Medical Officer (LMO): LMO is a GP who provides medical care to eligible members of the veteran community.

7. Associated Policy Directives / Policy Guidelines & Resources

Home Oxygen Therapy Local Health Network List (including authorised prescribers)

[Home Oxygen Therapy Application Form](#)

[Home Dialysis Electricity Concession](#)

[The Thoracic Society of Australia and New Zealand \(TSANZ\) Adult Domiciliary Oxygen Therapy – Clinical Practice Guideline](#)

[Ventilatory Support at Home for Children. A Consensus Statement from the Australasian Paediatric Respiratory Group, TSANZ 2008](#)

[Infants with chronic neonatal lung disease: recommendations for the use of home oxygen therapy Medical Journal of Australia.](#)

[Commonwealth – Essential Equipment Payment](#)

[SA Health Home Oxygen Therapy Patient Information Booklet](#)

8. Document Ownership & History

Document developed by: Community Services System Improvement, Wellbeing SA
File / Objective No.: eA800287
Next review due: 30/05/2023
Policy history: Is this a new policy **N**
Does this policy amend or update an existing policy version **Y**
If so, which version? **V3.0**
Does this policy replace another policy with a different title? **N**
If so, which title?

ISBN 978-1-76083-155-4

| Approval Date | Version | Who approved New/Revised Version | Reason for Change |
|---------------|---------|---|--|
| 16/10/2019 | V3.1 | Director, Community Systems Service Improvement | Minor edits. |
| 15/05/2019 | V3.0 | CEO, Wellbeing SA | Minor edits to align with current practice. Update template. |
| 31/12/2013 | V2.0 | Portfolio Executive | Formally reviewed in line with 1-5 year scheduled timeline for review. |
| 11/12/2008 | V1.0 | Portfolio Executive | Original approved version |

9. Patient Agreement Form for the Supply of Home Oxygen Therapy



Government of South Australia
SA Health

PATIENT AGREEMENT FOR THE SUPPLY OF HOME OXYGEN THERAPY

The purpose of this agreement is to help communication and prevent misunderstanding about your home oxygen therapy. The treatment you are taking is to improve your oxygen blood levels. It is your responsibility to report your use of the oxygen and how it is affecting you accurately.

Patient's details:

Patient's Surname _____

Given Name _____

MRN: _____

Date of Birth ___/___/_____

1. I give approval for my medical and personal information relevant to my continued care, to be conveyed and shared with my nominated GP and health professionals involved in my care.
2. I give approval for the sharing of relevant medical and personal information to the oxygen supplier for the purpose of installing, maintaining and removal of the oxygen equipment.
3. I acknowledge that Respiratory /Community Nurse will keep records of my care.
4. I acknowledge that my records may be used by members of the Respiratory Nursing team for teaching, statistical and quality improvement purposes. Yes No
5. I understand that it is a requirement of the provision of my home oxygen therapy to receive at a minimum an annual review, or more if deemed necessary by my health practitioner and agree to attend all outpatient appointments as negotiated with my treating medical team.
6. I understand that my oxygen requirements may change and adjustments to my prescription may be necessary, including the oxygen being stopped and the equipment being removed from my home.
7. I will communicate fully with my healthcare professional about the character and intensity of my condition, the effect of the treatment on my daily life, and how well the oxygen therapy is help.

8. I have the right to stop my treatment, but I must consult with healthcare professional first.
9. I will not share my oxygen therapy with anyone.
10. I agree that I will use my treatment at a rate no greater than the prescribed rate.
11. I will allow my oxygen equipment to be collected from my home once my healthcare practitioner decides the treatment is no longer necessary.
12. I agree to give the oxygen supplier safe access to my home, for the purpose of installing, servicing and/or removal of the oxygen equipment as required.
13. I agree to give the Respiratory /Community Nurse safe access to my home, for the purpose of, ongoing education and respiratory management.
14. I agree **not to smoke** and understand to advise my Respiratory/Community Nurse should a relapse occur.
15. I understand that I may be tested to ensure abstinence from smoking as part of my routine testing.
16. I have read the patient the information booklet and understand the safety precautions.
17. I understand that I may, if I wish, withdraw all or part of my consent at any time.

I agree to follow the guidelines as set out in my patient information booklet. My questions and concerns regarding treatment have been adequately answered. A copy of this document and the patient information booklet has been give to me.

This agreement is entered into on

Patient's signature

Witness Name:

Witness Signature: Date: