



Ministry of **Health and Long-term Care**



# Assistive Devices Program/Ontario Home Respiratory Services Association Home Oxygen Therapy Program Evaluation – FINAL REPORT

November, 2015

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# Introduction

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## BACKGROUND AND OBJECTIVES

Ipsos Public Affairs is pleased to submit to Assistive Devices Program (ADP) of the Ministry of Health and Long Term Care (MoHLTC) and the Ontario Home Respiratory Services Association (OHRSA) this final report of research results that will help the ADP evaluate if the home oxygen therapy program is meeting the needs of current and future Ontario residents who need home oxygen therapy.

It is estimated that approximately 80% of ADP-funded home oxygen therapy clients are diagnosed with Chronic Obstructive Pulmonary Disease (COPD). The Canadian Thoracic Society and the Ontario Lung Association confirm that the rate of COPD is growing, which will increase the number of clients accessing funding for home oxygen therapy and other health care services. As such, the ADP believes the program is at a critical point for evaluation to ensure it is meeting the needs of current and future Ontario residents who require home oxygen therapy. Also, OHRSA wanted to assess the value of the home oxygen program not only for COPD patients but also to the rest of the health system. The specific objectives of the research are to assess whether:

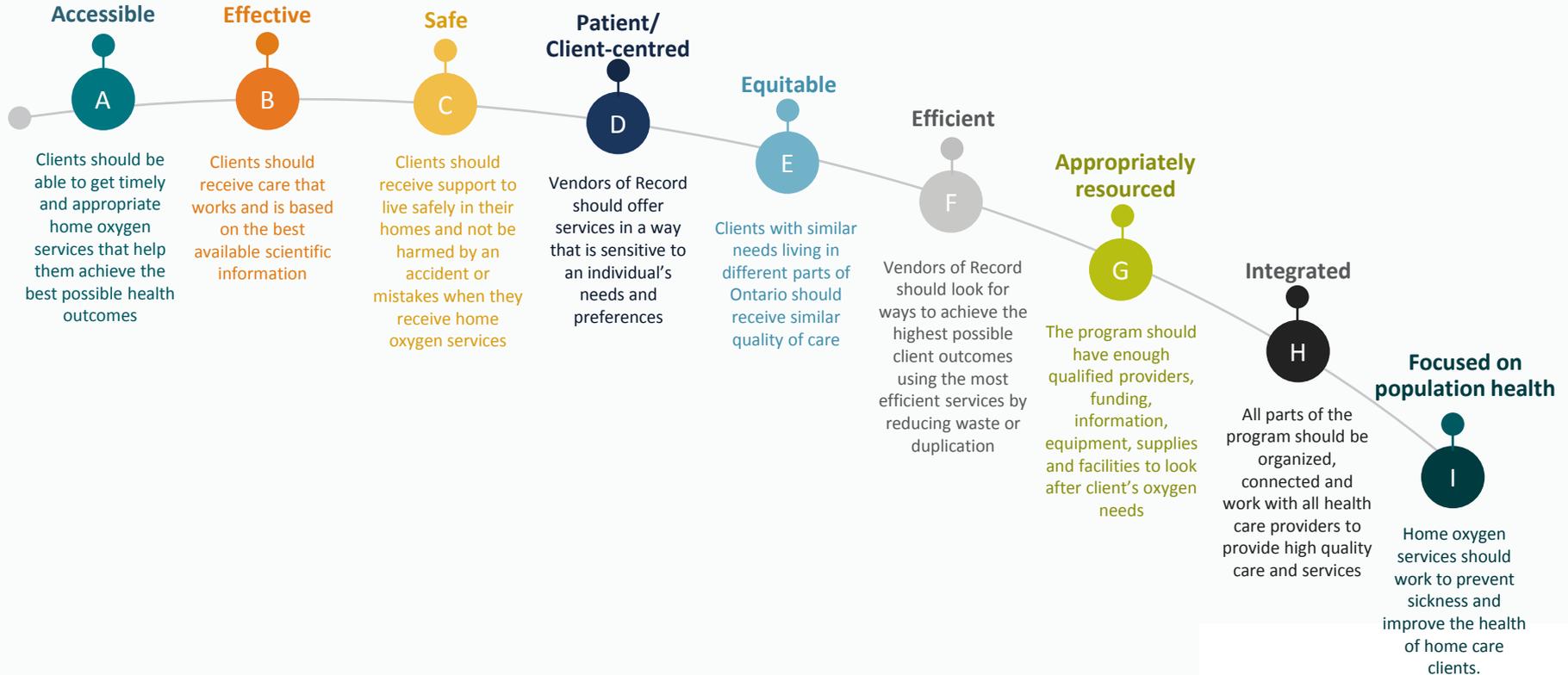
- home oxygen therapy is:
  - increasing clients' participation in the activities of daily living and independence; enhancing clients' quality of life; improving clients' health status;
  - impacting clients' use of other health care services and resources; and,
- if the Vendors of Record (VoR) are providing the equipment and services they are mandated to provide to ADP funded clients, according to the terms and conditions of the VoR agreement.

Ipsos conducted surveys among the following key stakeholders:

1. Clients of the home oxygen therapy program;
2. Physicians and nurse practitioners who prescribe home oxygen therapy and hospital-base regulated health professionals who play a role in the assessment for and monitoring of home oxygen therapy; and,
3. Vendors of Record (VoR) for Home Oxygen Services which provide the equipment and services.

# HOME OXYGEN THERAPY ASSESSMENT FRAMEWORK – ATTRIBUTES

- Ipsos worked in close consultation with ADP and the OHRSA to design the three surveys based on an assessment framework developed by the ADP and OHRSA Working Group to evaluate ADP funded home oxygen therapy. This framework includes nine attributes and 13 key performance indicators (KPIs). Below is a description of each of the nine attributes. A list of KPIs to be measured within each attribute are listed on the following page.



# HOME OXYGEN THERAPY ASSESSMENT FRAMEWORK – ATTRIBUTES AND KPIS

<b>A. Accessible</b>	<ol style="list-style-type: none"> <li>1. The time taken to initiate oxygen therapy meets the needs of the client and the health care system.</li> <li>2. Clients receive an oxygen delivery system that meets their clinical needs and life style requirements.</li> <li>3. Clients have access to appropriate vendor staff when they have issues, concerns, and/or problems with their equipment.</li> </ol>
<b>B. Effective</b>	<ol style="list-style-type: none"> <li>4. Home oxygen therapy improves client health outcomes such as level of independence, client satisfaction, exercise tolerance, complication rate, and rate of readmission.</li> <li>5. The provision of home oxygen therapy reduces the utilization of other health care resources; for example, reduced visits to hospital/emergency department or prescriber.</li> </ol>
<b>C. Safe</b>	<ol style="list-style-type: none"> <li>6. Clients know how to properly use, maintain, and care for their oxygen delivery system.</li> <li>7. Clients can identify the risks associated with improper use of home oxygen therapy, for example, smoking while using oxygen therapy.</li> <li>3. Clients have access to appropriate vendor staff when they have issues, concerns, and/or problems with their equipment.</li> <li>8. Clients receive equipment and service from VoR staff that are knowledgeable and up to date on the care and management of individuals requiring home oxygen therapy. (in vendor survey)</li> </ol>
<b>D. Patient/Client Centred</b>	<ol style="list-style-type: none"> <li>9. Clients receive equipment and services that: meet their medical needs; adapt to their changing medical condition; and take into consideration their individual capabilities, lifestyle and therapy goals.</li> </ol>
<b>E. Equitable</b>	<ol style="list-style-type: none"> <li>10. Clients receive the same level of equipment and service, regardless of where they live</li> </ol>
<b>F. Efficient</b>	<ol style="list-style-type: none"> <li>11. Vendors have a method of tracking/monitoring the following: equipment repair and maintenance; (in vendor survey) equipment malfunction or failure; client complaints; and client incidents.</li> </ol>
<b>G. Appropriately Resourced</b>	<ol style="list-style-type: none"> <li>1. The time taken to initiate oxygen therapy meets the needs of the client and the health care system.</li> <li>12. Clients can select the VoR that meets their individual needs.</li> <li>8. VoR staff is knowledgeable and up to date on the care and management of individuals requiring home oxygen therapy.</li> <li>3. Clients have access to appropriate vendor staff when they have issues, concerns, and/or problems with their equipment.</li> </ol>
<b>H. Integrated</b>	<ol style="list-style-type: none"> <li>13. VoR communication with the client, the prescriber, and other health care professionals involved in the care and management of the client: ensures the safe and effective use of home oxygen therapy; supports the client in achieving their individual goals and improved health outcomes; and supports the care and management provided by the prescriber or other health care professionals</li> </ol>
<b>I. Focused on Population Health</b>	<ol style="list-style-type: none"> <li>4. Home oxygen therapy improves client health outcomes such as level of independence, client satisfaction, exercise tolerance, complication rate, and rate of readmission.</li> <li>5. The provision of home oxygen therapy reduces the utilization of other health care resources; for example, reduced visits to hospital/emergency department or prescriber.</li> </ol>

# Methodology

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## Clients – online and mail out paper survey

The Assisted Devices Program and the Ontario Home Respiratory Services Association sent out a letter inviting ADP-funded home oxygen therapy clients to participate in a client satisfaction survey on July 20<sup>th</sup>, 2015. This letter included a survey link and unique PIN to enter the survey. A paper version of the survey was then mailed out on July 28<sup>th</sup> to clients who did not complete the survey online. The survey was in field until August 31<sup>st</sup>, 2015.

Ipsos and ADP used a stratified random sampling approach, selecting a random sample of ADP-funded home oxygen therapy clients within each of the Local Health Integration Network (LHIN) regions. The sampling approach was designed to reflect the distribution of home oxygen therapy clients by LHIN. Due to very small samples, data the North East and North West LHINs were combined into one region for analysis (North).

A total of 3000 clients were mailed the initial letter of invitation. We obtained a total of **n=1335 completes** (n=1155 returned paper surveys and n=180 online surveys). **The overall response rate was 45%**. The margin of error on a sample of this size is +/-2 percent.

LHIN	Number of surveys sent out	Proportion of clients within LHIN	Returned completes	Response Rate
Central	243	8%	93	38%
Central East	343	11%	148	43%
Central West	97	3%	45	46%
Champlain	266	9%	122	46%
Erie St. Clair	199	7%	87	44%
Hamilton Niagara Haldimand Brant	343	11%	175	51%
Mississauga Halton	139	5%	45	32%
North (combined east and west)	308	10%	130	42%
North Simcoe Muskoka	194	6%	90	46%
South East	163	5%	70	43%
South West	329	11%	167	51%
Toronto Central	115	4%	33	29%
Waterloo Wellington	201	7%	99	49%
Unknown (NA)	60	2%	31	52%
	3000	100%	1335	45%
			<b>Overall response rate</b>	<b>45%</b>

### Healthcare professionals: prescribers – online and mail out paper survey

A survey package was mailed out to prescribers of home oxygen therapy on August 27<sup>th</sup>, 2015. This letter included a survey link and unique PIN to enter the survey. A total of 354 prescribers were invited to participate in the survey.

In total, we obtained a total of n=80 completes with a **response rate of 23%**. The margin of error is +/-10 percent on this sample size.

The survey closed on October 9, 2015.

### Healthcare professionals: RRTs – online survey

A letter and a link to a survey was posted on the College of Respiratory Therapists of Ontario website. To enter the survey, Registered Respiratory Therapists were required to enter their registration codes for verification. A total of **28 RRTs completed the survey**.

ADP and OHRSA determined that RRTs who are employed by providers of home oxygen therapy should be represented through the vendor survey rather than the HCPs survey. As such, an additional 17 RRTs who work for a provider were 'terminated'/excluded from the RRT survey. A response rate and margin of error can not be calculated on this sample of RRTs without information on the number of RRTs who would be included as part of the sample universe.

The survey closed on October 9, 2015.

### Vendors – online

ADP emailed survey invitations to 50 vendors of home oxygen therapy services. A total of n=37 completed the survey. **The response rate was 74%**.

Note that in this sample of completes, 13 organizations operate under one umbrella organization. The responses provided by these 13 organizations were the same across all questions.

The survey closed on October 9, 2015.

## Notes to reader when reading the data tables

- Some totals within the report may add up to more than 100% due to rounding
- To determine if results between regions or other group categories were significantly different we performed a t-test at a 95% confidence interval. Results that are significantly higher or lower than the total are shaded in green or red. Significant differences between groups are indicated by subscript letters. For example, the table below shows that Waterloo Wellington RRT/nurses are significantly more likely to create a formal plan of care than RRT/nurses in Champlain region – but they are not any more likely to create a formal plan of care than RRTs or nurses in any other region. When compare to all RRTs and nurses, RRTs and nurses in the North region are significantly more likely to talk to clients about their health and lifestyle needs, and they are significantly more likely than RRTs or nurses in Central, Central West, Champlain and South West regions to have these conversations with clients.
- Asterisks denote small base sizes: \* Small base; \*\*Very small base (under 30). If the base is indicated with \*\*, significance testing is illustrated but should be interpreted with caution.

	Total	Central	Central East	Central West	Champlain	Erie St. Clair	Hamilton Niagara Haldimand Brant	Mississauga Halton	North (East And West)	North Simcoe Muskoka	South East	South West	Toronto Central	Waterloo Wellington
Base	(n=1335)	(n=93)* (A)	(n=148) (B)	(n=45)* (C)	(n=122) (D)	(n=87)* (E)	(n=175) (F)	(n=45)* (G)	(n=130) (H)	(n=90)* (I)	(n=70)* (J)	(n=167) (K)	(n=33)* (L)	(n=99)* (M)
<b>Did the RRT/nurse talk to you about your health and lifestyle needs?</b>														
Yes	76%	71%	78% <sub>C</sub>	58%	70%	82% <sub>C</sub>	75% <sub>C</sub>	80% <sub>C</sub>	82% <sub>ACDK</sub>	80% <sub>C</sub>	80% <sub>C</sub>	72%	76%	77% <sub>C</sub>
<b>Did the RRT/nurse create a formal plan of care?</b>														
Yes	23%	30% <sub>DF</sub>	22%	20%	16%	31% <sub>DF</sub>	19%	22%	26% <sub>D</sub>	24%	23%	23%	15%	27% <sub>D</sub>

# Executive summary

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## EXECUTIVE SUMMARY (1/5)

**Overall, the results from this study indicate that the ADP-funded home oxygen therapy program is having a positive impact at both the client-level...**

- Almost all ADP clients rate their overall experience with their home oxygen services company as ‘excellent’ or ‘very good’, and say they would recommend their home oxygen company to family or friends. Clients provide exceptionally positive ratings across all service areas for the RRTs or nurses and service technicians who visit their homes, and call staff who answer their questions on the phone.
- Nearly nine in ten clients report that their home oxygen service company is meeting all of their home oxygen therapy needs. Most importantly, the majority of clients say home oxygen has improved their daily life activities (45% say ‘a lot’ and 37% ‘somewhat’), as well as their ability to leave home comfortably.
- Eighty-three percent of *prescribers* indicate that home oxygen therapy has significantly improved the participation of daily living activities for *all* or *most* of their patients. And 96% think that home oxygen therapy has been effective at helping to improve the health and quality of life of home care clients (81% very effective).
- Fewer RRTs (68%) than prescribers say that the use of home oxygen therapy has improved their clients’ level of participation in daily living activities (only 4% say significantly improved). That said, overall, 97% believe it has been very effective at improving their clients’ health and quality of life (68% very effective).

### **...and at the system-level**

- In terms of the program’s impact on the health system and other health care resources, two-thirds to almost three-quarters of ADP clients say that the provision of home oxygen therapy has reduced their number of visits to the ER, to walk-in clinics, and overnight hospital stays (73%, 63% and 68%, respectively).
- Prescribers are in agreement that the use of home oxygen therapy has reduced visits to health care resources: prescribers agree that it has *significantly* or *moderately* reduced hospital emergency visits (91%), walk-in clinic or urgent care visits (86%), and overnight hospital stays (78%) among their patients.

### **The majority of clients say their health and lifestyle needs are taken into account**

- Three-quarters of clients said their RRT or nurse engaged them in informal discussions about their health and lifestyle needs and goals regarding home oxygen therapy. Only one-quarter of clients, however, say a formal care plan including health and lifestyle needs and goals was created, significantly lower than the number of vendors that state this is one of their communications tools with clients (68%).
- A majority of clients (82%) were informed by their service providers of different oxygen delivery system options to improve mobility, while approximately two-thirds of clients (62%) say they received assistance from their home oxygen company for travelling with their home oxygen therapy.

### **Overall, the majority of clients are receiving expected services and equipment within appropriate timeframes**

- A majority of clients (86%) had their home oxygen therapy equipment set up within the expected three days from when it was prescribed. Those clients released from an ER or hospital were more likely to have immediate equipment set up compared to clients who were prescribed at a hospital outpatient clinic or physician's office.
- A majority of clients said an RRT or nurse visited soon after their equipment was delivered to address their health and equipment needs. Three-quarters of these clients saw a health care provider within three days (and 39% on the same day) of prescription.

### **While training and information on safety requirements are meeting standards, additional education and training could be provided to this population group**

- Nearly all clients and/or their caregivers were provided with training and instructions on how to use and care for equipment, as well as information on safety and risks in using their equipment. Most clients felt their training was sufficient (87% sufficient and 7% somewhat sufficient). Just one percent of clients report training was not sufficient; in particular, these clients request continual training/refreshers on how to use and care for equipment and on safety and potential risks of the equipment.
- Prescribers agree that their ADP clients are well informed about safety requirements and risks associated with improper use of home oxygen therapy (87% strongly and somewhat agree). Prescribers also agree that their patients know how to use and care for their home oxygen delivery system (78% strongly and somewhat agree). However, only 15% strongly agree, indicating again there may be need for continued client education in this area.

### **A client's ability to choose a vendor to meet their needs is a key feature of the ADP home oxygen therapy model, but not all clients are informed**

- Only one-third (32%) of ADP clients recall they were informed they had a choice of vendors to select from. A majority (70%) of clients say, rather, that they were referred directly to a home oxygen services company when they were prescribed home oxygen therapy. Sixty-four percent of prescribers who completed the survey say they 'always' (36%) or 'sometimes' (28%) tell their patients they have the option to choose a vendor. And just over one-third of prescribers provide a handout with information about oxygen therapy to patients or direct them to websites. This proportion is more in line with what clients report.
- Currently, only half of ADP clients (51%) are aware they can switch home oxygen services companies. Only a few (4%) have done so, primarily due to moving homes, but in some cases for better service or equipment.

