

HOME OXYGEN PROGRAM

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) directive states policy for administration of the Home Oxygen Program to Veteran beneficiaries.

2. SUMMARY OF MAJOR CHANGES. Major changes include:

a. Change in required number of quality home visits from 10% annually to 5 patients per quarter via home or tele-health visit.

b. Migrating recommended clinical indications to internal SharePoint.

c. Providing a link to a checklist template for quality checks.

d. Elimination of procedures for Veterans on ventilators.

3. RELATED ISSUES. None.

4. RESPONSIBLE OFFICE.

a. The National Director for Pulmonary, Critical Care, and Sleep Medicine (10P11) is responsible for the clinical contents of this VHA directive. Questions regarding clinical information or processes may be forwarded to 214-857-0405.

b. The Director, National Prosthetic and Sensory Aids Service (10P4R) is responsible for the administrative content of this VHA directive. Questions regarding administration and procurement processes of the Home Oxygen Program may be referred to VHAPSASAdmin@va.gov.

5. RESCISSIONS. VHA Handbook 1173.13, Home Respiratory Care Program, dated November 1, 2000, and VHA Directive 2006-021, Reducing the Fire Hazard of Smoking When Oxygen Treatment is Expected, dated May 1, 2006, are rescinded.

6. RECERTIFICATION. This VHA directive is scheduled for recertification on or before the last working day of August 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY THE DIRECTION OF THE UNDER
SECRETARY FOR HEALTH:**

/s/ Lucille B. Beck, PhD.

Deputy Under Secretary for
Health for Policy and Services

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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HOME OXYGEN SERVICES DEFINITIONSA-1

HOME OXYGEN PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) directive provides policy and assigns responsibilities for administering the Home Oxygen Program to eligible Veterans.

AUTHORITY: Title 38 United States Code (U.S.C.) 7310(b).

2. BACKGROUND

Oxygen is an ambient gas present in the atmosphere and necessary for aerobic life. Administration of increased levels of oxygen can be helpful in certain human disease states and conditions. However, administration outside of those disease states and conditions can produce harm. Administration of oxygen is therefore treated as a drug and requires a prescription from a licensed medical provider for administration. Oxygen is also a component of usual combustion which introduces increased fire risk, especially associated with smoking while on oxygen. The home oxygen program provides home supplemental oxygen services to assist the eligible Veteran. The program uses an interdisciplinary approach, involving members of the Medical Service, Prosthetic and Sensory Aids Service, Respiratory Care Service, Procurement and Logistics Office, Nursing Service, Chief Business Office (CBO), or equivalent program offices, and approved contractors who comply with The Joint Commission and National Fire safety Protection Association (NFPA) standards.

3. POLICY

It is VHA policy that home oxygen services must be provided to all eligible Veterans that have a valid prescription and meet medical indications for home oxygen and do not have risks that would produce serious harm with the prescription of home oxygen.

4. DEFINITIONS

For a list of relevant definitions, see Appendix A.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring compliance with this directive.

b. **Deputy Under Secretary of Health for Operations and Management.** The Deputy Under Secretary of Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each Veterans Integrated Service Network (VISN) Director.

(2) Providing assistance to VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive.

c. **Deputy Under Secretary for Health for Policy and Services.** The Deputy Under Secretary for Health for Policy and Services is responsible for ensuring all activities within this policy are implemented.

d. **National Program Director, Prosthetic and Sensory Aids Service.** The National Program Director of Prosthetic and Sensory Aids Service is responsible for:

(1) Ensuring support and resources for implementation of the administrative components of this directive, to include but not limited to the procurement of required equipment.

(2) Ensuring support and resources for implementation of clinical support components associated with this directive.

e. **National Program Director for Pulmonary, Critical Care and Sleep Medicine.** The National Program Director (NPD) for Pulmonary, Critical Care, and Sleep Medicine is responsible for implementing all clinical and educational elements associated with this directive.

f. **VISN Director.** The VISN Director is responsible for ensuring that ongoing operations at each VA medical facility within the VISN meet the requirements in this directive and ensuring that the home oxygen program including equipment needs are appropriately fulfilled.

g. **VISN Prosthetics Representative.** *NOTE: It is recommended that, wherever possible, home oxygen contracts are developed at the VISN level.* The VISN Prosthetics Representative (VPR) is responsible for:

(1) Procuring home oxygen equipment according to the specifications of the prescription.

(2) Collaborating with health care providers and quality management for submission of the home oxygen requirements (for example, scope of work) to the contracting officer.

