Ontario Health

QUESTIONS TO ASK YOUR OXYGEN PROVIDER:

Oxygen Therapy Standards of Care for Recovering COVID-19 Patients

WORKING WITH THE OXYGEN VENDOR

There are many oxygen providers throughout the province (list HERE) and patients may be choosing their own provider. We encourage either the discharging clinical team and/or the receiving clinical team to work with the oxygen vendor to understand what they do to ensure certain minimums standards are met in serving COVID-19 patients on short-term oxygen. Please ensure that you provide the oxygen vendor with a clinical contact person (regulated health professional) with the following key information/history required when referring COVID-19 patients:

- Full medical history and all diagnosis, including mental health (e.g., via discharge summary)
- Prescribers goals (e.g., weaning instructions)
- COVID-19 status of all family/household members, including the end date of the 14-day isolation period
- Any potential safety risks
- Medication list
- Other health care providers in the patients circle of care

KEY QUESTIONS TO ASK THE OXYGEN VENDOR

1. What assessment protocols do you have in place for COVID-19 patients?

The minimum requirements for the vendor's protocols should include the following:

- Respiratory assessment performed with set up
- Same-day priority for referrals with both respiratory assessment and oxygen set up
- Contact and droplet precautions for staff, including the provision and use of appropriate personal protective equipment (PPE)
- Masking requirements for patients, family members, and caregivers in the home during vendor visits
- Education and instruction provided to the patient, family members, and caregivers, with restrictions on the presence of people not involved in informal care provision (see question #4 for more details)

2. What is the visit frequency for COVID-19 patients on oxygen?

The minimum requirements for the vendor's protocols should include the following:

- Frequency of visits is based on:
    - Patient risk, ability, and goals, using a patient-centered care model
    - Care planning and based on the assumption that the patient is recovering following hospital discharge
- Respiratory status and risk level are assessed by a registered respiratory therapist (RRT) upon set up, including home supports and comorbidities
- Signs and symptoms of deterioration are reviewed with patients, including instructions on who to call in these cases (both during and/or after business hours)
- RRT should follow up by telephone 1 day after setup for virtual assessment

A sample algorithm of care can be found in Appendix A.

3. For recovering patients who can be managed safely at the home on supplemental oxygen, what is your protocol for weaning patients off oxygen?

The minimum requirements for the vendor's protocols should include the following:

- Patients are advised to self-monitor for changes in breathing, ability to perform activities of daily living (ADL), and oximetry
- Patients be taught how to check and use oximetry readings (if available)
- Monitor for reduction of dyspnea for at least 24 hours (both at rest and during ADL) and related symptoms
- Weaning should be performed conservatively in the home over 1–2 days and according to the patient's prescription
- Comprehensive assessment by a registered respiratory therapist during each visit to titrate/wean oxygen to appropriate levels

4. What education, including safety information, do you share with your patients?

The minimum requirements for the vendor's protocols should include the following:

- General oxygen safety information reviewed with patient by registered respiratory therapist
- Information/education on breathing exercises and energy conservation techniques
- Strategies to mitigate shortness of breath during activities of daily living

5. **To ensure that patients are receiving the same information/messaging from different care providers (e.g., registered respiratory therapist, primary care provider), do you have clear criteria that will trigger an escalation to primary care versus to emergency medical services (EMS)?**

> **Note:** COVID-19 evidence is rapidly updated as new findings emerge. This following answer was written using best evidence available as of Feb 2021. Please also visit the HFAM clinical pathway under the tab *"When to refer to ED"* as the guidelines will be updated as needed.