### **RRTs tend to provide more information and support to clients in general than prescribers**

- Only 11% of prescribers say they support the patient in how to choose a vendor that best meets their needs, only slightly higher than the proportion of clients who report the same (6% say they received support from their HCP).
- Just over one-third of prescribers provide and/or direct patients to find more information: 11% provide a handout on how to choose a vendor; 6% provide a handout on ADP; and 8% direct patients to the ADP website for information.
- RRTs are more likely than other prescribers to inform their patients that they have a choice in the of selection home oxygen provider. They are also more likely to provide a list of vendors or rotate through a list, and to provide information and support in choosing a vendor. Note that RRTs work primarily in hospital-based settings.

### **Vendors are surpassing minimum required standards of the ADP VoR service delivery model, but there is some variation across regions**

- The majority of clients are satisfied that their current vendor is meeting their needs and are providing excellent services across Ontario. However, the findings indicate that providers within certain regions are providing services above and beyond what vendors in other regions are providing.
- Clients within certain regions, such as Erie St. Clair, North, North Simcoe Muskoka, South East, and Southwest Ontario, gave more 'excellent' scores than clients in other regions.
- Clients residing in Erie St. Clair and the North are most likely to say their home oxygen providers are meeting their needs. Clients living in Champlain and Toronto Central are the least satisfied and less likely than clients in all other regions to recommend their providers than clients in other regions.
- Vendors in Southwestern Ontario are significantly more likely to send an RRT or nurse within the same day equipment is delivered, while vendors in Champlain and Southeastern Ontario tend to take slightly longer than average for some clients. Southwestern vendors are also sending RRTs or nurses more frequently beyond the three and nine-month marks.
- There is also some variation among vendors across regions in terms of the extent to which RRTs or nurses speak to clients to understand their health and lifestyle needs and goals with regard to using home oxygen therapy. Clients from the Central West region are less likely to report that their RRT/nurse did so.
- These findings are supported by the opinions of health care professionals. About half of prescribers agree that the types of home oxygen equipment and products, as well as services, vary greatly across vendors. RRTs are much more likely to say that services are not consistent across vendors.

### **Half of prescribers have noted a positive shift in the quality of home oxygen services provided for clients**

- Few prescribers – less than one in five – are aware that ADP had introduced a new service delivery model for home oxygen therapy – the Vendor of Record for Home Oxygen Services – in 2010. However, just under half of prescribers say they have noticed a positive shift in the quality of home oxygen services provided for their patients. At the same time, however, the same proportion also say nothing has changed, while a very small proportion have noted a decline in services.
- Prescribers are much more likely than RRTs to have noticed any positive change (46% versus 29%). In fact, 21% of RRTs say they have seen a decline in the quality of vendor services. It is important to note that the RRT sample is not representative in this study, but overall comments from these RRTs indicate they would like to be better informed about types of services and equipment available and would appreciate improved information sharing processes with vendors.
- When vendors were asked about their perceptions on the current vendor of record model compared to the previous model, opinion was relatively split. About half believe that the new model is more patient-focused, has resulted in better service, and that competitive options allow clients to choose a vendor that best meets their individual needs. However, many vendors also noted there has been no significant change in the way they themselves have done business and that the new VoR formalized what they had already been doing. Nevertheless, vendors made a number of comments that highlighted Ontario's model as more effective and patient-centred than other jurisdictions in Canada.

### **HCPs are generally satisfied with communications with vendors**

- Over three-quarters of prescribers report being satisfied with all or most of the vendors they work with in terms of the content, timeliness, and frequency of communications provided about their clients' care and condition. However, prescribers and RRTs were able to provide suggestions for improving integration of services between prescribing HCPs and vendors.
- One suggestion focuses on vendors providing more in-services to hospital-based health care workers on rules and regulations and the types of equipment available and funded by the province, and more education (RRT). Others include improved communications protocols, such as standardized reporting tools with timelines for feedback.

# Section 1. Service provider selection process

## Accessible

1

2. Clients receive an oxygen delivery system that meets their clinic needs and life style requirements.

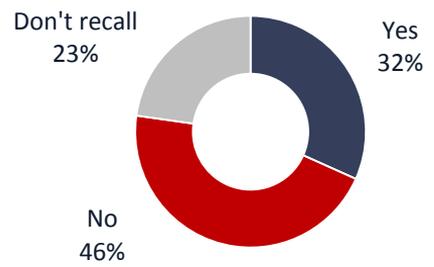
## Appropriately resourced

7

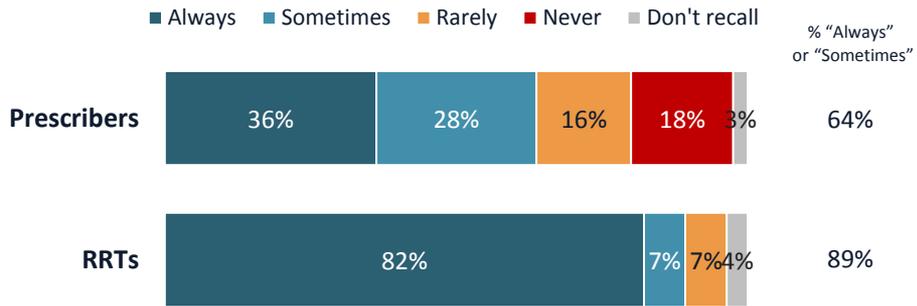
12. Clients can select VOR that meets their individual needs

- Only one-third (32%) of ADP clients recall they had a choice of vendors to select from; this was more likely to occur in an ER setting (40%).
- Sixty-four percent of prescribers say they inform patients of the option to choose a home oxygen vendor (36% always or 28% sometimes inform their patients). Prescribers are significantly less likely to do so than the RRTs who responded to the survey (89% always or sometimes inform patients of choice). This conversation is more likely to occur in a hospital-based setting.

CLIENTS – Informed of choice of oxygen service company



HCPs – Informing patients of option to choose oxygen service company



Location of prescription	Hospital Emergency - ER	After Hospital Admission	Hospital Outpatient	Physician Office
Base	189	640	134	260
Yes	40%	31%	34%	31%

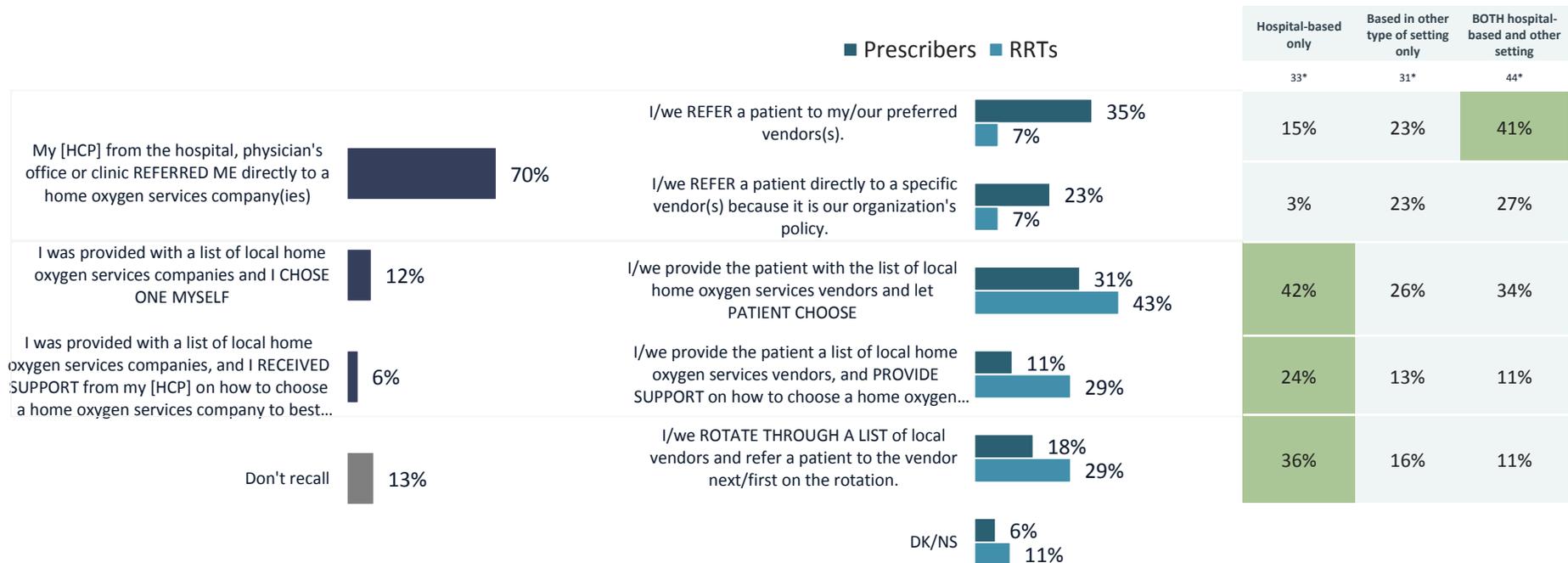
Location of work (Prescribers and RRTs)	Total	Hospital-based only	Based in other type of setting only	BOTH hospital-based and other setting
Base	108	33**	31**	44**
Always + Sometimes	70%	82%	65%	66%

Q7. Did the prescribing physician, nurse practitioner or other healthcare professional from the hospital, physician's office or clinic inform you that you had a choice of home oxygen services companies that you could select from?  
 Base: All Clients (n=1335)  
 Q7. How often, if at all,... that they have a choice of home oxygen service vendors to select from? Base: All HCPs, Prescribers (n=80); RRTs (n=28)

- According to ADP clients, a majority (70%) were referred directly to a home oxygen services company. Only one in five clients (18%) were provided with a list of companies – few (6%) received support from their HCP on how to choose one that best met their needs.
- Thirty-five percent of prescribers say they refer a patient directly to their preferred or specific vendor, while 23% do so because it is the organization’s policy. Only 11% say they support the patient in how to choose a vendor that best meets their needs.
- HCPs working in hospitals are more likely to provide lists of providers or to rotate through a list than those based in other work-settings.

### Clients – Experience finding oxygen service company

### HCPs – Process for determining oxygen service company

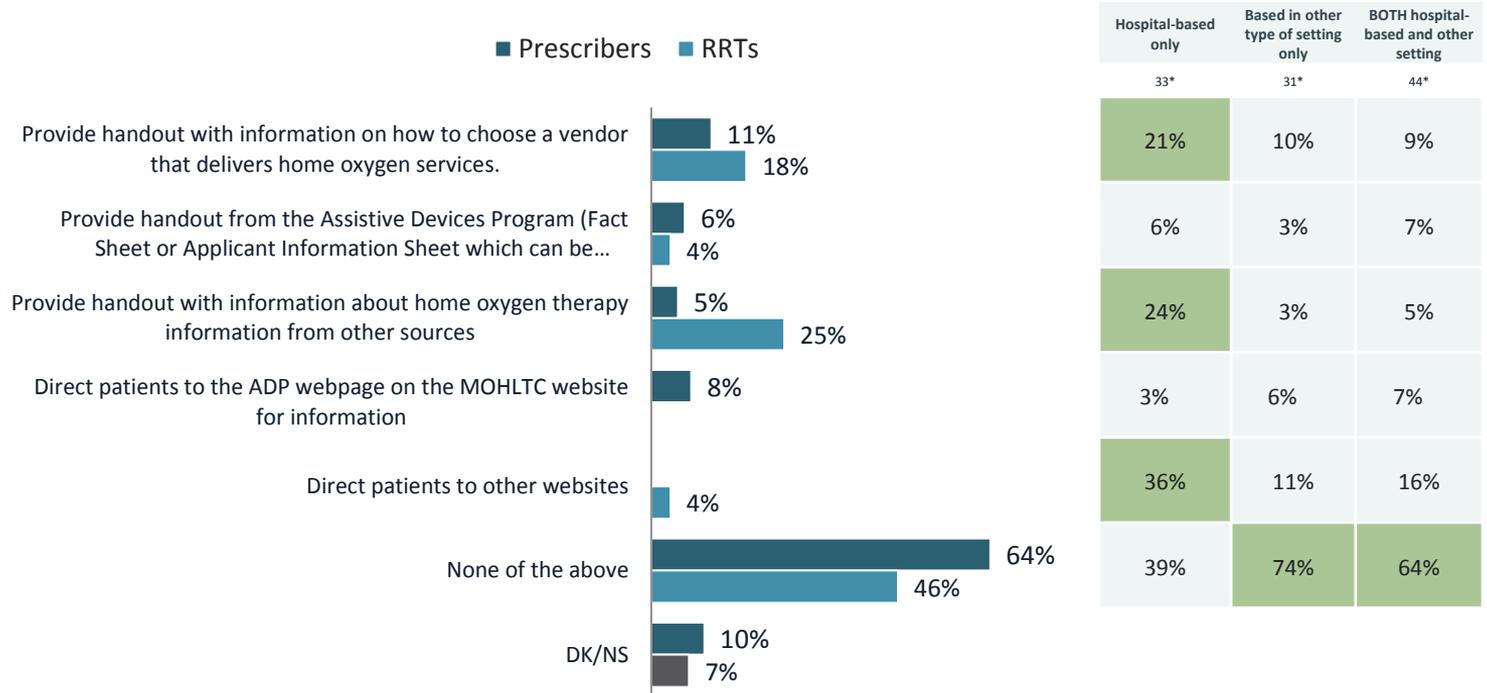


Q8. Which of the following statements best describes your experience in finding a company that provides a home oxygen therapy services? Base: All Clients, n=1335.

Q5. When it comes to a patient choosing a vendor that supplies home oxygen therapy, which of the following describes the selection process for patients where you work? Base: All HCPs, Prescribers (n=80); RRTs (n=28)

- Just over one-third of prescribers (36%) provide information and/or direct patients to websites: 11% provide a handout on how to choose a vendor; 6% provide a handout on ADP; and 8% direct patients to the ADP website for information.
- Over half of RRTs hand out information to clients about home oxygen therapy: 18% provide a handout on how to choose a vendor; and 25% provide a handout with information drawn from other sources, including vendor-supplied information.

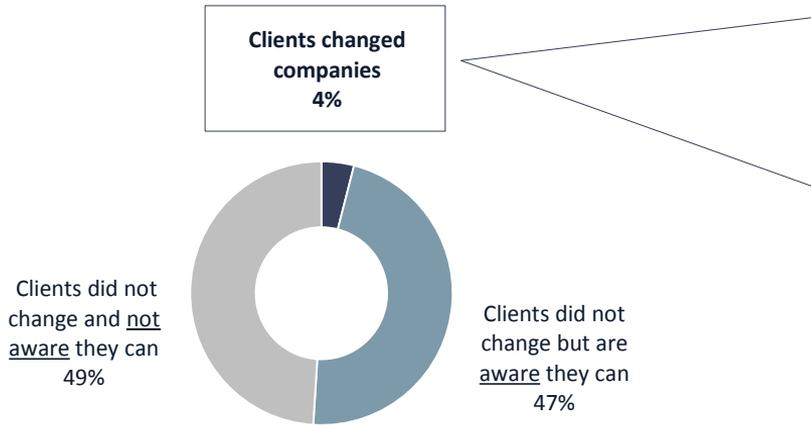
**Type of home oxygen therapy information provided to patients**



Q6. Which of the following kinds of information about home oxygen therapy services do you give to your patients or direct them to? Base: All respondents, Prescribers (n=80); RRTs (n=28)

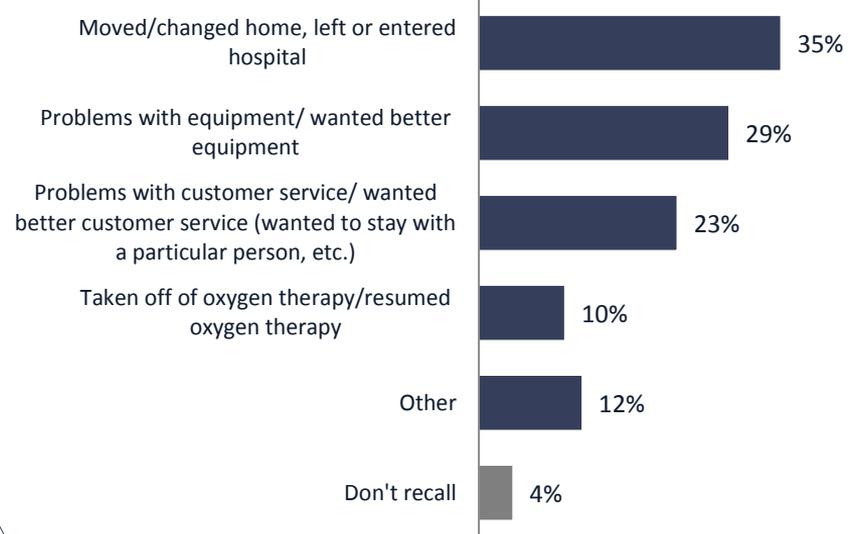
- Half of ADP clients (51%) are aware they can switch home oxygen services companies; only 4% have done so since they started home oxygen therapy.
- While moving homes/hospitals was the first reason cited for changing companies, just over a quarter of clients said they switched because they had problems with equipment (29%) or customer service (25%).

