### APPENDIX 3 - HOME OXYGEN CONCENTRATOR PROGRAM (HOCP): ASSESSMENT-REFERRAL/REASSESSMENT PATHWAY

	Home Care Client	Palliative Care Client
1. Assesses if the clie 2. Completes HOCP r	physician identifying data; Diagnosis/Medica	<u> </u>

b) Initial Medical Eligibility and Oxygen Prescription/Delivery Mode

3. Forwards Referral Form to Assessor/Approver

#### Stage 2: Assess and Approve/Not Approve for Admission to the HOCP Program

**Assessor/Approver:** Approved Regional Respiratory Authorizer/Designated Provincial Respiratory Consultant/Regional Home Oxygen Administrator/Palliative Care Program Professional

1. Reviews completeness of Referral form, incl. diagnosis, safety/hazard identified and prelim. education/safety review, and attached medical documentation. Referral will NOT be processed unless completed in FULL and results attached: ABG; Walk Test; Sleep Study; Palliative Oxygen Assessment

2. Determines eligibility for HOCP; and signs Referral form

- a) Returns ineligible Referral form to Referrer with reason for rejection
- b) Forwards eligible Referral form to community RHA-Staff

#### Stage 3: Education (In-Person or by Phone)

RHA-Staff: Home Care Case Coordinator/Respiratory Therapist/ Nurse

1. Gathers information relevant to discharge planning

2. Has first safety discussion with client/caregiver (safety screening purpose before referral goes to vendor(s)); completes

preliminary assessment; obtains information that may be helpful to the vendor(s)

3. Does awareness-building with client/caregiver reinforcing the importance of complying with guidelines and requirements of the HOCP

4. Ensures client/caregiver understand that oxygen equipment may be removed if client becomes ineligible and/or if client,

caregiver, family, others do not follow guidelines and requirements of the HOCP

5. Provides information and education to client/caregiver on how the oxygen equipment and treatment relates to

client's disease/condition

#### Stage 4: Liaise and Coordinate Oxygen Equipment/Supplies

RHA-Staff: Home Care Case Coordinator/Respiratory Therapist/Nurse

1. Reviews Referral form

2. Notifies client/caregiver that vendor(s) will contact them to arrange: equipment set-up, equipment education and training,

environment safety assessment, assessment of client/caregiver ability to safely use the oxygen equipment; maintenance and repair of oxygen equipment; and removal of all equipment

3. Notifies vendor(s) of new referral for HOCP

4. Instructs vendor(s) to conduct a home visit for: equipment set-up, equipment education and training, environment safety assessment, assessment of client/caregiver ability to safely use the oxygen equipment; maintenance and repair of equipment; and removal of all equipment

### Stage 5: Home Visit; Communication and Reporting to RHA

Vendor: Equipment/Supplies Vendor(s)

1. Does home visit: equipment set-up, equipment education and training, environment safety assessment, assessment of client/

caregiver ability to safely use the oxygen equipment; maintain and repair equipment; and removal of all equipment

2. Sends letter of installation confirmation to RHA-staff

3. Completes vendors' safe environment assessment; forwards completed checklist/form to RHA-staff

4. Completes vendors' client/caregiver Equipment Training and Capability assessment; forwards completed checklist/form to RHAstaff

5. Contacts RHA-staff immediately and on an ongoing basis upon identifying actual or potential risk situation(s)

6. Provides utilization reports to RHA

### Stage 6: Reassess 1-3 Months Post-Treatment Initiation – Eligibility for Continuance of HOCP

### (Exempt – Palliative or Nocturnal Oxygen)

Assessor: Regional Home Oxygen Administrator

1. Reviews form and attached documentation (Referral form will NOT be processed unless completed in FULL and results attached: ABG; Walk Test)

2. Signs and dates the reassessment part of the Referral form

3. Sends the Referral form and all documentation to Approved Regional Respiratory Authorizer/Designated Provincial Consultant

# Stage 7: Reassess and Approve/Not Approve

# (Exempt – Palliative or Nocturnal Oxygen)

Approver: Approved Regional Respiratory Authorizer/Designated Provincial Respiratory Consultant

1. Reviews Referral form and all attached documentation

- 2. Checks off whether the client is approved or not approved for the continuation of HOCP
- 3. Signs and dates the form

4. Forwards the Referral form to RHOA indicating either approval (for continuation of HOCP) or non-approval (discharge off HOCP)

Note: Ongoing assessment and monitoring to be done by Regional Home Oxygen Administrator or designated RHA staff.