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# Purpose

# The purpose of this guidelines is to specify Territory Equipment Program (TEP) funding criteria fo oxygen and associated equipment; items provided; eligible prescribers and provide a basis for consistent and transparent decision making.

Guideline

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| Please Note: These clinical guidelines apply only to TEP in Central Australia. Royal Darwin Hospital (RDH) manages oxygen and respiratory appliances in the Top End, including Darwin Urban and Remote, Katherine Region and East Arnhem. Contact the Community Respiratory Nurse, RDH for details on clinical guidelines for provision of services from RDH. Phone: (08) 8985 8158 and e-mail: RespNurses.DOH@nt.gov.au. | | | | |
| **Includes** | | | **Eligible Prescribers** | |
| **Oxygen** | | | | |
| **Level 2 General Equipment**   * In-home oxygen Concentrator * C Cylinder and Regulator * CD Cylinder * Portable Concentrator | | | Respiratory Medical Specialist  Respiratory Clinical Nurse Consultant with endorsement from Respiratory Medical Specialist or other Medical Specialist | |
| **Excludes:**   * Items under $100 (with the exception of cannulas, masks and tubing consumables for oxygen) * Aids and equipment which can be funded by other sources | | | | |
| **Alternate Funding Sources for Aids and Equipment**  Availability of equipment funding from other sources must be investigated.  This list should not be considered exhaustive as further alternative funding sources may be available. | | | Items for aged clients may be provided through Commonwealth Home Care Packages or Residential Aged Care Facilities  Compensable and private funding such as Department of Veterans Affairs (DVA), Motor Accident Compensation (MAC), Private Health Fund or other Insurance schemes | |
| **Contracts in place:** Oxygen Contract | | | | |
| **Identification of Need/Clinical Criteria** | | | | |
| **Oxygen may be funded where clinical rationale follows eligibility guidelines according to the Thoracic Society of Australia and New Zealand.** | | | | |
| **Other Considerations** | | | | |
| * Respiratory Medical Specialists must approve all oxygen prescriptions. Respiratory Nurse Specialists support completion of prescriptions to ensure that the equipment meets client needs. * Clients with increased oxygen needs due to high levels of community access, will require a reassessment by a prescriber. A log book of oxygen usage and assessment recommendations will be submitted with the prescription * Clients taking holidays within Australia, involving travel, must contact their regional TEP Work Unit with details of their holiday. TEP will continue to fund the normal rental of equipment but will not fund any freight or additional costs * TEP will not fund oxygen for clients holidaying overseas * TEP will not continue to fund oxygen for clients moving interstate or overseas | | | | |
| **Clinical Priority** | | | | |
| While a person may be eligible for TEP, it does not guarantee that a particular aid or item of equipment will be provided. This decision is dependent on clinical priority and the availability of funds.  **New or re-issue stock items will be issued as soon as possible following approval and the processing of the prescription.**  To ensure clients most in need are assisted, each prescription item will be clinically prioritised using the following criteria.  This is an indication of the clinically assessed priority for the prescribed item and should be clearly justified by the prescriber within the prescription. | | | | |
| 1. **High Urgency Category** | | The provision of aids or equipment which are ***essential***to :   * The safety of the client/carer in the home * The continuation of the current care/living arrangements * The client’s independent functioning in the home | | |
| 1. **Medium Urgency Category** | | The provision of aids or equipment which will ***improve*** the:   * Safety of the client/carer in daily living activities * The client’s independent functioning in daily living activities   The provision of aids or equipment that will ***maintain*** the client’s current care/living arrangements. | | |
| 1. **Low Urgency Category** | | The equipment is ***therapeutic based*** equipment that increases the client’s mobility and communication abilities in the long-term.  The equipment ***contributes*** to the client’s quality of life but is not essential for their current care/living arrangements. | | |
| **Equipment Decision and Justification** | | | | |
| **Client Factors** | | | | |
| **Provide**   * Client with information about their ongoing treatment plan, clinical review and assessment requirements in relation to oxygen therapy. This may include information about regular follow-up as per the prescription of home oxygen * Client/primary carer should retain a copy of prescription settings which should be attached as a clearly visible and dated card on the device and updated where indicated by prescribing clinical team | | | | |
| **Confirm**   * Client and/or relevant users (family/carers) must be capable of using the equipment safely and appropriately, including basic care and minor troubleshooting * Client has ceased smoking for a minimum of 4 weeks and has been educated with other residents in the house regarding the risks of using oxygen in the home while using electrical and gas appliances * Client is willing to comply with device usage as prescribed and is aware of data collection regarding compliance with therapy   **Consider**   * Lifestyle issues that need to be addressed and make referrals where appropriate | | | | |
| **Social/Carer Factors** | | | | |
| **Confirm**   * Client and/or carer must be aware of emergency procedures in the event of respiratory equipment failure. Emergency procedures may include presentation to hospital. NB: TEP and contracted equipment suppliers do not provide a 24 hour equipment support contact line. Please see equipment factors for more information * Notification to TEP if the equipment is no longer required or the client does not comply with documented prescription | | | | |
| **Environmental and Equipment Factors** | | | | |
| **Confirm**   * Client has received information on the safe use of equipment following Work Health and Safety guidelines * Oxygen equipment prescribed is compatible with all other equipment prescribed or in use * If delivery will be via nasal prongs that they are extra soft in cases of continuous use   **Consider**   * If an alternate delivery device eg. face mask or oximiser that may be more comfortable. Monitoring of the client is required to ensure re-breathing is not occurring. Alternate devices are not provided by TEP | | | | |
| **Equipment** | **Description** | | | **Maximum Ceiling Limits** |
| **In-home Concentrator** | If on continuous oxygen | | | One Unit |
| **One portable oxygen option can be selected:** | | | | |
| **C Cylinder and Regulator** | If on continuous oxygen | | | One refill per week  Please note portable cyclinders will not be provided in the following circumstances:   * risks associated with use of the cylinder cannot be eliminated * there is no access to replacement/refills |
| **CD Cylinder** | If on continuous oxygen | | | One refill per week  Please note portable cyclinders will not be provided in the following circumstances:   * risks associated with use of the cylinder cannot be eliminated * there is no access to replacement/refills |
| **Portable Concentrator** | If on continuous oxygen | | | One unit only- this can be prescribed as an alternative to cylinders or in-home concentrator. A person will not be funded for both a portable concentrator and cylinders. |

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| **Plan for Delivery** |
| **Provide**   * Name and contact details of client/carer and any clinicians who must be notified prior to delivery * Delivery instructions |
| **Plan for Equipment Review** |
| It is the prescribing therapist’s responsibility to ensure correct fitting and client education for TEP equipment on issue.  It is recommended that clients utilising oxygen appliances are reviewed every 6 months.  The following review guidelines are recommended:   * Within 12 weeks of delivery and use * 12-months post delivery and use   Prescribers must indicate which mode of follow up they will undertake. Options include: home visit, telephone call, client advised to contact prescriber as needed or the prescriber may need to make arrangements to refer follow up to an alternate provider, where appropriate. |
| **For Reference** |
| ANZ Thoracic Guidelines  https://www.thoracic.org.au/journal-publishing/command/download\_file/id/33/filename/TSANZ-DomiciliaryOxygen-Guidelines-2016-web.pdf  <http://www.thoracic.org.au/> |

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