### Changed or aware they can change providers



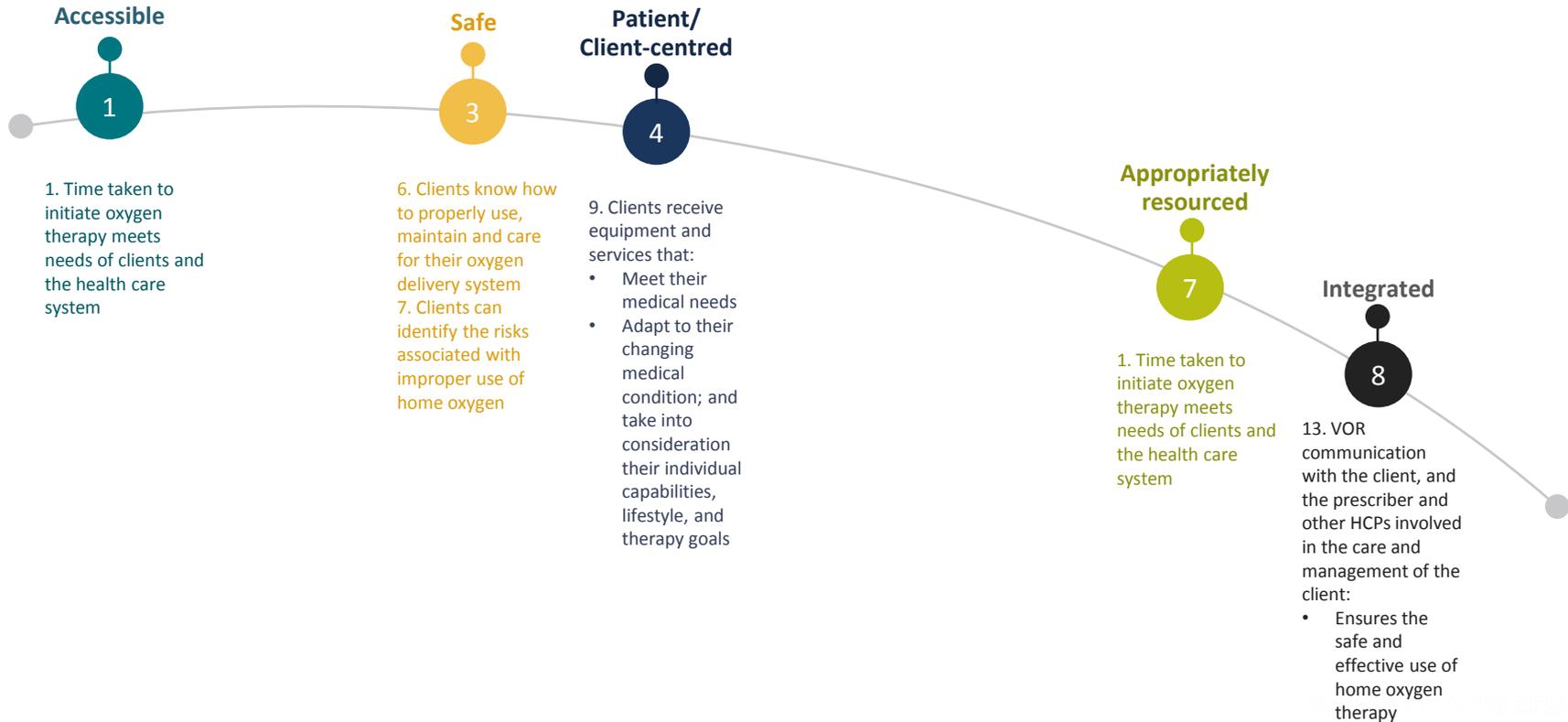
NOTE: Q16/Q17 rebased to total respondents (n=1335)

### Reasons for changing providers (n=52)



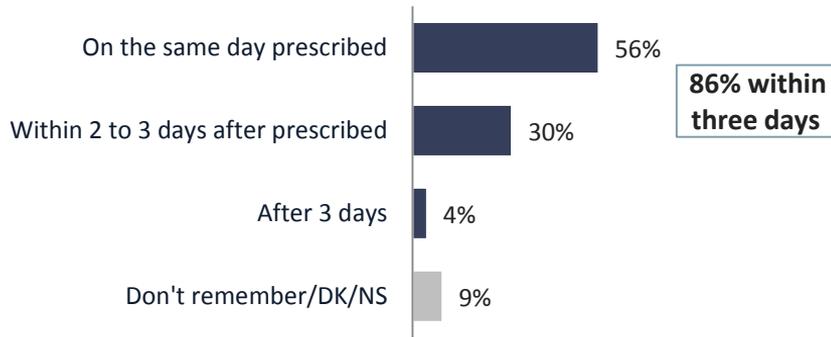
Q16. Did you ever, for any reason, change the home oxygen services company that supplies your oxygen at any point since you started oxygen therapy? Why did you change? OPEN-END  
 Base: Clients who have changed companies (n=52); Q17. If you did NOT change companies: Did you know that you could choose a different company to provide you with home oxygen services if you are not satisfied with your current company? Base: Those who did not change companies (n=1283).

# Section 2. Experience with service providers

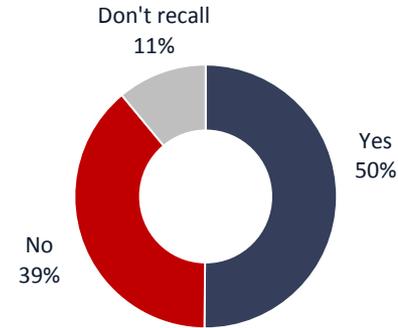


- A majority of clients (86%) had their home oxygen therapy equipment set up within the expected three days from when it was prescribed.
- Clients were more likely to have had their equipment set up and be provided with equipment immediately upon release from ER or hospital discharge than from a prescription from an hospital outpatient clinic or physician's office.

### Time taken for equipment set up



### Provided equipment immediately



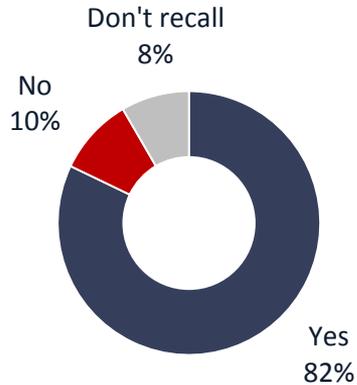
Location of prescription	Hospital Emergency	After Hospital Admission	Hospital Outpatient	Physician Office
Base	189	640	134	260
On the same day prescribed	68%	73%	42% <sub>Q</sub>	26%
Within 2 to 3 days	25%	19%	43%	51%
After 3 days	3%	2%	6%	11%

Location of prescription	Hospital Emergency	After Hospital Admission	Hospital Outpatient	Physician Office
Base	189	640	134	260
Yes, equipment immediately	65%	67%	30%	17%

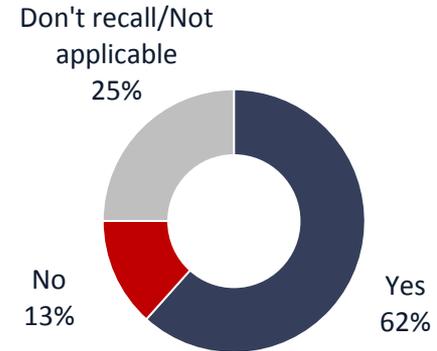
Q9. Following a visit to a medical clinic or hospital, were you provided with any oxygen equipment to bring home so that you would have oxygen therapy right away; Q10. After you were prescribed the home oxygen therapy, did the home oxygen services company come to your house to set up the home oxygen equipment? Base: All Clients, n=1335.

- A majority of clients (82%) were informed by their service providers that there are different types of oxygen delivery systems available for greater mobility.
- Two-thirds (62%) said they received assistance from their home oxygen services company in making arrangements for travelling with home oxygen therapy.

### Informed of different home oxygen systems



### Received assistance for travelling with oxygen



Q11. Did the home oxygen services company inform you that there are different types of oxygen delivery systems that give you mobility to leave your home?; Q12. Did the home oxygen services company assist you with making arrangements for your oxygen therapy when you travelled or went away from home. Base: All Clients, n=1335.

- Almost all clients and/or their caregivers, regardless of where they were prescribed home oxygen, were provided with training and instructions on how to use and care for equipment (93%), as well as information on safety and risks in using equipment (92%). One to two percent report they were not trained or given information.

### Received training on how to use and care for equipment and information on safety and risks

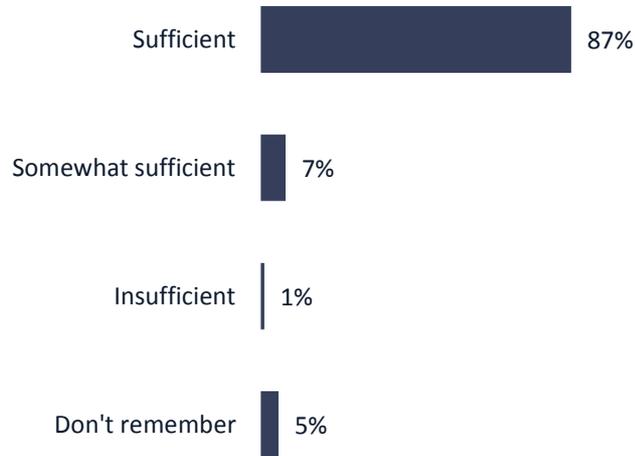
	Total	Hospital Emergency	After Hospital Admission	Hospital Outpatient	Physician's Office
Base	1335	189	640	134	260
<b>Received training on how to use and care for equipment</b>					
Yes, I and my caregiver/family member received training	54%	57%	58%	56%	49%
Yes, only I received training	32%	34%	27%	37%	44%
Yes, only my caregiver/family member received training	7%	5%	10%	2%	2%
<b>TOTAL TRAINED</b>	<b>93%</b>	<b>96%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>
Neither I nor my caregiver/family member received any training	2%	1%	2%	1%	2%
<b>Provided with information on safety and risks in using equipment</b>					
Yes, I and my caregiver/family member received information	60%	60%	63%	63%	54%
Yes, only I received information	28%	31%	24%	31%	37%
Yes, only my caregiver/family member received information	4%	4%	6%	1%	2%
<b>TOTAL TRAINED</b>	<b>92%</b>	<b>95%</b>	<b>93%</b>	<b>95%</b>	<b>93%</b>
Neither I nor my caregiver/family member received any information	1%	1%	2%	-	2%

Note: Don't recall responses not shown in table.

Q13. Did the home oxygen services company provide you and/or a caregiver or family member with training on how to use and care for the oxygen equipment?; Q14. Did the home oxygen services company provide you and/or a caregiver or family member with information on safety and risks in using equipment? Base: All Clients, n=1335.

- A majority of clients thought the training they received was sufficient (87% sufficient and 7% somewhat sufficient).
- Of the one percent who did not think their training was sufficient, the most common gap in needs were focused on continual training refreshers, clearer instructions, and ensuring caregivers are trained.

### Was training sufficient for home oxygen therapy to be effective?



### Reasons insufficient (n=24)

#### Need for continual refresher training

- Need more training on oxygen. Also train my care workers.
- Forget sometimes how to change tanks.
- I forgot some of the ways
- Sometimes hard to open the oxygen.
- This was in 2003 - my first experience with oxygen after being diagnosed with sleep apnea. I only needed it at night and did not pay too much attention to the info I was given.
- It was sufficient to start but for more than a year we did not get a follow-up at all.
- Did not explain too clearly how to use it or when.
- Only my caregiver received the training.
- They explain things so quickly that you, if you had had no experience with oxygen, become confused [or] overwhelmed.
- Training was given once, quickly. Hard to retain.
- We were left with more questions than answers.

#### Caregivers required training

- My husband is my caregiver - he could use some follow up training.
- My wife was not shown how to hook up sleep app machine with oxygen.
- They assumed the retirement home would show & help us. They should have shown my daughter as well.

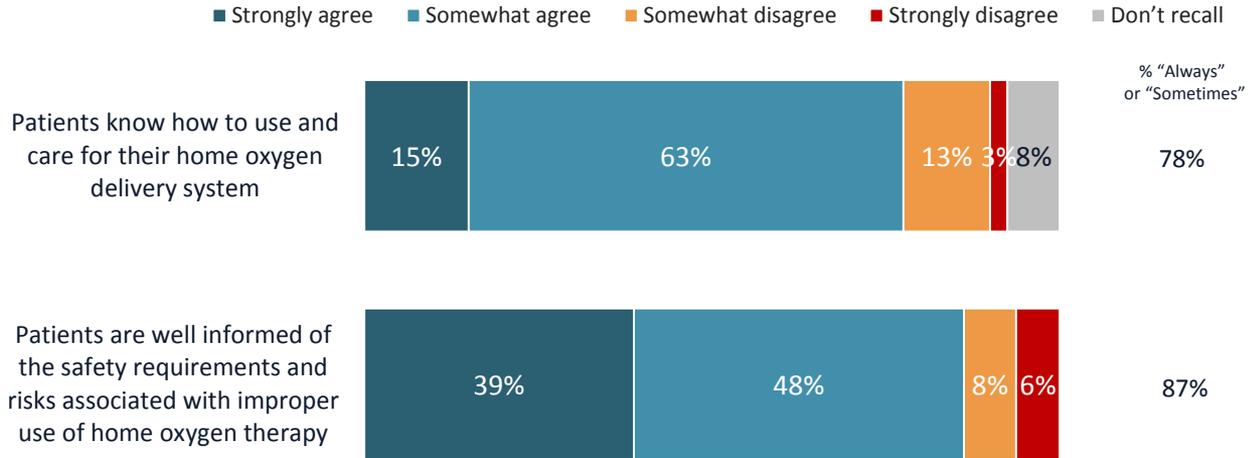
#### Other reasons

- Did not explain the different home oxygen generators.
- Language barrier - some instructions were not as clear. I wish there was more information about travel and what my option was and insurance if need be.
- Too fast - verbal; did not demonstrate.

Q15. Do you feel that the training you and/or a caregiver or family member received was sufficient for your home oxygen therapy to be effective and used in a safe manner? Please explain why [it was insufficient]. Base: All Clients (n=1335)

- Eighty-seven percent of prescribers think their patients are well-informed about safety requirements and risks associated with improper use of home oxygen therapy (39% strongly, and 48% somewhat, agree).
- Over three-quarters of prescribers agree that their patients know how to use and care for their home oxygen delivery system. Only 15% strongly agree, however, indicating there may be more need for client education in this area.

### Prescribers' perceptions about patient knowledge on how to use and care for equipment, safety and risks



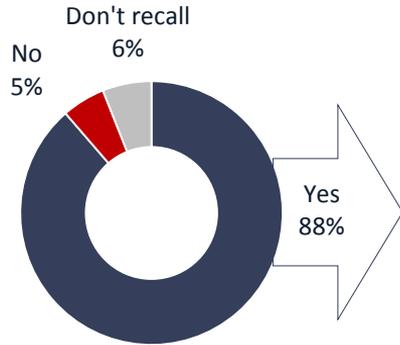
Q11.To what extent do you agree or disagree with each of the following? Base: All Prescribers (n=80)

# Section 3. Client needs and client satisfaction



- Eighty-eight percent of clients said an RRT or nurse visited their home soon after the equipment was delivered to assess their health and equipment. A higher proportion (95%) had an RRT/nurse visit if they were prescribed home oxygen in a hospital outpatient clinic.
- Three-quarters of clients had an RRT or nurse visit within three business days (39% visited on the same day as the equipment).
- While 65% of clients said they also had a visit from an RRT or nurse at the three-month mark, small proportions received visits at other points in time.

### Soon after home oxygen services company first delivered equipment, did a RRT/nurse visit to assess your health/equipment?

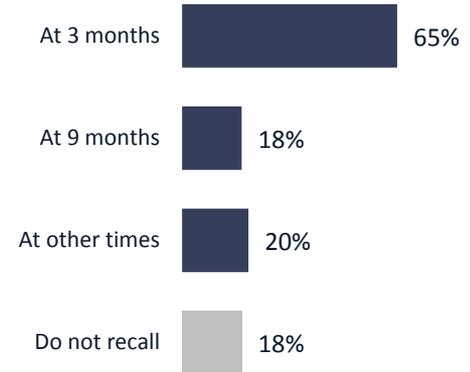


#### When did HCP visit?

Clients who had HCP on first visit

When did HCP visit?	Percentage
Visit on the same day	39%
Visit within two to three business days	37%
Visit more than three business days	8%
Do not recall/no answer	16%

### Other points at which RRT/nurse visited

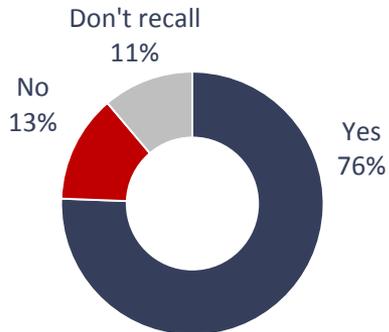


	Hospital Emergency	After Hospital Admission	Hospital Outpatient	Physician's Office
Base	189	640	134	260
Visited soon	87%	89%	95%	90%

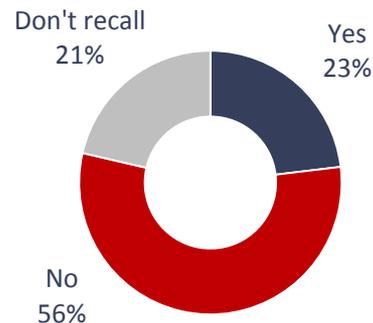
Q18. Soon after the home oxygen services company first delivered the home oxygen equipment to your home, did a respiratory therapist or nurse come to visit you to assess your health and if you had the right equipment? Base: All clients (n=1335); Q19. On the first visit, did the respiratory therapist or nurse ...? Base: Respiratory therapist or nurse come to visit home (n=1179); Q20. At what point(s) did a respiratory therapist or nurse visit you to review your health status and progress in reaching your goals? Base: All Clients, n=1335.

- Three-quarters of clients (76%) recalled that their RRT or nurse talked to them about their health and lifestyle needs and goals regarding home oxygen therapy.
- However, only a quarter of clients (23%) reported that the RRT or nurse created a formal plan of care to reach their health and lifestyle needs and goals.

### Did the RRT/nurse talk about to you about your health and lifestyle needs?



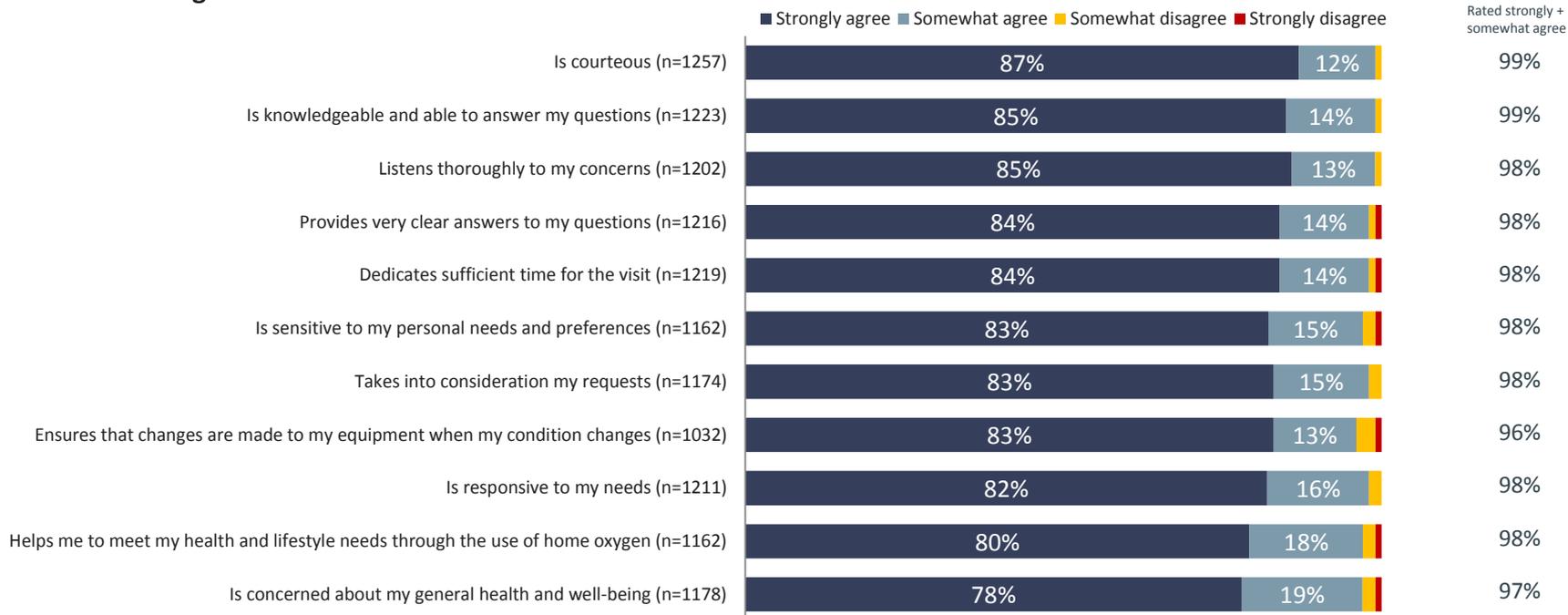
### Did the RRT/nurse create a formal plan of care?