(3) Assigning a contracting officer's representative (COR) to monitor ongoing contractual compliance of home oxygen vendor in accordance with standards of The Joint Commission and other associated governing bodies.

(4) Ensuring that all transactions and expenditures for this program are recorded on the appropriate prosthetic software module (for example, Home Oxygen Program) on a monthly basis.

(5) Managing the budget and controlling all Fund Control Points relating to home oxygen.

(6) Taking appropriate action in response to issues of contract compliance reported by the COR.

h. **Contracting Officer**. The Contracting Officer at the Network level is responsible for:

(1) Receiving and addressing any identified concerns in the report of home oxygen requirements (for example, scope of work) from the VPR.

(2) Directing and overseeing all vendor contract activity, in communication with the COR.

i. **VA Medical Facility Director**. The VA medical facility Director is responsible for ensuring that ongoing operations at the VA medical facility meet the requirements of this directive. The VA medical facility Director, in collaboration with the contracting officer, is responsible for ensuring that the home oxygen program including equipment needs are appropriately fulfilled.

j. **VA Medical Facility Chief of Staff**. The VA medical facility Chief of Staff is responsible for:

(1) Selecting members and designating a chairperson of an interdisciplinary home respiratory care team (HRCT) that meets at least quarterly, and is comprised of: a VA physician responsible for respiratory care or designee, who serves as the Chairperson; a prosthetic representative, who serves as the administrative and procurement coordinator; and a home oxygen clinical coordinator or respiratory therapist. **NOTE:** *The team may also include representatives from primary care, Nursing Service, home-based primary care (HBPC), quality management/performance improvement, safety, business compliance, IntegratedEthics®, and the home oxygen vendor representative, as dictated by local needs.*

(2) Ensuring that a qualified individual is assigned to conduct a review of at least five patients in the home oxygen program per quarter utilizing the checklist. **NOTE:** *The checklist template can be found at:*

<https://dvagov.sharepoint.com/sites/VHAProsthetics/Home%20Oxygen/Forms/AllItems.aspx>. *This is an internal VA Web site that is not available to the public. The designated individual may be a member on the HRCT, a nurse, a primary care provider, or other individual as determined appropriate. This can be performed through a variety of methods such as home or tele-health visits conducted by VA staff qualified to assess the implementation of the home oxygen program to include contract compliance. NOTE: If the qualified individual identifies any clinical concerns with the Veteran during the home or telehealth visit, the qualified individual must notify the provider.*

(3) Reviewing the program annually and advising the HRCT as to any adjustment of team composition or quality improvement initiative changes that may be necessary.

k. **VA Medical Facility Chief, Prosthetic and Sensory Aids Service.** The VA medical facility Chief (or VA medical facility prosthetics representative, as designated by the Chief), Prosthetic and Sensory Aids Service (PSAS), is responsible for:

(1) Procuring home oxygen equipment according to the specifications of the prescription.

(2) Collaborating with health care providers and quality management for submission of the home oxygen requirements (for example, scope of work) to the contracting officer.

(3) Assigning a COR to monitor ongoing contractual compliance of home oxygen vendor in accordance with standards of The Joint Commission and other associated governing bodies.

(4) Ensuring that all transactions and expenditures for this program are recorded on the appropriate prosthetic software module (for example, Home Oxygen Program) on a monthly basis.

(5) Managing the budget and serving as the Fund Control Point Approving Official relating to home oxygen.

(6) Taking appropriate action in response to issues of contract compliance reported by the COR.

l. **Contracting Officer's Representative (COR).** The COR serves both an administrative and clinical support role and is responsible for:

(1) Ensuring that the home oxygen contract includes a requirement that the vendor performs a safety assessment of the home and equipment at minimum at the time of delivery and at other identified times per the contract, including:

(a) Based on National Patient Safety Goals (for example, NPSG.15.02.01, or succeeding goals), conducting home oxygen safety risk assessment and recording the presence of or documenting the recommendation for working smoke detectors prior to the set-up of the home oxygen in the patient's home; and

(b) Communicating identified changes to COR.

(2) Communicating identified changes from the vendor to appropriate VHA clinical or administrative staff, collecting all patient experience surveys and reporting to the HRCT.

(3) Ensuring the home oxygen contract includes:

(a) Compliance with relevant standards of the Joint Commission; and

(b) All records from the oxygen contractor visits are incorporated into the electronic health record.

