Name of Policy:	<b>Respiratory Home Care Evaluation, Referral and Documentation</b>	THE UNIVERSITY OF TOLEDO	
Policy Number:	3364-136-01-06	Č	
Department:	Respiratory Care		
Approving Officer:	AVP Patient Care Services/Chief Nursing Officer		
Responsible Agent:	Director, Respiratory Care		
Scope:	The University of Toledo Medical Center Respiratory Care Department	<b>Effective Date</b> : December 1, 2019 Initial Effective Date: August 10, 1987	
New policy proposal X Minor/technical revision of existing policy   Major revision of existing policy Reaffirmation of existing policy			

## A) Policy Statement

The following guidelines regarding the evaluation, referral and documentation are required for patients who might require home respiratory care, including oxygen, nebulizers and tracheostomy supplies.

## (B) Purpose of Policy

- 1. To provide a successful hospital to home transition for a patient requiring respiratory home care.
- 2. To assure that adequate documentation of respiratory care exists in a patient's medical record prior to discharge.

## (C) Procedure

- 1. <u>Order</u>: The Respiratory Care Practitioner (RCP) will verify the physician's written order in the patient's medical record specifying need for evaluation for home respiratory care.
- 2. <u>Evaluation</u>: The RCP will evaluate the patient for type of respiratory care ordered and qualifications. The therapist will document the results of the evaluation in the Electronic Medical Record (EMR). It must be noted that if further orders for arranging of home respiratory care are required, there must be a complete order in the chart.
- 3. <u>Arranging of home care equipment</u>: The RCP will review the patient's chart to obtain pertinent information and recent documentation of blood gas results, or pulse oximetry results, if needed for the home equipment. Necessary information will include:
  - a. Verify complete order in the patient's chart
  - b. Patient identification
    - 1) Name and social security number
    - 2) Address and phone number
    - 3) Emergency contact
    - 4) Insurance coverage
  - c. Medical Necessity
    - 1) Type of therapy requested
    - 2) Frequency of use
    - 3) Estimated duration of need

Policy 3364-136-01-06 Respiratory Home Care Evaluation, Referral and Documentation Page 2

- 4) Diagnosis covered health condition
  - primary lung disease
  - secondary conditions related to or caused by lung disease
  - hypoxemia related symptoms that improve with therapy
- 5) Dosage or flow rate
- 4. <u>Laboratory evidence for home oxygen</u>: such data must be collected within 24 hours of discharge.
  - a. Room air arterial blood gas (PaO2 less than 55.4 mmHg)
  - b. Room air pulse oximetry (SpO2 less than or equal to 88%) Insurance coverage dictates need for either blood gas or pulse oximetry for home oxygen.
  - c. Condition under which tests were performed (resting or exercise).
- 5. <u>Arranging of tracheostomy supplies</u>: the RCP will determine what equipment is needed for home and provide education to the patient and family members. The therapist will share the status of the education and the arrangement of the supplies verbally with the Care Coordinator, as well as the required written communication.
- 6. <u>Home Care Company Selection</u>: the RCP will select a Home Care Company based on the following distribution criteria:
  - 1) Patient's insurance carrier stipulations.
  - 2) Patient's preference
  - 3) Patient's geographic proximity to company providing services.
  - 4) Financial ability to support home care costs.
  - 5) Reputable dealer that has Respiratory Care Practitioners on staff available 24 hours a day, 7 days a week.
- 7. <u>Home Care Company contact</u>: Inform the on-call therapist or dispatch person at the home care company selected of the information necessary to fulfill the physician's order.
- 8. <u>Follow-up with patient and documentation</u>: after contact with the Durable Medical Equipment (DME) supplier has been made, inform the patient and/or family of the arrangements. The RCP will document the set-up of the home respiratory care equipment in the Care Team section of the EMR. A Home Discharge Worksheet will be completed based on whether the patient will be discharged to home or to a Skilled Nursing Facility, LTACH or Extended Care Facility.

Approved by:		<b>Review/Revision Date:</b>
		10/02/2001
		07/22/2004
/s/		06/15/2007
Michael Taylor	Date	06/29/2009
Director, Respiratory Care		08/01/2012
		03/01/2016
/s/		12/01/2019
Monecca Smith	Date	
AVP Patient Care Services/Chief Nursing Officer		
Review/Revision Completed By:		
Director, Respiratory Care		Next Review Date: December 1, 2022
Policies Superseded by This Policy:		

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.