Q21. Has a respiratory therapist or nurse ever talked with you to understand what your health and lifestyle needs and goals were with regard to using home oxygen therapy?; Q22. Has a respiratory therapist or nurse ever developed a formal plan of care for you to reach your health and lifestyle needs and goals? Base: All Clients (n=1335).

- The vast majority of clients provide exceptionally positive ratings for the RRT(s) or nurse(s) who visited their home across all service domains with about 80% or more saying they strongly agree with most statements.

### Rating of RRTs or nurses

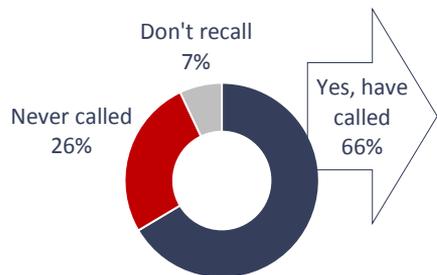


\*Values <4% not labelled. Base excludes Don't know/don't recall responses for each item.

23. Thinking about your experiences with the respiratory therapist or nurse who has visited your home, please rate how much you agree or disagree with each of the following sentences. Base: Valid Respondents – excluding no responses/do not remembers (bases vary due to don't recall responses)

- Two-thirds of clients (66%) have called their home oxygen company since starting home oxygen therapy. Of these, over half have called one to two times, while 43% have called three or more times. The primary reasons for calling were for extra supplies (70%) and for help with equipment problems (47%).
- Almost all clients provided positive ratings of call staff, with at 73% to 89% stating they 'strongly agree' with each of the following statements below.

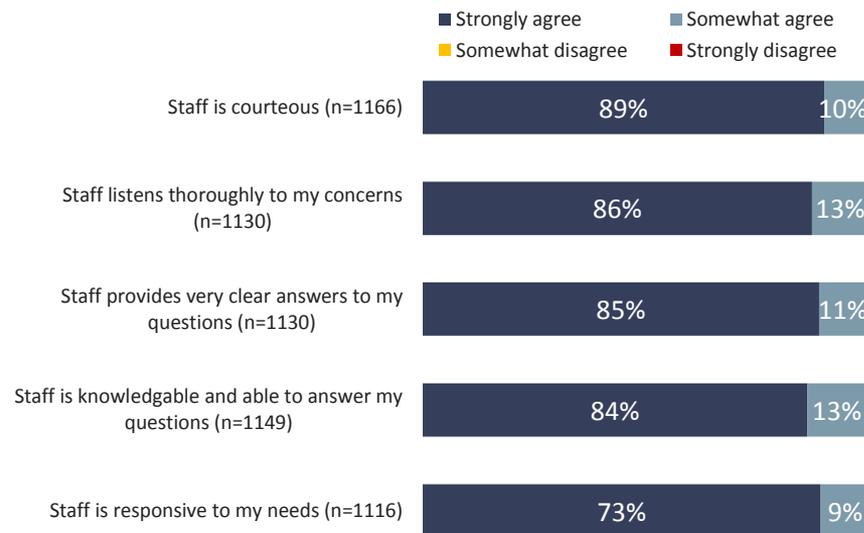
## Called service company for assistance



# of times called	Among those who called N=884
1 – 2 times	57%
3 – 4 times	21%
More than 4 times	22%

Reasons for calling – OPEN-END (<3% not shown in table)	Among those who called N=884
Required extra supplies such as oxygen cylinders or tubing	70%
Experiencing problems with equipment	47%
Asked questions about issues with safety in using the equipment	9%
Ran out of oxygen and required an emergency refill	9%
Wanted a more portable/smaller/not as heavy device	5%
Other	3%

## Rating of staff on calls

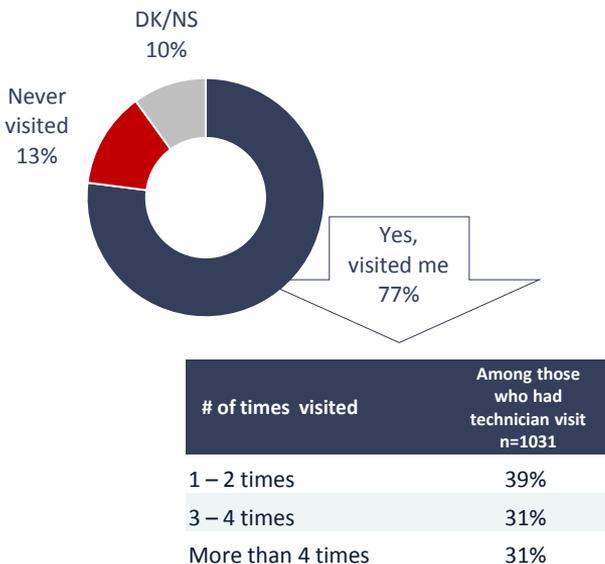


\*Base excludes Not applicable/Don't recall responses for each item.

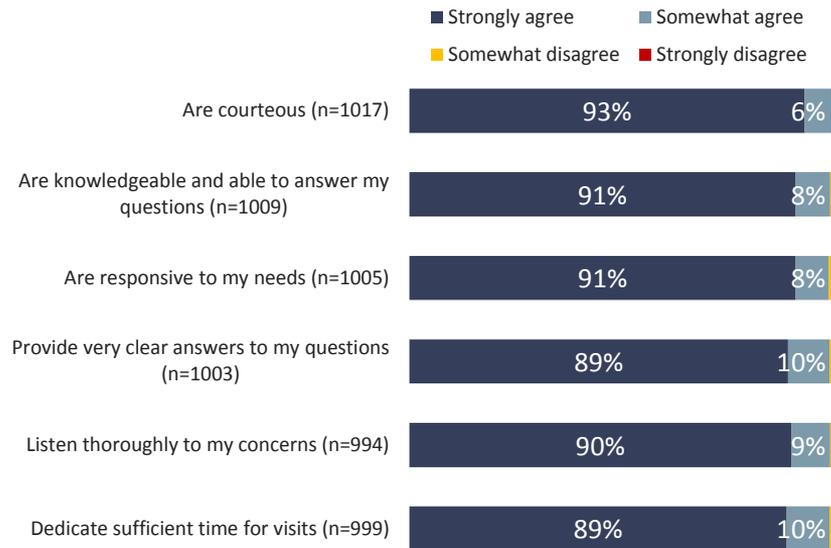
Q28. Since you started home oxygen therapy, how many times, if any, have you called your home oxygen services company to ask for assistance? Base: All Clients, n=1335; Q29. Why did you call your home oxygen services company? OPEN-END Base: Clients who called home oxygen services company to ask for assistance, n=884; Q30. Thinking about your experiences when calling your current home oxygen services company, please rate how much you agree or disagree with each of the following sentences about the staff who answers your calls. Base: varies by statement.

- Three-quarters of clients (77%) have had a service technician visit them in their home. Of these, 39% said that a technician visited one to two times, while almost two-thirds (62%) noted three or more times.
- Clients are extremely satisfied with the service provided by service technicians, with a minimum of 89% saying they strongly agree with each statement below.

### Service technician visits



### Rating of service technicians



\*Base excludes Not applicable/Don't recall responses for each item.

Q31. Since you started home oxygen therapy, how many times has a service technician come to visit your home to check on the status of your equipment? Base: All clients (n=1335) Question was rebased to the total to determine proportion that had received a visit from a technician; Q32. Thinking about your experiences with the service technician(s) from the home oxygen services company, please rate how much you agree or disagree with each of the following sentences. Base: varies by statement.

- The majority of clients (93%) rate their overall experience with their home oxygen services company as ‘excellent’ (69%) or ‘very good’ (24%).
- Similarly, a majority of clients (96%) indicate they definitely or probably would recommend their current home oxygen services company to family or friends.

### Rating of overall experience and likelihood to recommend



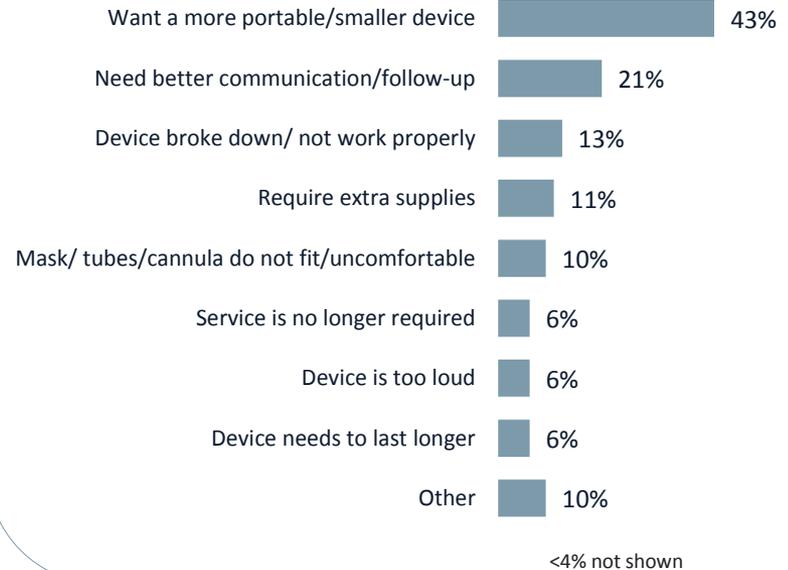
Q33. How would you rate your overall experience with the home oxygen services company that currently provides your home oxygen? Base: Clients (n=1285) excludes Don't knows; Q34. Would you recommend your current home oxygen services provider to a close friend or family member if they needed similar services? Base: Clients (n=1284) excludes Don't knows.

- Nearly nine in ten clients report that their home oxygen services company is meeting all of their home oxygen therapy needs.
- Of the five percent of clients who said their oxygen service company is not meeting their needs, nearly half indicate a need for a more portable or smaller device, while two in ten clients say they would prefer better communication or follow up from their oxygen service company.

### Is your home oxygen services company meeting all of your needs?



### Types of needs not being met (open-ended) n=63



Q35. Is the company that currently provides your home oxygen services meeting all of your home oxygen therapy needs? Base: All clients, n=1335

# Section 4. Impact on health care system

Effective



1. Time taken to initiate oxygen therapy meets needs of clients and the health care system

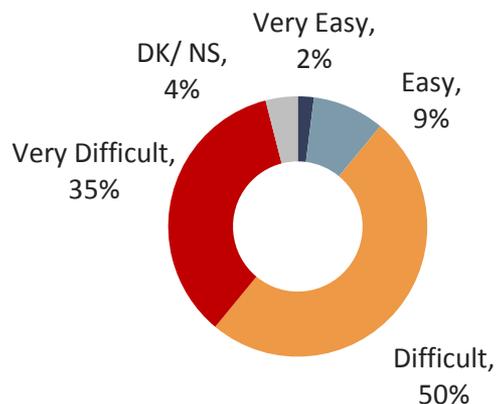
13. VoR communication with the client, and the prescriber and other HCPs involved in the care and management of the client:  
Ensures the safe and effective use of home oxygen therapy

Focused on population health



- Over eighty percent of clients report that using home oxygen has improved their daily life activities (45% a lot and 37% somewhat improved) and their ability to leave home comfortably (47% a lot and 35% somewhat improved).
- The impact of home oxygen therapy on daily living activities is greater for clients who reported having a *very difficult* or *difficult time* performing daily activities prior to being on home oxygen therapy.

### Difficulty performing daily living activities before home oxygen therapy



### Impact of home oxygen on daily living activities and leaving home comfortably

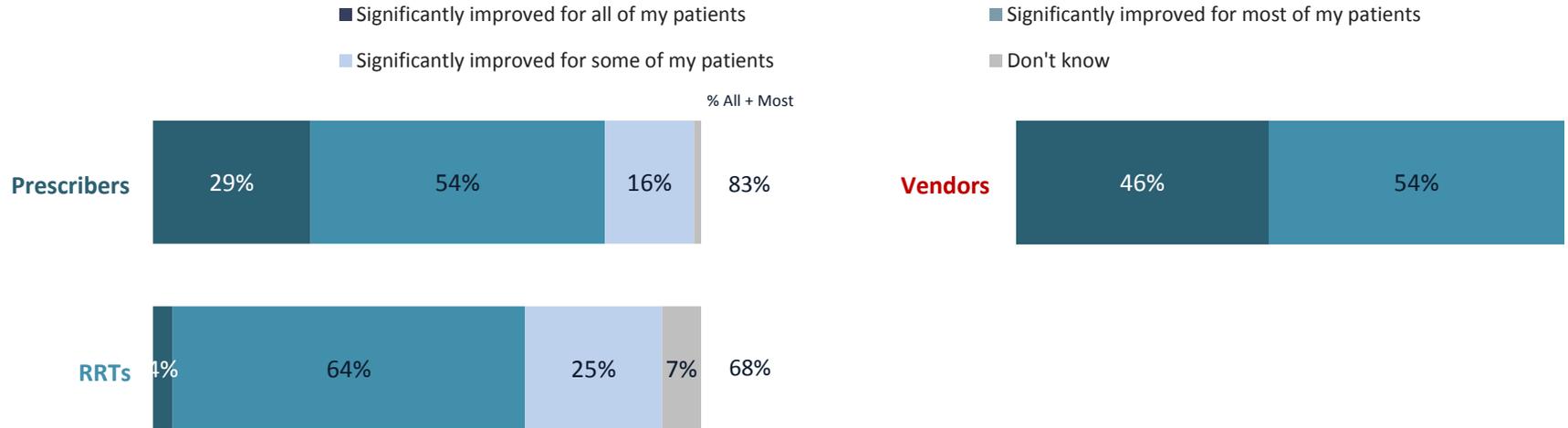
(% don't know not shown)		Total
Base		1335
Improvement of participation in daily living activities	A lot	45%
	Somewhat	37%
	A little	11%
	Not at all	3%
Base		1335
Improved ability to leave home comfortably	A lot	47%
	Somewhat	35%
	A little	11%
	Not at all	4%

Level of difficulty performing daily activities prior to home oxygen		
Very difficult	Difficult	Easy/very easy
472	664	152
54%	44%	33%
32%	43%	37%
10%	10%	18%
2%	2%	10%
472	664	152
54%	46%	36%
32%	38%	34%
10%	11%	18%
3%	4%	11%

Q24. Thinking about the time before you received home oxygen therapy at home, how difficult was it for you to perform daily living activities; Q25. How has using home oxygen therapy improved your level of participation in daily living activities?; Q26. And, how has using home oxygen improved your ability to leave your home comfortably, Base: All Clients, n=1335

- When asked if using home oxygen therapy has improved their patients' level of participation in daily living activities: 29% of prescribers and 4% of RRTs indicate it has significantly improved for *all* of their patients; 54% of prescribers and 64% of RRTs say it has improved for *most* of their patients.
- Almost half of vendors state that using home oxygen therapy has significantly improved for most of their clients.

### Perceived impact of home oxygen in improving patients' participation in daily living activities

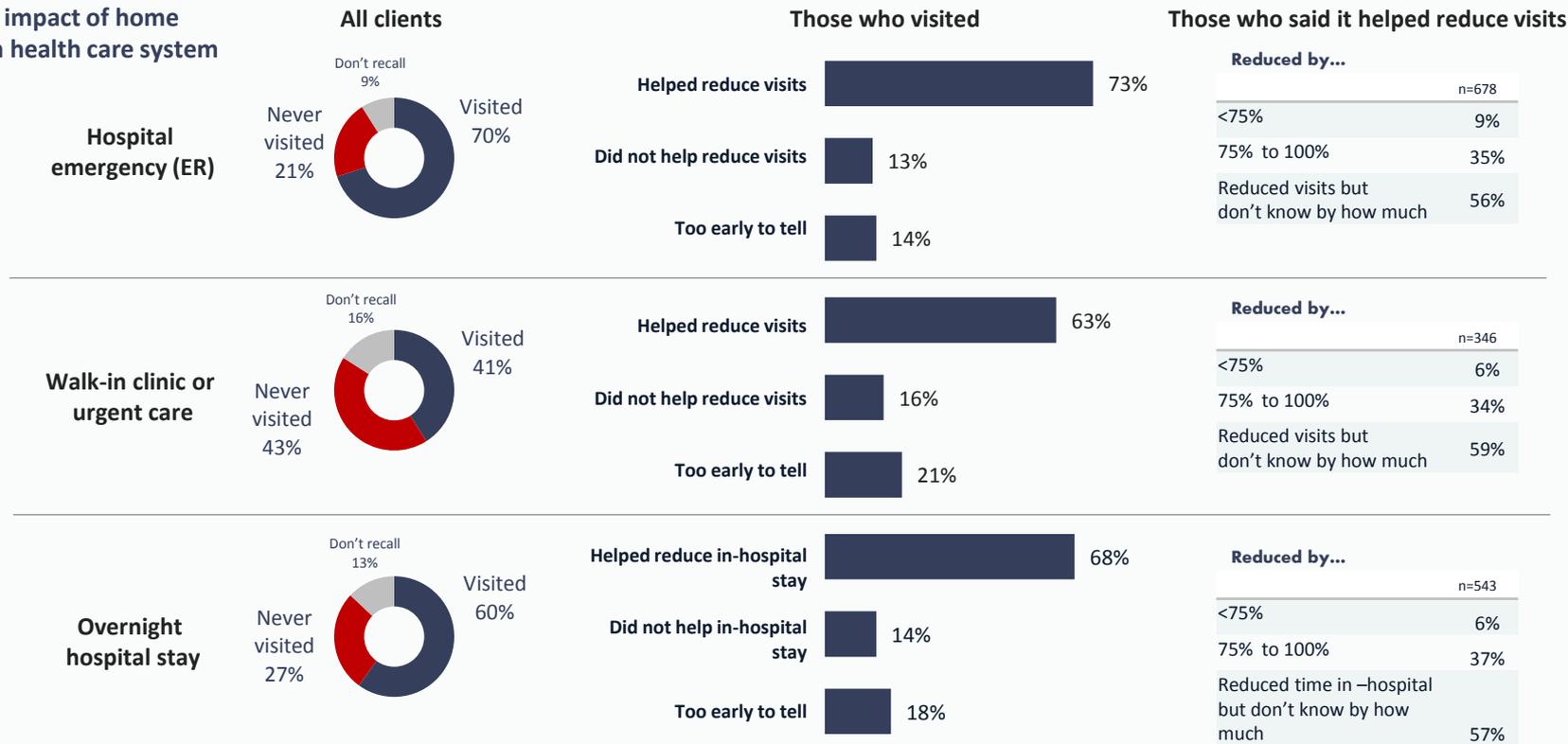


<3% not labelled

Q16. For your patients (excluding those on palliative care and those residing in long term care), has using home oxygen therapy improved their level of participation in daily living activities? Daily living activities are those that require effort and/or movement to do such things as cleaning your house, cooking, going for a walk or going shopping. Base: All respondents, Prescribers (n=80); RRTs (n=28). Q22. Same question wording as HCPs. Base: All Vendors (n=39)

- Overall, two-thirds to almost three-quarters of clients who have visited an ER, walk-in or urgent care clinic, or had an overnight hospital stay, say that the provision of home oxygen therapy has reduced their use: 73% say it has reduced their ER visits; 63% say it has reduced walk-in clinic visits; and 68% say it has reduced their overnight hospital stays.
- Of those who say it reduced their visits, about one-third are able to say that it reduced it by 75% to 100% percent.