The minimum requirements for the vendor's protocols should include the following:

- For patients not on supplemental oxygen and without underlying chronic lung disease:
  - *A change of 5% in oxygen saturation is significant* → refer patient contact primary care physician; if primary care physician is not available → direct patient to hospital/EMS
  - *SpO_2 < 92% on room air* → direct patient to hospital/EMS
- For patients with chronic lung disease and on supplemental oxygen prior to COVID-19 diagnosis:
  - *5% drop from baseline SpO_2 based on most recent assessment* → direct patient to hospital/EMS
- Other factors that would trigger escalation to EMS, regardless of SpO_2, include (but are not limited to) the following:
  - Acute respiratory distress
  - Significant work of breathing
  - Acute chest pain
  - Disorientation
  - Loss of consciousness

6. **Do you have a safety protocol in place if the patient can not comply with oxygen safety protocols or seems unable to self-monitor?**

The minimum requirements for the vendor's protocols should include the following:

- Vendor has a pathway designed where they can inform the family, most responsible physician (MRP), Local Health Integration Network (LHIN) Care Coordinator, or public health (as appropriate), and where they can quickly develop and implement a safety action plan

7. What is the clinical registered respiratory therapist (RRT) support for a patient at home with COVID-19 by your company?

The minimum requirements for the vendor's protocols should include the following:

- An RRT on call 24 hours a day, 7 days a week, regardless of risk, with the following target response time:
    - 15 minutes to return an after-hours phone call
    - 1-hour to be on-site, when required (may vary depending on geography) with an established backup plan in place should the RRT not be able to get on-site in a timely manner

8. What is the time frame for (a) the delivery of oxygen to the home, and (b) the time between oxygen delivery and the visit from the registered respiratory therapist (RRT)?

The minimum requirements for the vendor's protocols should include the following:

- Oxygen delivery prior to the patient's arrival at home (if possible) or within expected duration of portable oxygen
- Same-day oxygen delivery, set-up, and RRT assessment for all hospital and community referrals
- Setup and instruction is completed by an RRT for all COVID-19 patients

9. Do you have experience in providing high-flow oxygen for COVID-19 patients?

The minimum requirements for the vendor's protocols should include the following:

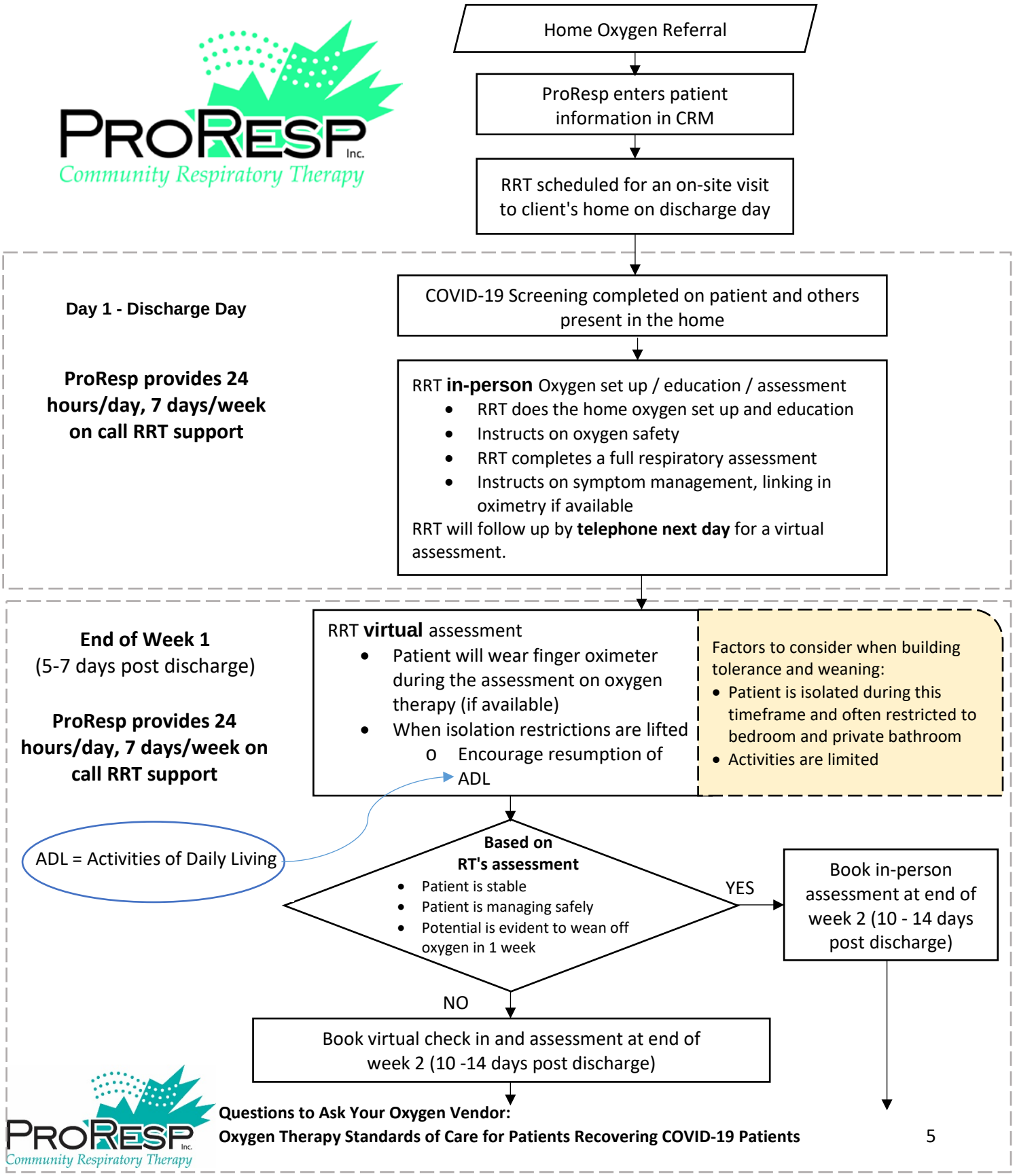
- Access to high-flow concentrators in 8 or 10 L models
- Availability of liquid oxygen system to accommodate high-flow patient needs