(4) Participating in meetings with the vendor at least once quarterly to discuss ongoing outpatient concerns and appropriate resolutions, quality assurance, equipment, supply issues, and contract compliance.

m. **Chairperson, Home Respiratory Care Team.** The chairperson of HRCT is responsible for:

(1) Overseeing the clinical aspects of the home oxygen program.

(2) Establishing a mechanism to ensure communication between the discharge planning team and the home oxygen vendor, including patient needs outside of normal business hours.

(3) Ensuring compliance in accordance with requirements of The Joint Commission and other associated governing bodies.

n. **VA Medical Facility Chief, Respiratory Therapy.** The Chief, Respiratory Therapy (or VA medical facility equivalent) is responsible for:

(1) Providing oversight of VA medical facility clinical respiratory program, including appropriate implementation, follow-up (to include safety requirements), and discharge procedures of the home oxygen program.

(2) Serving as or providing a subject matter expert (SME) to provide information related to various oxygen systems or applications and collaborating with the COR, PSAS Chief, or Medical Service representative when consulted.

o. **Prescribing Provider.** The prescribing provider is responsible for:

(1) Completing the prescription for home oxygen after determining that the benefits of home oxygen therapy based on the patient's prognosis, medical history, results of tests, and clinical indications outweigh any risks associated with oxygen therapy.

NOTE: For a list of clinical indications see

<https://vaww.infoshare.va.gov/sites/specialtycare/HomeO2/>. This is an internal VA Web site that is not available to the public.

(2) Making the decision to renew, withhold, or discontinue oxygen therapy, and documenting this in the electronic health record, and ensuring that when home oxygen will be withheld or discontinued, that the patient and their representatives are aware of their right to dispute a clinical decision and the process involved in appealing that decision as specified in VHA Handbook 1041, Appeal of VHA Clinical Decisions, dated October 24, 2016. **NOTE:** *Practitioners should use sound clinical and ethical judgment in deciding whether home oxygen can be safely withheld, continued, or discontinued while a clinical appeal is in process. Should an irresolvable conflict arise over values between the clinician, the patient, or the family regarding ethically justifiable decisions or actions about home oxygen, a consult should be placed to the facility IntegratedEthics® consultation service.* In the case that home oxygen use is a life-sustaining treatment (LST), which is a medical treatment that is intended to prolong the life of a patient who

would be expected to die soon without the treatment, VHA Handbook 1004.03(1), Life-Sustaining Treatment Decisions, dated January 11, 2017, stipulates that a practitioner cannot unilaterally withhold or discontinue an LST over the objection of a patient or a surrogate unless they follow the established process outlined in paragraph 15 of VHA Handbook 1004.03.

p. **Home Oxygen Clinical Coordinator/Respiratory Therapist.** *NOTE: The respiratory therapist is responsible for the following actions where there is no home oxygen clinical coordinator at the VA medical facility. The home oxygen clinical coordinator/respiratory therapist is responsible for:*

(1) Providing supporting clinical information necessary for the prescribing provider to complete the order.

(2) Ensuring patients are educated on the use of home oxygen by clinical staff or contracted vendor, including risks involved, harm reduction measures, and other responsibilities associated with receiving oxygen equipment. *NOTE: See Appendix A for additional information on educational materials.*

(3) Following up with new patients within 3 months to ensure the patient still meets criteria for home oxygen therapy, to include adherence to clinical and safety practices.

(4) Reporting all adverse events while oxygen is in use and documenting the events in the electronic health record. *NOTE: Reports of adverse events trigger a re-evaluation by the prescribing provider.*

(5) Reporting incidents that occur in the outpatient sector for patients on home oxygen therapy to the VA medical facility Director and VA medical facility Patient Safety Manager (or facility equivalent) and complying with relevant Patient Safety Alerts. *NOTE: For requirements on reporting and addressing patient safety issues, see VHA Handbook 1050.01, VHA National Patient Safety Improvement Handbook, dated March 4, 2011.*

(6) Serving on the HRCT.

(7) Monitoring the home oxygen program to ensure patients are provided timely and effective care as prescribed, and communicating concerns associated with the delivery of home oxygen to the prescribing provider. This includes performing Quality Assurance activities, such as, but not limited to ensuring that the home care plan provided by the home oxygen vendor is consistent with the VA prescription.