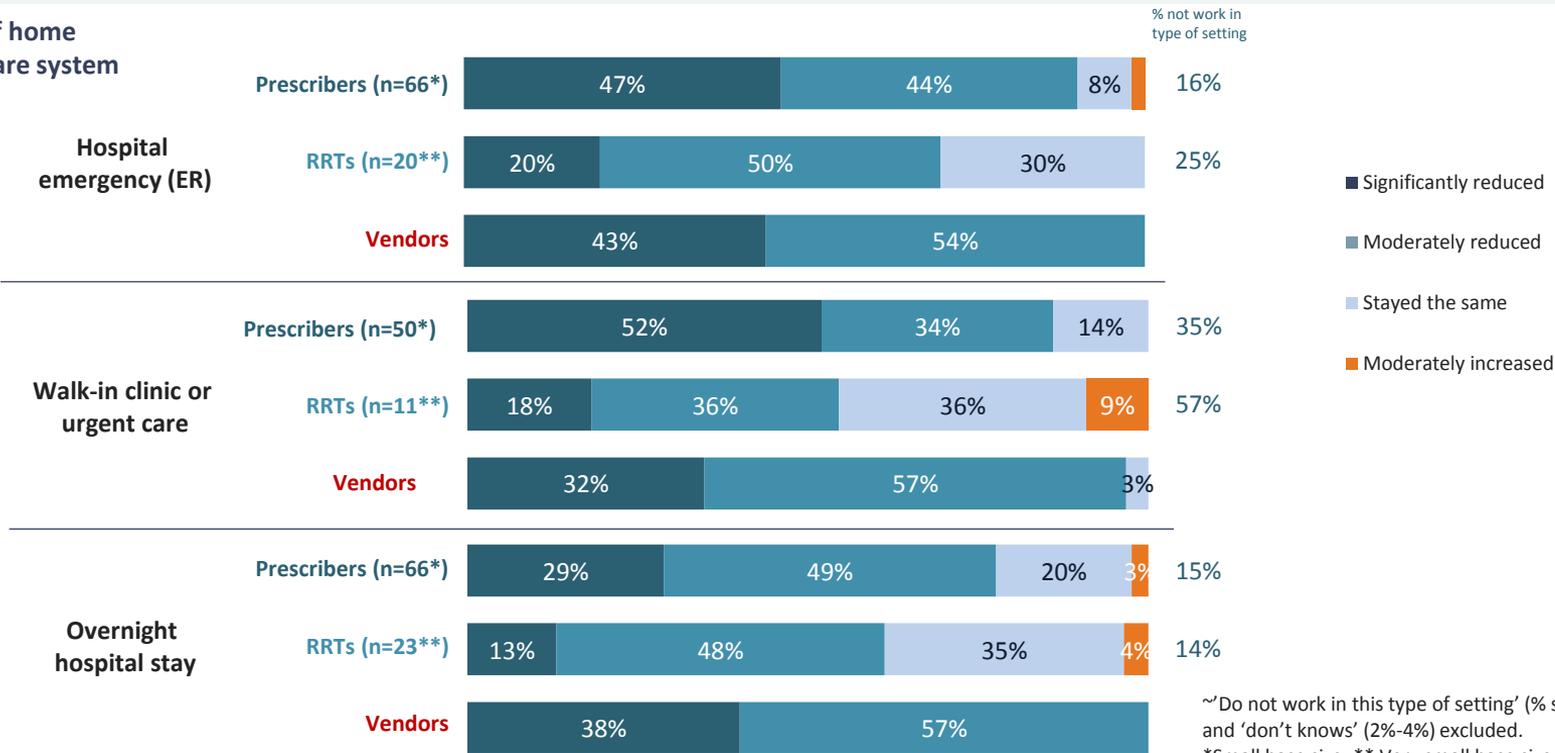
**Perceived impact of home oxygen on health care system**



Q27. Has using home oxygen therapy helped to reduce the number of times you visit any of the following healthcare services for difficulties in breathing. A) A hospital emergency department; B) Walk in clinic or urgent care centre; C) A hospital where you stayed overnight as a patient. Base : All clients, n=1335.

- Ninety-one percent of prescribers think that the provision of home oxygen therapy has significantly (47%) or moderately (44%) reduced visits to hospital emergency rooms. Eighty-six percent say it has significantly (52%) or moderately (34%) reduced walk-in clinic or urgent care visits. And 78% say that it has reduced overnight hospital stays (29% significantly).
- Vendors are less likely to say that it reduced walk-in clinic visits, but more likely to say it has reduced overnight hospital stays.

**Perceived impact of home oxygen on health care system**

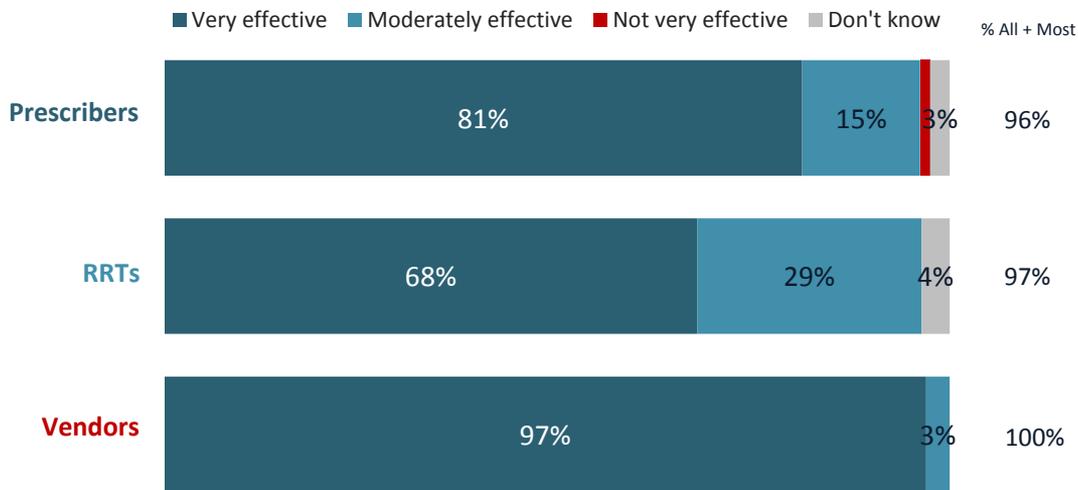


~Do not work in this type of setting' (% shown) and 'don't knows' (2%-4%) excluded.  
\*Small base size. \*\* Very small base size

Q15. Based on your experience with patients where you have..., to what extent has the use of home oxygen therapy including access to the Vendors' 24/7 emergency response service had an impact on the number of patient return-visits for health issues specifically related to oxygen needs? Base: All respondents, Prescribers (n=80); RRTs (n=28); Q20. Based on your experience with your clients, to what extent has the use of home oxygen therapy had an impact on the number of patient return-visits for health issues specifically related to oxygen needs? Base: Vendors (n=37)

- When it comes to home oxygen therapy helping to improve the health and quality of life of homecare clients, almost all HCPs believe it has been effective. The RRT respondents were are least likely to indicate this.

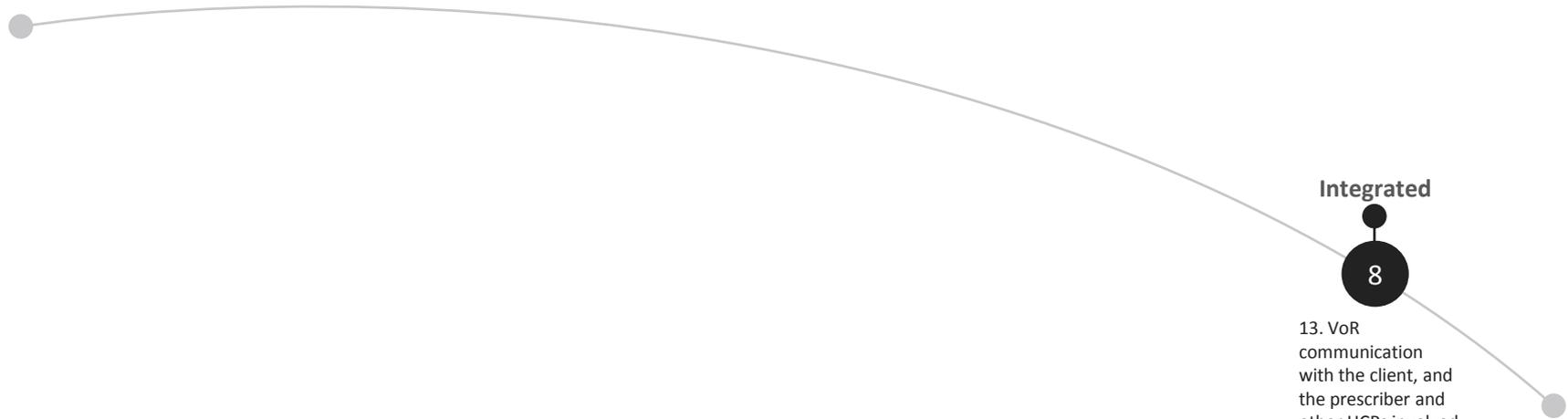
**Perceived impact of home oxygen on health and quality of life of homecare clients**



<3% not labelled

Q14. How effective do you think home oxygen therapy is at helping to improve the health and quality of life of home care clients? Base: All respondents, Prescribers (n=80); RRTs (n=28)

Q19. How effective do you think home oxygen therapy is at helping to improve the health and quality of life of home care clients? Base: Vendors (n=37)



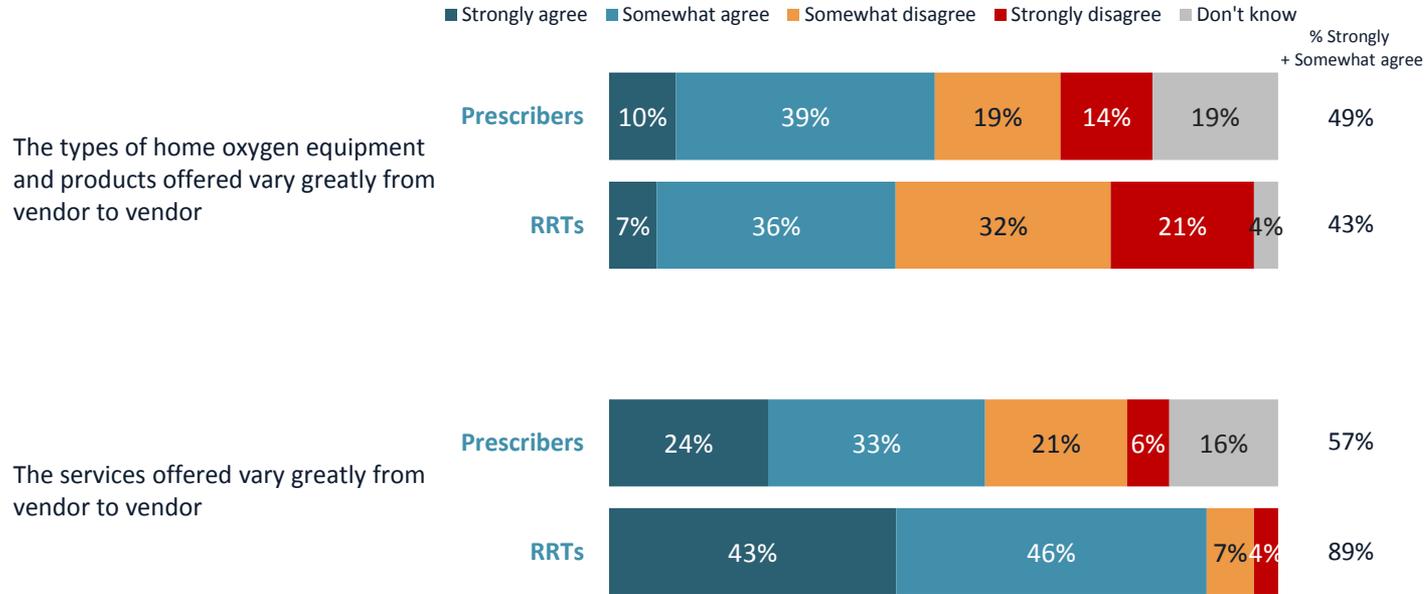
**Integrated**

8

13. VoR communication with the client, and the prescriber and other HCPs involved in the care and management of the client:  
Supports the care and management provided by the prescriber or other HCPs

- About half of prescribers agree that the types of home oxygen equipment and products and services vary greatly from vendor to vendor (49% and 57% respectively). RRTs are much more likely to say that services vary greatly (89% agree).

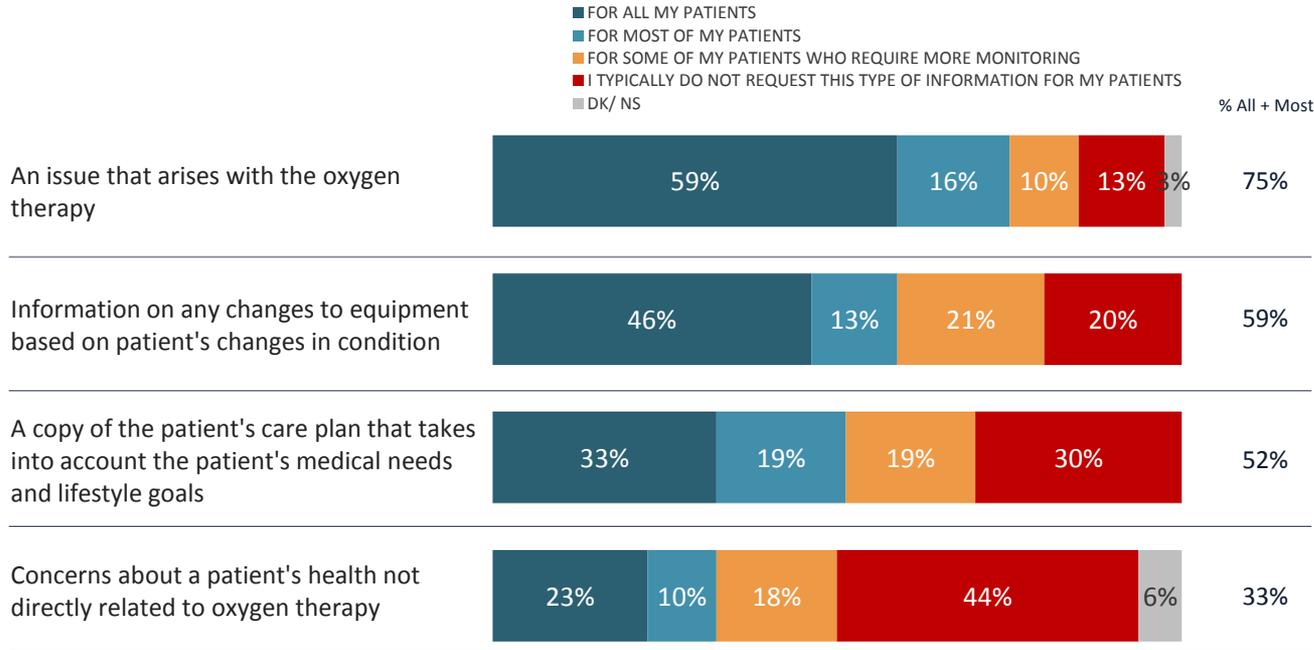
### Perceptions of variation in equipment and services of vendors (HCPs)



Q8.To what extent do you agree or disagree with each of the following statements? Base: All respondents, Prescribers (n=80); RRTs (n=28)

- Three-quarters of prescribers request information on an issue that arises with home oxygen therapy from the vendor(s) all or most of the time. Over fifty percent request information on any changes to equipment or a copy of the patient's care plan that takes into account the patient's medical needs and lifestyle goals. Only one-third request that vendors provide information about a patient's health not directly related to oxygen therapy.
- Overall, two-thirds request all four types of information about their patients.

### Prescribers' request for various types of patients information



NET - % of prescribers who chose no requests, 1 request, etc.