Note: Demand- or pulse-flow technology is not suitable for COVID-19 patients due to clinical instability.

Thank you to registered respiratory therapists, Miriam Turnbull, Dave Jones, and Kelly Munoz from ProResp Community Respiratory Therapy for helping to answer these questions and prepare this document.

Appendix A: Sample Algorithm of Care (provided by ProResp)

RRT Support for COVID Positive Discharged Patients



End of Week 2
(10-14 days post discharge)

ProResp provides 24 hours/day, 7 days/week on call RRT support

RRT **virtual** assessment
- Patient will wear finger oximeter during the assessment (if available)
- ADL oxygenation assessment
- Encouragement of regular activity to build tolerance

COVID-19 Screening completed on patient and others present in the home

RRT **in-person** assessment

Patient is stable and clinically appropriate to discontinue oxygen
- Saturates ≥ 92% on room air, unless otherwise directed with specific weaning orders
- ADL and SOB is managed

NO

YES

Book virtual check in and assessment at end of week 3

Discontinue Oxygen and RRT assessments

End of Week 3

ProResp provides 24 hours/day, 7 days/week on call RRT support

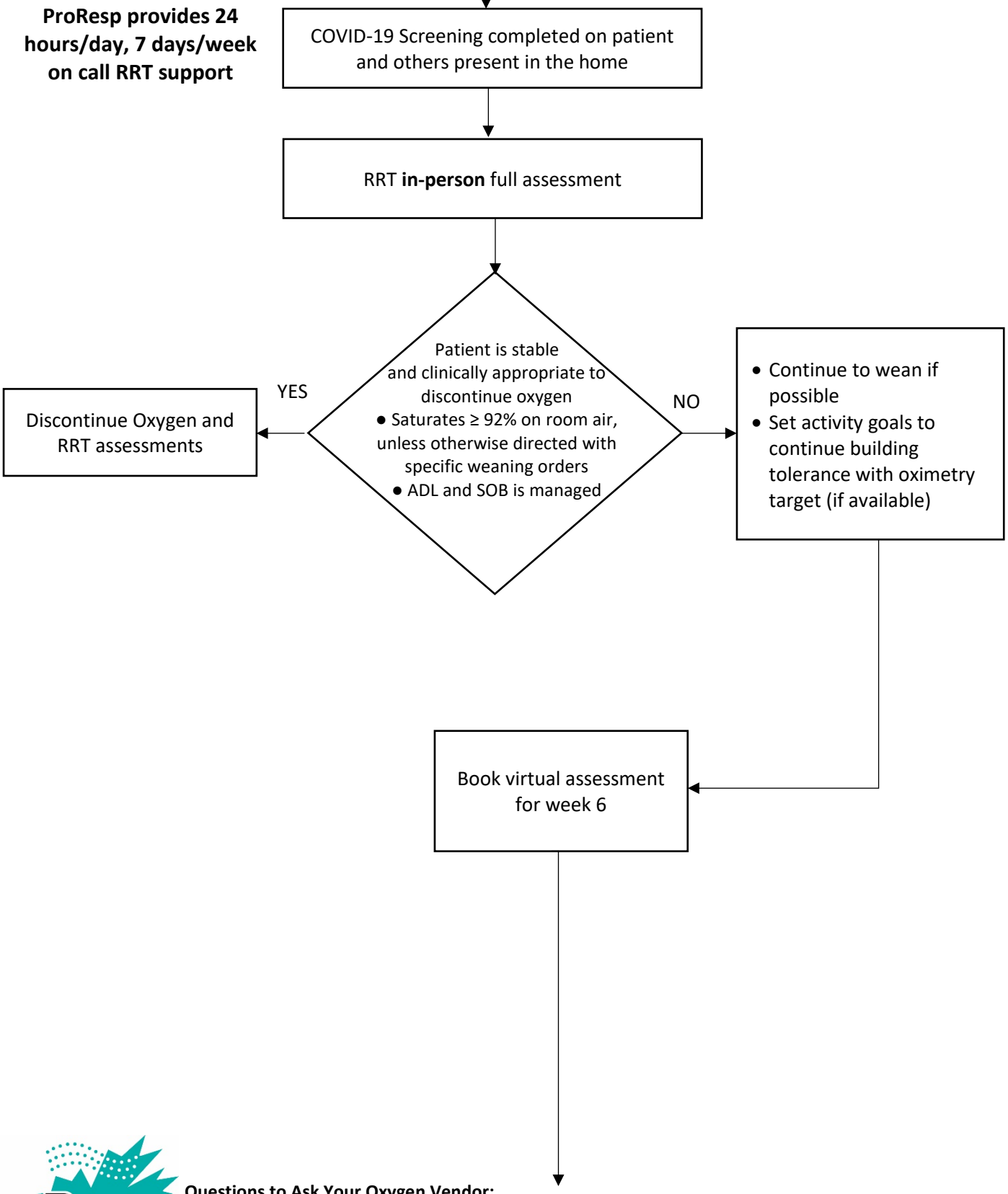
RRT **virtual** assessment
- Patient will wear finger oximeter during the assessment (if available)
- ADL assessment
- Encourage regular activity to keep building tolerance

Wean oxygen – decrease oxygen flow if possible

Book in-person assessment for end of week 4

End of Week 4
30 days post discharge

ProResp provides 24 hours/day, 7 days/week on call RRT support



Week 6 and 8

ProResp provides 24 hours/day, 7 days/week on call RRT support

Week 6

RRT **virtual** check in and assessment

- Patient will wear finger oximeter during the assessment (if available)
- Encourage regular activity to continue building tolerance
- Evaluate patient progress

Book in-person assessment for week 8

Week 8

COVID-19 Screening completed on patient and others present in the home

RRT **in-person** full respiratory assessment

- Patient will wear finger oximeter during the assessment (if available)
- Encourage regular activity to continue building tolerance
- Evaluate patient progress

Patient is stable and clinically appropriate to discontinue oxygen
● Saturates ≥ 92% on room air, unless otherwise directed with specific weaning orders
● ADL and SOB is managed

YES → Discontinue Oxygen and RRT assessments

NO → If oxygenation indicates continued need of oxygen therapy and client is still short of breath

---> Recommend a referral to Respirology / MRP

Collaborate with MRP for care and oxygen therapy

Continue oxygen therapy and reassess in 4 weeks unless otherwise directed