(8) Ensuring coordinated care for traveling Veterans receiving home oxygen. *NOTE: For requirements, see VHA Handbook 1101.11(3), Coordinated Care for Traveling Veterans, dated April 22, 2015.*

(9) Alerting the home oxygen vendor that the patient is at high-risk while oxygen is in use. *NOTE: See Appendix A for definition of high-risk patient.*

q. **Home-Based Primary Care Staff.** Home-based primary care (HBPC) staff are responsible for:

- (1) Serving, where designated by the VA medical facility Chief of Staff, on the HRCT.
- (2) Obtaining oxygen saturation measurements for all HBPC patients during a home or tele-health visit.
- (3) Reporting any issues of non-compliance or other identified concerns that may interfere with the safe use of home oxygen to the prescribing provider and documenting the issues in the electronic health record.

6. TRAINING

There are no formal training requirements associated with this directive. However, a list of clinical indications, available at: <https://vaww.infoshare.va.gov/sites/specialtycare/HomeO2/> is recommended to be provided to all prescribing providers. **NOTE:** *This is an internal VA Web site that is not available to the public.*

7. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created in this directive are managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

8. REFERENCES

- a. 38 U.S.C. 7310(b).
- b. VHA Directive 1041, Appeal of VHA Clinical Decisions, dated October 24, 2016.
- c. VHA Handbook 1004.01, Informed Consent to Clinical Treatments and Procedures dated August 14, 2009.
- d. VHA Handbook 1050.01, VHA National Patient Safety Improvement Handbook, dated March 4, 2011.
- e. VHA Handbook 1101.11(3), Coordinated Care for Traveling Veterans, dated April 22, 2015.
- f. VHA Handbook 1004.03(1), Life-Sustaining Treatment Decisions, dated January 11, 2017.
- g. VA Records Control Schedule 10-1.

h. Cranston JM, Crockett AJ, Moss JR, Alpers JH. Domiciliary oxygen for chronic obstructive pulmonary disease. *Cochrane Database Syst Rev.* 2005 Oct 19;(4).

i. Long-Term Oxygen Treatment Trial Research Group, Albert RK, et al. A randomized trial of long-term oxygen for COPD with moderate desaturation. The long-term oxygen treatment trial research group. *NEJM* 375(17):1617-27. 201.

j. The Joint Commission, Oxygen Safety Webinar.
https://www.jointcommission.org/assets/1/6/092514_Oxygen_Safety_Webinar_QA-Final.pdf. **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

k. The Joint Commission National Patient Safety Goals.

HOME OXYGEN SERVICES DEFINITIONS

1. GENERAL DEFINITIONS

a. **High-Risk Patients.** High-risk patients are patients who exhibit unsafe clinical or behavioral traits involving oxygen including, but not limited to:

(1) Smoking, this should include all forms of smoking including marijuana and tobacco.

(2) Use of open flames (candles, gas heat, gas stoves, wood-burning stoves or heating, fireplace).

(3) Any clinical concern identified by the prescribing provider that may interfere with the safe use of home oxygen.

b. **Home Oxygen Vendor.** A home oxygen vendor is the company with which VA has contracted to provide home oxygen services.

c. **Liquid Stationary System.** A liquid stationary system stores liquid oxygen and dispenses it for oxygen therapy.

d. **Medical Oxygen Delivery Systems.**

(1) **Oxygen.** Oxygen is an ambient gas present in the atmosphere and necessary for aerobic life. Administration of increased levels of oxygen can be life-saving in certain disease states and conditions. However, administration outside of those disease states and conditions can produce harm. Administration of oxygen is therefore treated like a drug and requires a prescription from a licensed provider for administration.

(2) **Liquid Oxygen.** Liquid oxygen (LOX) is formed when oxygen is cooled to 300 degrees below zero Fahrenheit, and can then be dispensed in reservoirs (i.e., Liquid Stationary Systems) for home medical use, taking up about 10 percent of the space used for an equivalent amount of compressed oxygen. It is dispensed by the pound.

(3) **Oxygen Concentrator.** An oxygen concentrator uses electricity to deliver oxygen by pushing air through a sieve bed that adsorbs nitrogen leaving oxygen as the principal residual gas, increasing the concentration of oxygen. Concentrators can provide oxygen at a concentration greater than or equal to 90 percent as long as the flow rate is less than 5 liters per minute. **NOTE: Higher rates may require specialized equipment.**

(4) **Oxygen Tank.** An oxygen tank stores compressed oxygen gas at 2000 to 3000 pounds of pressure per square inch (PSI) in cylinder made of steel or aluminum for medical use. These tanks can be portable or stationary.

e. **Oxygen Conserving Device.** A device mounted on the oxygen tank that releases oxygen from the tank only when the patient inhales, which limits the amount of oxygen used without limiting or decreasing the amount of oxygen delivered to the patient.

f. **Portable Oxygen System.** A portable oxygen system is a device that allows the patient to leave the home while using oxygen and can use compressed gas, liquid oxygen, or oxygen concentrators:

g. **Portable Oxygen Concentrator.** A portable oxygen concentrator (POC) is a small, mobile oxygen delivery system that operates on batteries, is rechargeable, and can be plugged into the car.

h. **Canula tubing should not exceed 30 feet and all set-ups** must meet the requirements for thermal fuses per the National Patient Safety Alert in 2018.