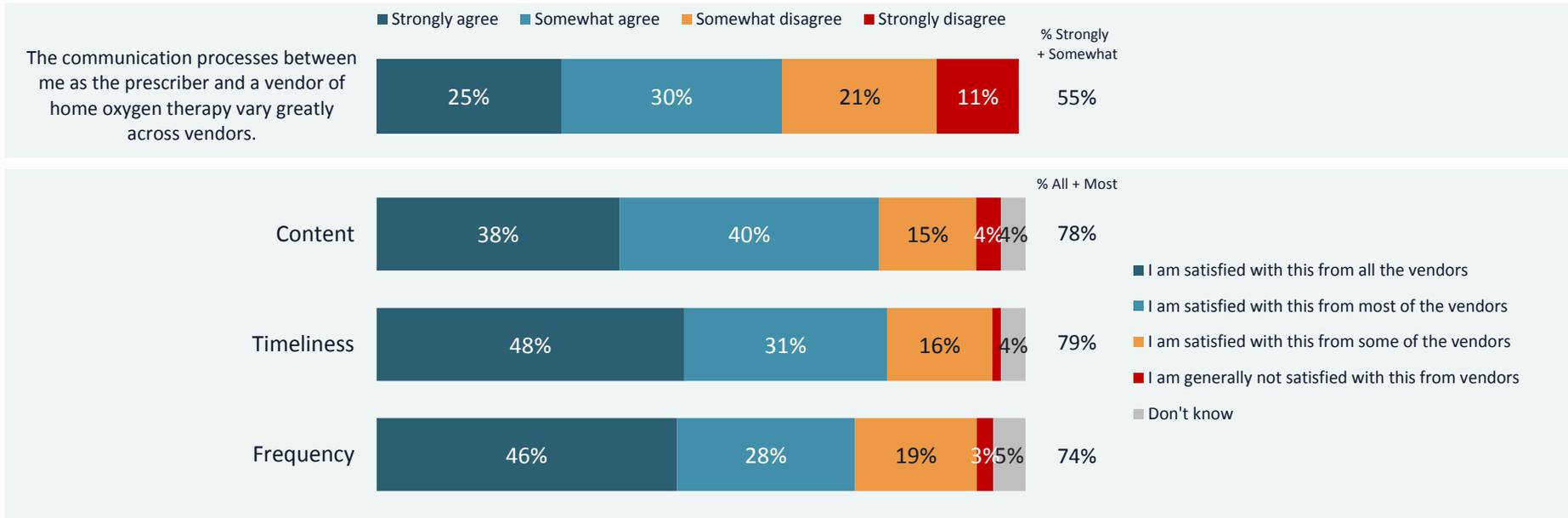
N=108

Request all 4 types of information	63%
Request 3 types only	15%
Request 2 types only	11%
Request 1 type only	9%
Request no information	3%

Q9. For what proportion of your patients receiving home oxygen therapy do you request the following information from the vendor(s) of home oxygen services?  
 Base: All respondents, Prescribers (n=80).

- Just over half of prescribers agree that communication processes with vendors vary greatly across vendors.
- That said, over three-quarters of prescribers report being satisfied with *all* or *most* of the vendors they work with in terms of the content, timeliness, and frequency of communications provided about their clients' care and condition. A small proportion express dissatisfaction with content (4%) and frequency of communications (3%).

### Prescribers' satisfaction with vendors regarding communications



Q10. With regard to the information you request from vendors, how satisfied are you with each of the following - content, timeliness, and frequency - in terms of communications about your client's care and condition? Base: All Prescribers (n=80)

- When communicating with prescribers, other regulated health professionals, and home care agencies, telephone call discussions on an as-needed basis is most common practice, followed by client-specific reports.
- The majority of larger vendors with more than one location also use formal care plans. Only 27% of vendors with one location utilize formal care plans, compared to 95% of larger vendors.

### Formats used to communicate with HCPs

	Formal care plans			Client-specific reports			Telephone call discussions as needed		
	Total	One location	More than one location	Total	One location	More than one location	Total	One location	More than one location
	(n=37)*	(n=16)**	(n=21)**	(n=37)*	(n=16)**	(n=21)**	(n=37)*	(n=16)**	(n=21)**
<b>Prescribers (physicians or nurse practitioners)</b>	68%	31%	95%	97%	94%	100%	100%	100%	100%
<b>Other regulated health professionals</b>	57%	25%	81%	78%	75%	81%	95%	88%	100%
<b>Home care agencies and their staff</b>	49%	13%	76%	73%	63%	81%	97%	94%	100%
<b>Our organization does not use this format</b>	30%	63%	5%	3%	6%	-	95%	-	-

Q9. Which of the following formats does your organization use to communicate with health care professionals involved in the care and management of your clients? Base: Vendors (n=37)

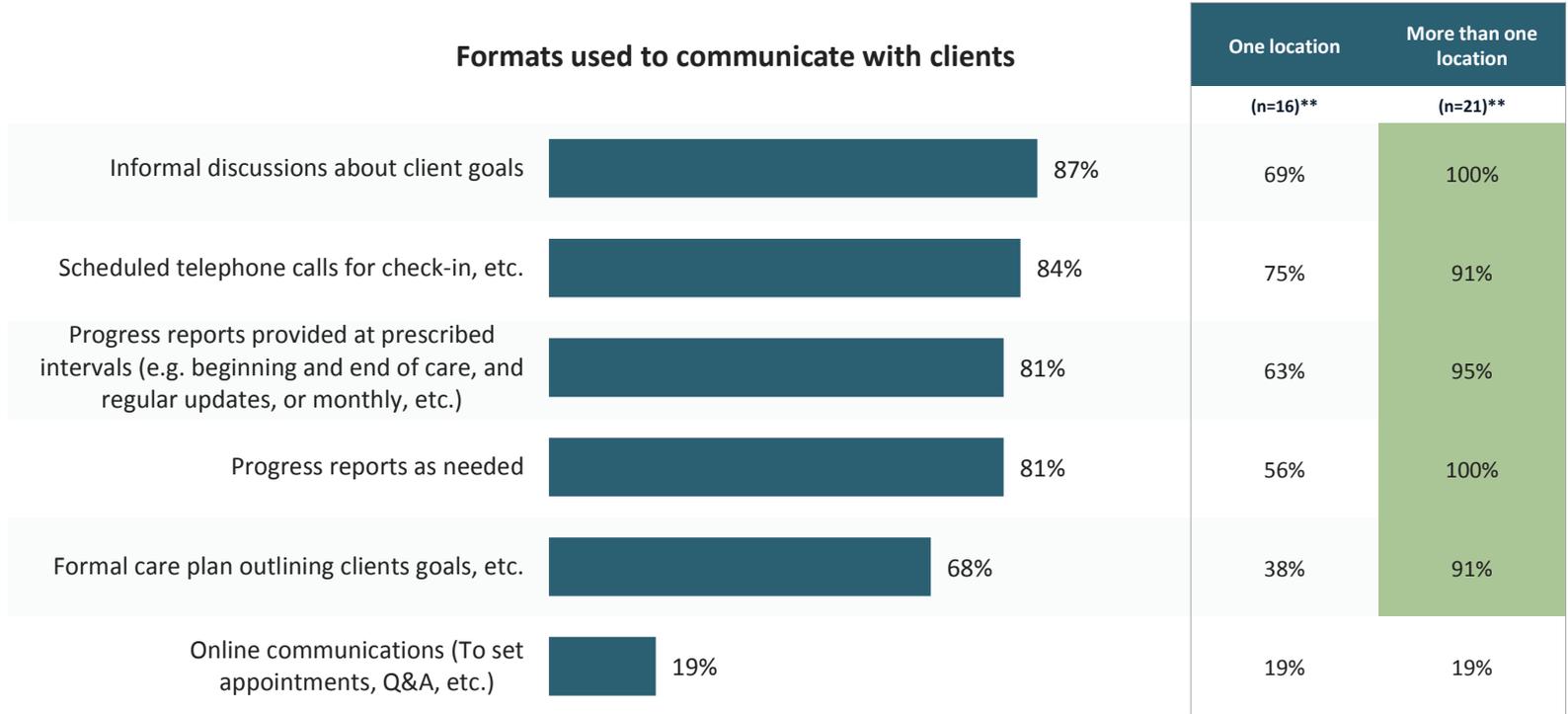
- Vendors are more likely to send all (64%) or most (22%) prescribers scheduled progress reports based on a schedule set by their own organization.
- Forty-seven percent send progress reports for some prescribers based on a schedule set by the prescriber, and 44% send progress reports only when required.

### Client specific reports – scheduled or unscheduled

	Scheduled progress reports based on a schedule <u>set by our organization</u>			Scheduled progress reports based on a schedule <u>set by the prescriber</u>			Progress reports <u>only when required</u>		
	Total	One location	More than one location	Total	One location	More than one location	Total	One location	More than one location
		(n=16)**	(n=21)**		(n=16)**	(n=21)**		(n=16)**	(n=21)**
<b>For all prescribers</b>	<b>64%</b>	53%	71%	<b>19%</b>	20%	19%	<b>11%</b>	27%	-
<b>For most prescribers</b>	<b>22%</b>	13%	29%	<b>22%</b>	20%	24%	<b>3%</b>	7%	-
<b>For some prescribers</b>	<b>6%</b>	13%	-	<b>47%</b>	33%	57%	<b>44%</b>	13%	<b>67%</b>
<b>Not applicable</b>	<b>8%</b>	20%	-	<b>11%</b>	27%	-	<b>42%</b>	53%	33%

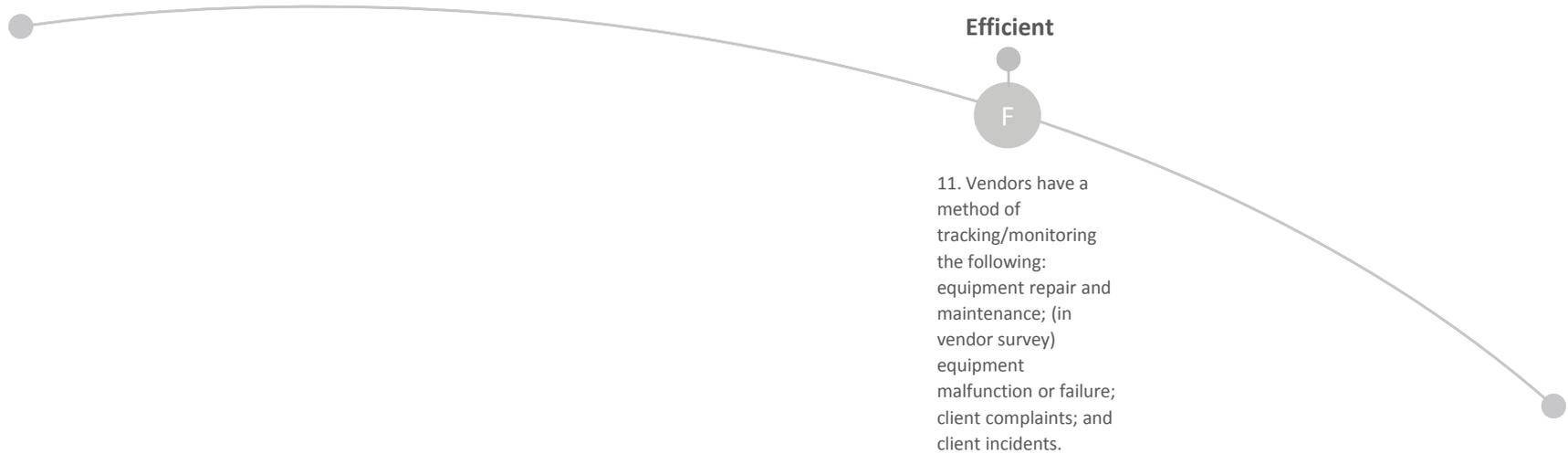
Q10. When does your organization provide client-specific progress reports to prescribers of home oxygen therapy?  
 You noted that your organization sends out progress reports only when required. Under what circumstances would your organization provide a progress report?

- The most widely used formats to communicate with clients are informal discussions about client goals (87%), scheduled telephone calls to check in (84%), and progress reports (81%) (both at prescribed intervals and as needed).
- Sixty-eight percent provide formal care plans outlining client goals. And few (19%) are currently using online communications.
- Larger vendor organizations tend to utilize all formats more, specifically formal care plans (91% vs. 38% of vendors that have only one location).



Q14. Which of the following formats does your organization use to communicate with your clients.

# Section 6. Vendor tracking and monitoring practices



- Larger vendor organizations tend to use spreadsheets to track items such as client incidents and clinical outcomes of patients, and use a customized database for tracking regulated health professional face-to-face visits and service technician visits. Most one-location vendors use paper-based tracking for these same four items.
- Client comments and ad hoc and check up phone calls from clients are recorded primarily on paper for a majority of vendors, small or large.

### Methods for tracking and monitoring client and equipment issues

	Client incidents			Client compliments			Clinical outcomes of patients			Ad hoc phone calls from clients (not related to items above)			Check-up phone calls made to clients			Regulated Health Professionals face-to-face visits			Service technician visits		
	Total	One location	More than one location	Total	One location	More than one location	Total	One location	More than one location	Total	One location	More than one location	Total	One location	More than one location	Total	One location	More than one location	Total	One location	More than one location
Spreadsheet, for example, Excel	38%	-	67%	3%	-	5%	38%	-	67%	3%	-	5%	5%	6%	5%	8%	13%	5%	3%	6%	-
Customized database	16%	19%	14%	11%	13%	10%	19%	19%	19%	22%	25%	19%	24%	31%	19%	60%	31%	81%	54%	19%	81%
Paper-based tracking	43%	75%	19%	78%	81%	76%	35%	63%	14%	62%	56%	67%	70%	63%	76%	32%	56%	14%	35%	56%	19%
Other format	3%	6%	-	3%	-	5%	-	-	-	8%	13%	5%	-	-	-	-	-	-	3%	6%	-
Do not collect information	-	-	-	5%	6%	5%	8%	19%	-	5%	6%	5%	-	-	-	-	-	-	5%	13%	-

Q16. Which of the following methods does your organization use to track and monitor client and equipment issues/incidents?

Safe

3

8. Clients receive equipment and service from VoR staff that are knowledgeable and up to date on the care and management of individuals requiring home oxygen therapy.

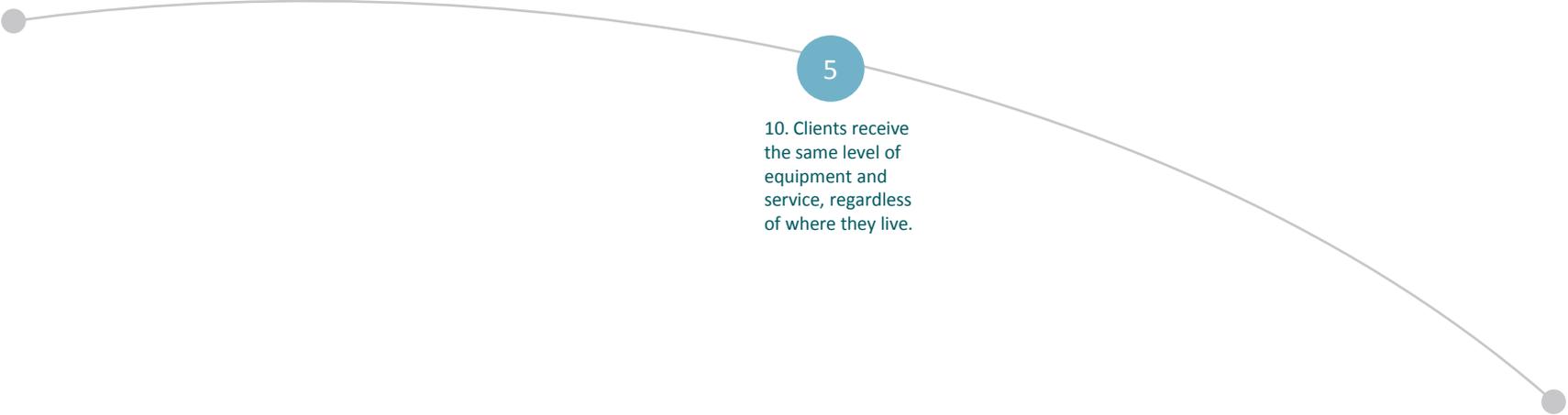
- The most common form of baseline training for all staff from the health professionals to administrative staff across all vendors is in-house demo training on equipment.
- As expected, larger organizations are able to provide more training opportunities for their staff.

### Training opportunities offered to staff for continuing training and education

	Regulated health professionals			Managers/management			Service / delivery technicians			Administrative and support staff		
	Total	One location	More than one location	Total	One location	More than one location	Total	One location	More than one location	Total	One location	More than one location
	(n=16)**			(n=16)**			(n=16)**			(n=16)**		
Host in-house demos on equipment	100%	100%	100%	92%	81%	100%	89%	75%	100%	92%	94%	95%
Provide funds for attending conferences	95%	94%	95%	92%	88%	95%	68%	56%	76%	68%	50%	81%
Provide in-house presentations for continuous learning	95%	94%	95%	87%	75%	95%	87%	75%	95%	84%	69%	95%
Access to e-learning modules	95%	94%	95%	89%	88%	91%	84%	75%	91%	87%	88%	86%
Provide funds for courses in respiratory or related care	87%	88%	86%	78%	75%	81%	54%	31%	71%	49%	25%	67%
Provide funds for courses in continuing education (general)	84%	75%	91%	81%	69%	91%	73%	50%	91%	84%	75%	91%
Pay membership fees or professional dues to professional associations	76%	69%	81%	73%	63%	81%	8%	13%	5%	41%	6%	67%
Subscription to medical/healthcare journals	32%	63%	10%	65%	50%	76%	14%	31%	-	16%	31%	5%

Q5. For each of the following employee categories, please select the types of opportunities currently offered to staff in terms of continuing training and education. Base: Vendors (n=37)

# Section 8. Equitable services across the province



## Equitable

5

10. Clients receive the same level of equipment and service, regardless of where they live.

- Findings suggest that while most vendors are generally meeting mandated levels of services, there is variation across providers. Specifically, certain regions appear to be providing services above and beyond what is required in the guidelines of the ADP model.
- For example, vendors in Southwestern Ontario are significantly more likely to send an HCP within the same day equipment is delivered (58%), while vendors in Champlain and Southeastern Ontario take slightly longer to send an HCP on average than other vendors.
- Southwestern vendors are also sending HCPs more frequently (31% at other times beyond the 3 and 9 month marks) than most other vendors.

	Total	Central	Central East	Central West	Champlain	Erie St. Clair	Hamilton Niagara Haldimand Brant	Mississauga Halton	North (East And West)	North Simcoe Muskoka	South East	South West	Toronto Central	Waterloo Wellington
Base	(n=1335)	(n=93)* (A)	(n=148) (B)	(n=45)* (C)	(n=122) (D)	(n=87)* (E)	(n=175) (F)	(n=45)* (G)	(n=130) (H)	(n=90)* (I)	(n=70)* (J)	(n=167) (K)	(n=33)* (L)	(n=99)* (M)
<b>Soon after home oxygen services company first delivered equipment, did a RRT/nurse visit to assess your health/equipment?</b>														
Yes	88%	87%	90%	82%	87%	90%	91%	91%	87%	86%	90%	87%	82%	92%
Base	(n=1179)	(n=81)*	(n=133)	(n=37)*	(n=106)	(n=78)*	(n=160)	(n=41)*	(n=113)	(n=77)*	(n=63)*	(n=146)	(n=27)**	(n=91)*
<b>When did the RRT/nurse visit?</b>														
Visit same day equipment was delivered	39%	36% <sub>GJ</sub>	35% <sub>GJ</sub>	38% <sub>GJ</sub>	26%	47% <sub>DGJ</sub>	42% <sub>DGJ</sub>	17%	42% <sub>DGJ</sub>	43% <sub>DGJ</sub>	14%	58% ABCDEFGHIJM	44%	44% <sub>DGJ</sub>
Visit within two to three business days	37%	41%	39%	43%	37%	30%	41% <sub>K</sub>	56% <sub>DEHK</sub>	30%	35%	48% <sub>EHK</sub>	29%	26%	44% <sub>HK</sub>
Visit more than three business days	8%	-	8% <sub>A</sub>	11% <sub>AM</sub>	19% ABEFGIKM	3%	6% <sub>A</sub>	5% <sub>A</sub>	12% <sub>AEM</sub>	7% <sub>A</sub>	16% <sub>AEFM</sub>	8% <sub>A</sub>	7%	2%
Base	(n=1335)	(n=93)*	(n=148)	(n=45)*	(n=122)	(n=87)*	(n=175)	(n=45)*	(n=130)	(n=90)*	(n=70)*	(n=167)	(n=33)*	(n=99)*
<b>Other points at which RRT/nurse visited</b>														
At 3 months	65%	53%	64%	49%	70% <sub>AC</sub>	70% <sub>AC</sub>	70% <sub>ACL</sub>	62%	72% <sub>ACL</sub>	64%	64%	62%	52%	73% <sub>ACL</sub>
At 9 Months	18%	18%	19%	24%	16%	20%	20%	9%	15%	16%	24% <sub>G</sub>	18%	15%	19%
At other times	20%	20%	24% <sub>DGH</sub>	16%	12%	20%	19%	9%	15%	20%	20%	31% <sub>CDFGH</sub>	21%	22% <sub>D</sub>

Note: Don't recall/Don't know not shown in table

Q18. Soon after the home oxygen services company first delivered the home oxygen equipment to your home, did a respiratory therapist or nurse come to visit you to assess your health and if you had the right equipment? Base: All clients (n=1335); Q19. On the first visit, did the respiratory therapist or nurse ...? Base: Respiratory therapist or nurse come to visit home n=1179; Q20. At what point(s) did a respiratory therapist or nurse visit you to review your health status and progress in reaching your goals? Base: All Clients, n=1335.

- There is some variation among vendors across regions in terms of the extent to which RRTs or nurses speak to clients to understand their health and lifestyle needs and goals with regard to using home oxygen therapy. Clients from the Central West region are less likely to report that their RRT/nurse did so.
- Clients from Champlain and Hamilton/Niagara/Haldimand/Brant are less likely than clients from other regions to have had a formal care plan developed with an RRT/nurse.

	Total	Central	Central East	Central West	Champlain	Erie St. Clair	Hamilton Niagara Haldimand Brant	Mississauga Halton	North (East And West)	North Simcoe Muskoka	South East	South West	Toronto Central	Waterloo Wellington
Base	(n=1335)	(n=93)* (A)	(n=148) (B)	(n=45)* (C)	(n=122) (D)	(n=87)* (E)	(n=175) (F)	(n=45)* (G)	(n=130) (H)	(n=90)* (I)	(n=70)* (J)	(n=167) (K)	(n=33)* (L)	(n=99)* (M)
<b>Did the RRT/nurse talk about to you about your health and lifestyle needs?</b>														
Yes	<b>76%</b>	71%	78% <sub>C</sub>	<b>58%</b>	70%	82% <sub>C</sub>	75% <sub>C</sub>	80% <sub>C</sub>	<b>82%<sub>ACDK</sub></b>	80% <sub>C</sub>	80% <sub>C</sub>	72%	76%	77% <sub>C</sub>
<b>Did the RRT/nurse create a formal plan of care?</b>														
Yes	<b>23%</b>	30% <sub>DF</sub>	22%	20%	<b>16%</b>	31% <sub>DF</sub>	<b>19%</b>	22%	26% <sub>D</sub>	24%	23%	23%	15%	27% <sub>D</sub>

Note: Don't recall/Don't know not shown in table

Q21. Has a respiratory therapist or nurse ever talked with you to understand what your health and lifestyle needs and goals were with regard to using home oxygen therapy?; Q22. Has a respiratory therapist or nurse ever developed a formal plan of care for you to reach your health and lifestyle needs and goals? Base: All Clients, n=1335.

- While there are very low negative ratings provided by clients across regions, there is some variation in terms of positive ratings. Clients within Erie St. Clair, North, North Simcoe Muskoka, South East, and South West give more 'excellent' scores than clients in other regions.
- Clients from Central West and Toronto Central are less likely than clients in other regions to recommend their providers than clients in other regions.

	Total	Central	Central East	Central West	Champlain	Erie St. Clair	Hamilton Niagara Haldimand Brant	Mississauga Halton	North (East And West)	North Simcoe Muskoka	South East	South West	Toronto Central	Waterloo Wellington
Base	(n=1335)	(n=93)* (A)	(n=148) (B)	(n=45)* (C)	(n=122) (D)	(n=87)* (E)	(n=175) (F)	(n=45)* (G)	(n=130) (H)	(n=90)* (I)	(n=70)* (J)	(n=167) (K)	(n=33)* (L)	(n=99)* (M)
<b>Overall experience with home oxygen services company</b>														
Excellent	66%	63%	64%	51%	59%	74% <sub>CDGL</sub>	66%	53%	72% <sub>CDGL</sub>	74% <sub>CDGL</sub>	76% <sub>CDGL</sub>	73% <sub>CDGL</sub>	49%	62%
Very good	23%	24%	22%	22%	27% <sub>K</sub>	23%	24%	33% <sub>K</sub>	21%	19%	20%	17%	21%	28% <sub>K</sub>
Good	5%	4%	5%	20%	7% <sub>E</sub>	1%	5%	4%	4%	3%	1%	5%	18%	5%
Fair	2%	3%	2%	-	2%	-	1%	4% <sub>FI</sub>	1%	-	1%	1%	6% <sub>EFHI</sub>	2%
Poor/Very Poor	0%	-	1%	2% <sub>F</sub>	-	-	-	2% <sub>F</sub>	1%	-	-	2%	3% <sub>BFH</sub>	-
<b>Likelihood to recommend current home oxygen services company</b>														
Definitely would	79%	75%	80% <sub>CL</sub>	60%	78% <sub>C</sub>	85% <sub>CL</sub>	79% <sub>C</sub>	73%	83% <sub>CL</sub>	84% <sub>CL</sub>	81% <sub>C</sub>	83% <sub>CL</sub>	64%	79% <sub>C</sub>
Probably would	13%	14%	12%	22% <sub>K</sub>	16% <sub>K</sub>	12%	16% <sub>K</sub>	16%	12%	12%	13%	8%	18%	14%
Not sure	3%	3%	4%	11% <sub>DEFHIJK</sub>	3%	-	2%	9% <sub>EFHIK</sub>	2%	-	1%	1%	12%	3%
Probably would not	1%	2%	1%	-	-	-	-	-	1%	-	-	1%	-	1%
Definitely would not	0%	-	1%	2% <sub>F</sub>	-	-	-	-	-	-	1%	1%	3% <sub>FH</sub>	-

Note: Don't recall/Don't know not shown in table

Q33. How would you rate your overall experience with the home oxygen services company that currently provides your home oxygen? Base: Clients, 1335; Q34. Would you recommend your current home oxygen services provider to a close friend or family member if they needed similar services? Base: Clients (n=1335)

- There is little variation across regions in terms of home oxygen services companies meeting the needs of clients, with the exception of Champlain and Toronto Central, where clients are more likely to say their home oxygen therapy needs are not being met by their current provider.
- Clients from Erie St. Clair and the North are more likely to say their home oxygen provider is meeting their needs.

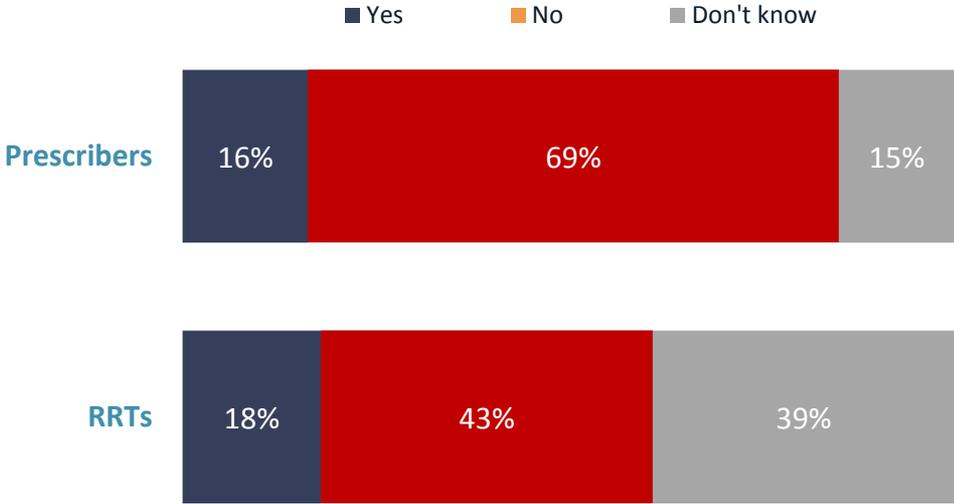
	Total	Central	Central East	Central West	Champlain	Erie St. Clair	Hamilton Niagara Haldimand Brant	Mississauga Halton	North (East And West)	North Simcoe Muskoka	South East	South West	Toronto Central	Waterloo Wellington
Base	(n=1335)	(n=93)*	(n=148)	(n=45)*	(n=122)	(n=87)*	(n=175)	(n=45)*	(n=130)	(n=90)*	(n=70)*	(n=167)	(n=33)*	(n=99)*
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
<b>Is your home oxygen services company meeting all of your needs?</b>														
Yes	89%	86%	90%	89%	86%	95% <sub>ADK</sub>	88%	93%	93% <sub>K</sub>	92%	93%	86%	88%	90%
No	5%	7% <sub>I</sub>	5% <sub>I</sub>	4% <sub>I</sub>	8% <sub>EHI</sub>	1%	6% <sub>I</sub>	4% <sub>I</sub>	2%	-	3%	6% <sub>I</sub>	9% <sub>EHI</sub>	6% <sub>I</sub>
Don't Know/Not Sure	6%	8%	5%	7%	6%	3%	6%	2%	5%	8%	4%	8%	3%	4%

Q35. Is the company that currently provides your home oxygen services meeting all of your home oxygen therapy needs? Base: All clients, n=1335

## Section 9. Perceptions of the new ADP VoR model

- Very few HCPS are aware that ADP introduced a new service delivery model for home oxygen therapy – the Vendor of Record for Home Oxygen Services.

Awareness of new service delivery model for home oxygen therapy

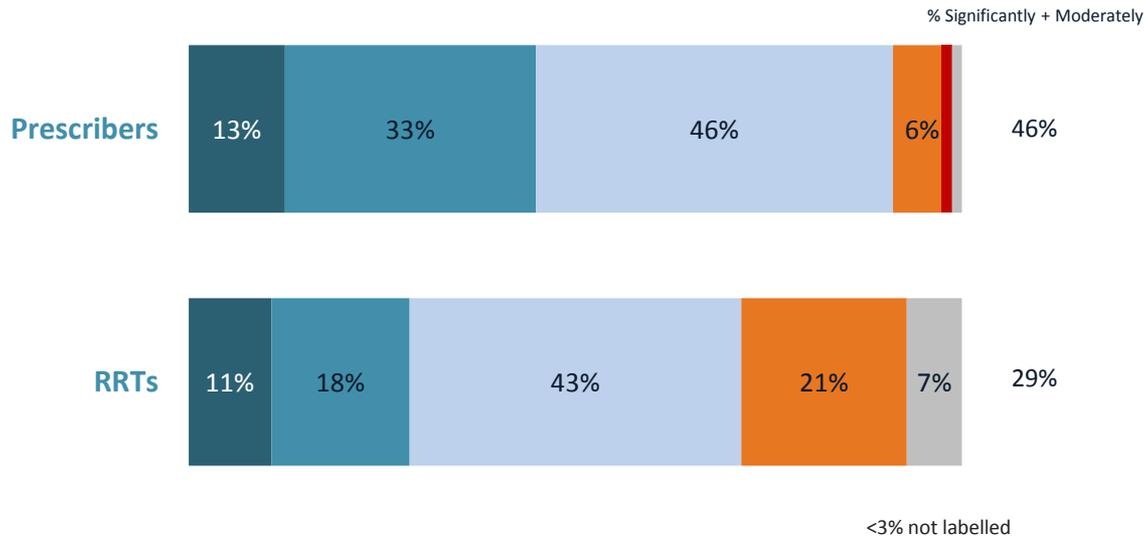


Q18. Are you aware that in 2010 the ADP introduced a new service delivery model for home oxygen therapy, which was the Vendor of Record for Home Oxygen Services? Base: All respondents, Prescribers (n=80); RRTs (n=28)

- Just under half of prescribers (46%) have recognized positive improvements in the quality of home oxygen services provided for their patients. The same proportion say nothing has changed, while 6% have noted a decline in services.
- Only 29% of RRTs have noticed any positive change, while 21% say they have noted a decline in the quality of vendor services.

### Awareness of changes in the quality of home oxygen therapy services

■ Significantly improved ■ Moderately improved ■ Stayed the same ■ Moderately declined ■ Significantly declined ■ Don't know



Q17. Over the past five years, have you noticed any changes in the quality of home oxygen therapy services provided for your patients? Base: All respondents, Prescribers (n=80); RRTs (n=28)

**More patient-focused, better service**

- I believe the current model has greater vendor accountability and is more patient-focused.
- I feel that the level of service provided is excellent due to the level of competition between vendors who compete based on service alone. We all strive to offer the best service we can with the most appropriate equipment possible and we are able to due that with the current model.
- I see the vendor of record model as superior to the prior model. I would encourage policy makers to consider the inherent advantages in a model in which vendors compete on service. Expansion of programs which interfere with this competition by creating financial or other relationships between prescribers, hospitals, and others of influence should be prevented. When vendors compete with the only incentive being the best care for our vulnerable, everyone wins, most importantly the oxygen-dependent individual.
- There is now more emphasis on more patient follow- up
- Better. Could always improve
- The current vendor of record service delivery model has improved from the previous service delivery model. The current service delivery model could further be improved by processing the data update forms in a more timely manner.

**More effective, more efficient**

- Much more effective
- Much more efficient
- It is efficient but does not always reflect needs of patient based on funding structure.

**No significant change**

- Similar model, continuously improving
- The care we provide our patients is no different
- In our experience specific to measuring the impact of the Vendor of Record expectations related to service delivery, our delivery model did not change. The Vendor of Record delivery model set clear expectations for quality and service that were already integral to the service delivery we provided and continue to provide.
- About the same
- No change was noted
- More streamlined still no accountability for lack of choice to patients
- Our delivery model has been very similar pre- and post-2010

**Other comments**

- Service goes down when funding is reduced.
- 1. Billing is much easier. 2. Palliative care funding application remains tedious 3. ADP should consider increasing the number of mandatory client visits required to ensure client safety, quality care and overall satisfaction.
- The one comparison is lack of the HRP program which helped to reduce ER admissions. The same program brought back would definitely reduce hospital transfers for LTC patients and also allow for earlier discharge and bed clearing from hospitals. The availability of IEA's has allowed clients access to oxygen when they otherwise could not have obtained for that criteria.
- There are guidelines that must be followed

61. With the growing business, we required a larger clinical department since 2010 and a full-time driver. All setups are completed by Clinical Staff and consistent frequent follow-ups / assessments. Larger referral base.  
Q23. How would you compare the current vendor of record service delivery model to the previous service delivery model, in place prior to 2010?

**Better service, competitive options and ability to choose means a more patient-centred approach**

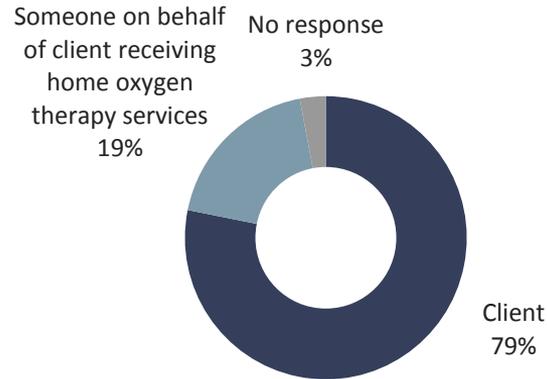
- Competitive
- There is no comparison with other areas that are tendered because price becomes the driver, not patient care. The client is always the one to suffer. Now if the client feels that they are not being cared for properly or being provided with the right or enough equipment they have the right to choose.
- The current VoR provides a superior service delivery model to other jurisdictions that I am familiar with. The model provides for equipment, case management and 24 hour service within a modest funding envelope.
- Ontario thinks more about the patient.
- Much higher level of service in Ontario
- ON could be considered as efficient with a service level adapted to patients' needs. Some other provinces have a lower service level putting patients more at risk.
- I understand that is better in Ontario than other provinces--as health care professionals visit the oxygen clients on a regular basis. Better health teaching to clients.
- From information on Stats Canada's website, it appears that the outcomes of Ontario's service delivery are some of the best.
- Most services in other jurisdictions do not provide all types of modalities, whereas our vendor of record does.
- It is much more fair, as it gives the consumer the right to choose their vendor. Service and care tend to be affected when there is no choice and no competition.
- Ontario vendor/patient delivery is superior to other provinces using non-funding delivery methods.
- The program is much better than other jurisdictions
- Optimal compared to most provinces, however, lacking in a clear nocturnal [?] qualifying process in Ontario.
- I would say we have a superior service delivery model compared to other jurisdictions.
- We need to collectively qualify patients non-invasively instead of invasively with an ABG. SpO2 is widely recognized and used to treat patients and prescribe O2.