2. HOME OXYGEN SERVICES

a. **Compressed Gas in Cylinders.** Oxygen, provided in a large cylinder is most often furnished to patients who do not need continuous oxygen (e.g., patients suffering from cluster headaches) or who were prescribed a low-flow rate. For those who require portability, a smaller tank with a cart or shoulder bag can be provided. If the Veteran is receiving 10 or more tanks/month per prescription, it might be appropriate to switch the Veteran to an Oxygen Conserving Device (OCD) or an oxygen cylinder home refilling system.

b. **Oxygen Concentrator.** An oxygen concentrator is a stationary unit which concentrates the oxygen from a gas supply (typically ambient air) to supply an oxygen-enriched gas stream. The oxygen concentrator provides continuous flow oxygen. When this system is used, a separate, appropriately sized large compressed gas cylinder will be provided for emergency needs (e.g., when the power is out); alternatively, an oxygen cylinder home refilling system or a portable concentrator may be provided to meet both emergency and portability needs. Tethering of concentrators is prohibited.

c. **Portable Oxygen Concentrator.** The portable oxygen concentrator provides a small, mobile, battery-powered oxygen delivery system for patients who require oxygen therapy in a continuous or pulse dose manner for short times. Portable oxygen concentrators are appropriate for ambulatory patients who are able and desire to move beyond their houses and who meet the criteria for oxygen therapy. Portable oxygen concentrators may provide an alternative to those patients who require a large number of compressed gas cylinders to meet ambulatory requirements depending on the prescribed flow rate and tolerance of pulse dose technology to deliver oxygen at 6LPM only when initiated by inhaling or continuous up to 3 liters per minute (LPM) (higher continuous flow rates may be available in the future depending on technological advances). **NOTE:** *This should only be considered in patients that meet the criteria of resting hypoxemia.*

d. **Liquid Oxygen.** The liquid oxygen system includes a reservoir canister and a portable device which can be filled from the reservoir. This method is commonly prescribed for ambulatory patients requiring an extensive amount of oxygen from portable sources or when the Veteran's disability is incompatible with tank usage (e.g., severe rheumatoid arthritis).

3. HOME HAZARD EDUCATIONAL MATERIALS

The education provided to each patient and to other residents of the home must explain the hazards of smoking and open-flame sources near the patient and the oxygen device while oxygen is being administered. In addition, a checklist or other cognitive aid will be provided to promote safe home oxygen use. This activity must be completed and documented by the home oxygen clinical coordinator/respiratory therapist, or designee or contracted vendor and included as part of the prosthetics review prior to, or concurrent with, the onset of the home oxygen therapy. **NOTE:** *There may be a contractual requirement that the patient or the patient's surrogate sign an acknowledgement of this education and of the hazards of smoking when oxygen is in use.*

4. HIGH-RISK PATIENTS

High-Risk Alert. The home oxygen clinical coordinator/respiratory therapist, or designee, must alert the home oxygen vendor that the patient is at high-risk while oxygen is in use. These patients should be listed as vulnerable patient outreach during a disaster.

5. USE OF PORTABLE CONCENTRATORS FOR TRAVEL AND PERMANENT RELOCATION

a. The patient must have resting hypoxemia as the qualification for home oxygen to be eligible for travel or relocation oxygen. VA will provide notice to the home oxygen contractor within two weeks of Veteran's intent to travel unless it is an emergency. The vendor will arrange for all travel oxygen needs. Consult request must include liter flow and amount of time the Veteran is to be on the oxygen, travel dates, destination and contact numbers for each destination if multiple stops or travel layovers, mode of travel (that is, car, plane, train, motor home, bus, etc.). If traveling by plane, the total length of the trip to include layovers, so appropriate batteries can be provided, if portable concentrator is used.

b. For requirements on home oxygen equipment and service for traveling Veterans, see VHA Handbook 1101.11(3), Coordinated Care for Traveling Veterans, dated April 22, 2015.