**Most vendors were unable to provide a comment.**

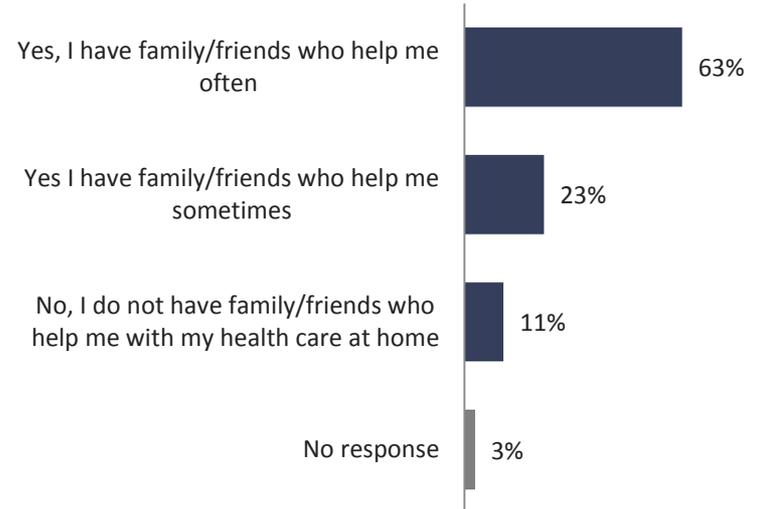
## Section 10. Respondent characteristics

- Home Oxygen Therapy Clients
- Healthcare Professionals(Prescribers/RRTs)
- Vendors

## Respondent type



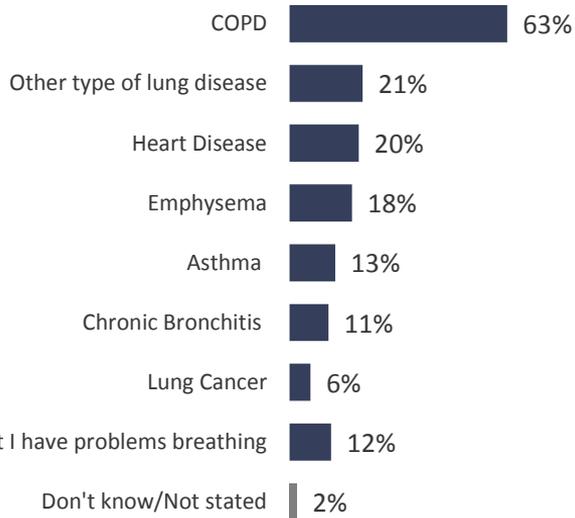
## Help with care at home



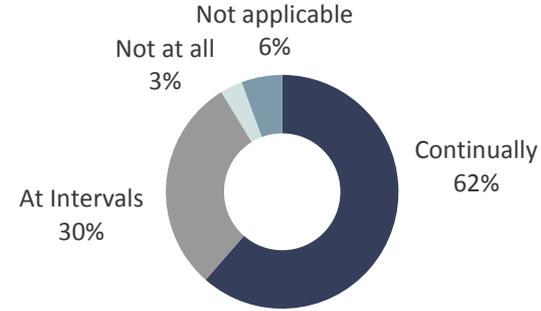
Q1: Please indicate if you are completing this survey... ; Q4. Do you have family or friends who help you with you health care at home? Base: All clients, n=1335

# CLIENT CHARACTERISTICS

## Type of condition



## Restricted by daily activities



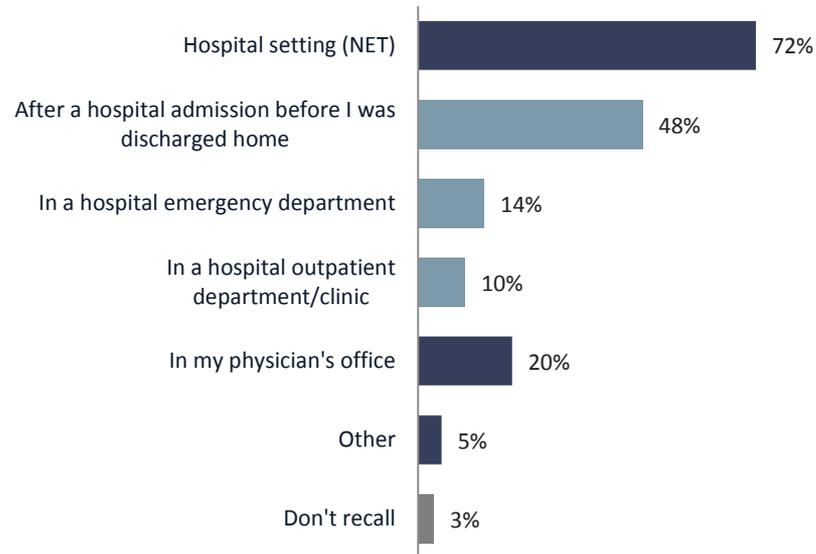
## Average time that clients receiving funding

Summary	Region				Size	
	Total	North	South	Both	One location	More than one location
	(n=37)*	(n=2)**	(n=19)**	(n=16)**	(n=16)**	(n=21)**
Mean	18.2	7.5	22.1	15.1	23	14.6
Median	14	7.5	18	14	15	14

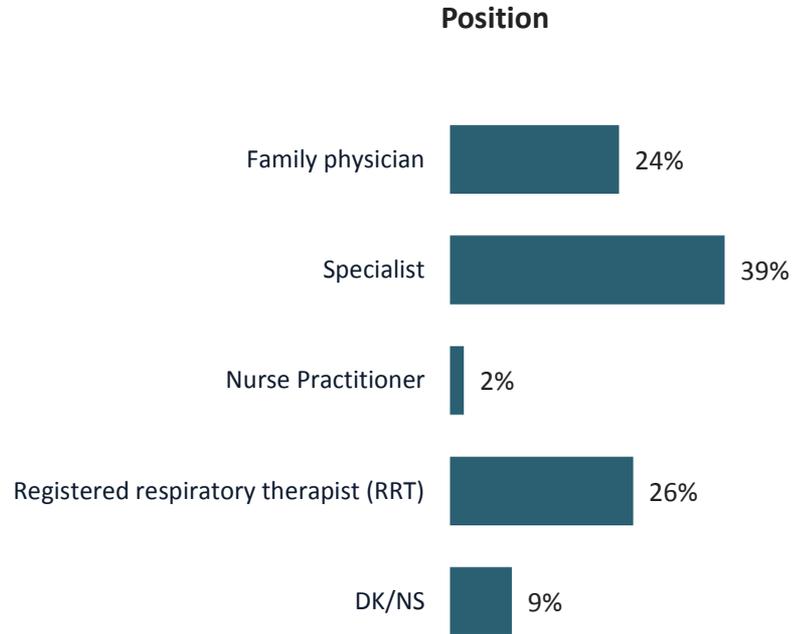
Q2. Please indicate which chronic condition(s) you have...; Q3. How often are you restricted in your daily activities due to chronic condition(s)? Base: All Clients, n=1335.

- Almost three-quarters of ADP clients were prescribed home oxygen in a hospital-based setting, while 20% were prescribed in a physician's office.
- Within a hospital-based setting, half were prescribed oxygen after a hospital admission (before discharge), 14% in a hospital ER, and 10% in a hospital outpatient department.

**Location first prescribed home oxygen therapy**



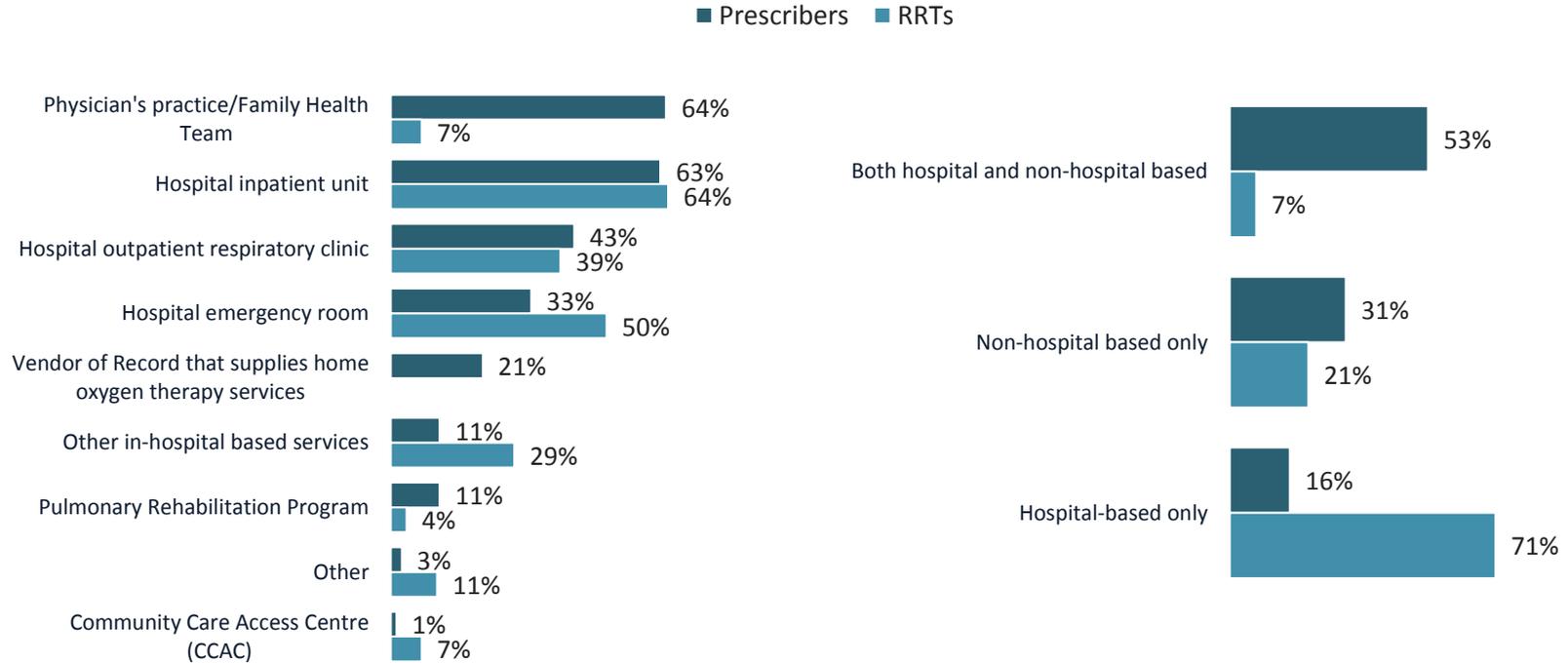
Q6. Where were you first prescribed home oxygen therapy?; Base: All clients n=1335.



Q1. Are you a...? Base: All respondents, Prescribers (n=80); RRTs (n=28);

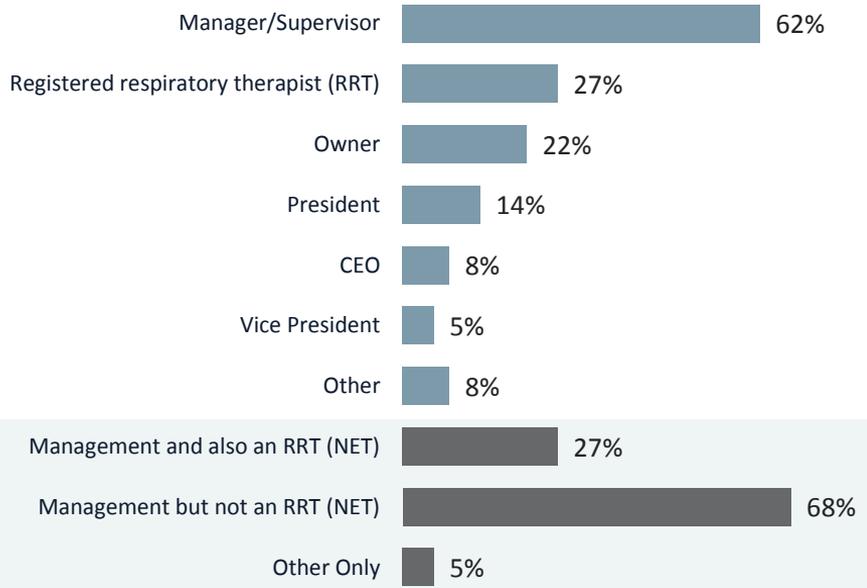
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# HEALTH CARE PROFESSIONAL CHARACTERISTICS

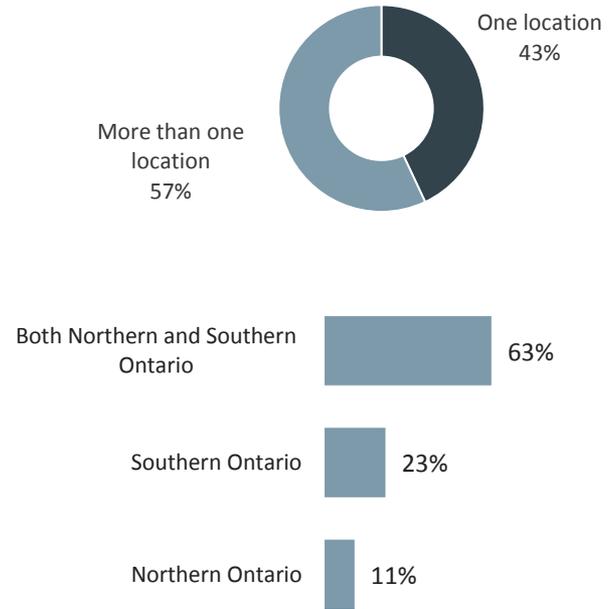


Q3. In which of the following location(s) do you work? Base: All respondents, Prescribers (n=80); RRTs (n=28)

## Respondent's position within organization



## Number of locations and regional location(s)



Q1. What is your role within the organization? Q2. Does your organization operate out of more than one location? Q3. Where in Ontario does your organization provide home oxygen services?

## Appendix: Additional open-ends

Ipsos Reid

1. AWARENESS OF VENDOR POLICIES TO ENSURE GREATER COLLABORATION
2. SUGGESTIONS FOR IMPROVING COLLABORATION BETWEEN VENDORS AND HCPS
3. SUGGESTIONS FOR IMPROVING CURRENT SERVICE DELIVERY MODEL
4. PROCESSES IN PLACE TO TRACK COMMUNICATIONS WITH HCPS ARE EFFECTIVE
5. OTHER TYPES OF CLIENT SERVICE ITEMS TRACKED BY VENDORS
6. PROCESSES IN PLACE TO TRACK THAT TRAINING AND EDUCATION OPPORTUNITIES OFFERED ARE EFFECTIVE
7. ADDITIONAL COMMENTS

- Some vendors communicate entirely on paper or by e-mail. The better ones - the **respiratory specialist takes the time to come to the office** and speak directly to me or my nurse. They appear to care more about the individual patients.
- I get mailed reports on testing done in the LTC facility or home. **Standard signage & teaching about safety**. Criteria for ordering on palliative care patients.
- Yes - various vendors have programs related to good management. They are often duplication of what we already do.
- ICC program; educational events
- The **hospital where I work collaborates closely with one home oxygen provider** which I find supplies the process of home oxygen setups, etc.
- No. All the vendors provide me with RRT assessments on my patients. All the vendors will make suggestions regarding type of equipment and home oxygen flow charts.
- Very **individual management and communication with health care professionals**. For example, home oxygen suppliers do not copy the respirologist but rather only the GP who often does not know what to do with the information.
- I am not sure about policies but I am satisfied with communication I get from vendors.
- Yes – in services
- Recently I was advised that some of the vendors no longer home ABGs to see if patients qualify. Rather they are using saturations. Why is there a double standard? if this is the case then I will use the providers who do not require ABGs as there is less cost to the system this way and less pain for the patient!
- Cme activities for both physicians and allied health when new technologies are available (i.e. aerobika, non-invasive ventilation, etc.) Provision of equipment (especially interfaces and BIPAP) in hospital to bridge patients prior to arrival of equipment from VEP. This expedites discharge. **Availability of home oxygen setups after hours and on weekends.**

**No Issues with Current Vendors**

- I have no concerns at all regarding my current single local vendor.
- Currently own area and running very well. I have no concerns or suggestions.
- I have excellent relationships with the various oxygen vendors I use.
- None, my vendors are doing a good job
- As a Director of a very large Respiriology Clinic and Pulmonary Rehab Program and a bundled care program for COPD, I have no problem as the collaboration is mainly delegated to our Programs' RRTs, Nurse educators etc. I do know that our patients get a lot more than they would get and need from [the] Vendor RRT alone. One would have to design a study or survey to compare patients such as ours and those with physicians in solo practice either primary or specialty.

**Importance of good communication:**

- For high volume prescribers, having a clear method of preferred communication (email, phone, etc) for the vendor to use. The manager at the office of the vendor I most often work with emails me directly with patient-care issues, allowing us to resolve them right away.
- Continue good communication about care plans & updates with comment. Let the RRT fill in the form for physicians.
- There is such variations in communication. We get download information on utilization of the treatment and three monthly updates from HCC.
- Talk about issues. Don't send me a paper or email - they get 'lost'.

**Reporting**

- Standardized reporting tools with timelines for feedback. Feedback should include o2 modality provided and rationale for the modality. Some patients would benefit from modalities that allow more freedom for mobility out of home and travel which is not offered all the time.
- Home oximetry needs to be done with appropriate oximeters/probes and printouts. The quality of these oximetries is not infrequently poor for pediatric patients.
- Increased reports i.e. 6 months.
- F. U. reports

**Offer a supported RRT service**

- We need a CCAC/MOHLTC supported RRT service that is organized by LHIN/lead hospital to provide complex respiratory care in homes.
- I feel strongly that support for RRT services should be provided by CCAC in management of complex respiratory patients. Having the input/expertise of RRT in management of these patients would be extremely helpful and may allow certain patients (especially those with chronic neuro disease, i.e. MS) to be managed in the community that would otherwise require institutional care.

**Other comments – no common themes.**

- Better awareness of actual service available. I usually just work 'Home O2' for patients upon d/c from hospital not about it.
- Provide periodic monitoring (e.g. 3 times/yr) of patients' oxygen saturation on Run Aid at rest or walking and during sleep.
- Align vendors within an integrated chronic disease management program.
- Outpatients: clearly indicate type of concentrator/portable oxygen prescribed & oxygen limits
- Most of my patients are with chronic care workers and nursing home thus I cannot answer this.
- Routine dissemination of the health care plan
- Standardized core plan. Mandatory notification of status and any changes.
- To manage my sleep patient I need 1] CPAP download from the CPAP machine including AHI on treatment; compliance level 2] I need to know overnight oxygen target to make sure my patients are at target for AHI; oxygen saturation and compliance.
- Offer home visits to those using CPAP compressors - for changes of pressure settings etc.
- If there is a Respirologist - it is imperative that we be included as these patients have serious gas exchange abnormalities that may require more frequent assessments + O2 delivery needs/changes e.g. liquid O2 is my biggest issue. re: POCs.
- I would love some education from vendors with regards to service; products; cost and patient issues. I am not very familiar with vendors (only ever used one vendor).

**Vendor coming to hospital:**

- Although vendors are mostly accommodating when asked, it is very separate from us qualifying the patient and what they will expect when they meet their vendors at home. Ideally, the vendors should meet the patient in hospital prior to discharge and do the workup/HOP forms. It would save the RRT a lot of wasted time in administration work trying to finalize home oxygen assessments.
- Vendors should provide more in-services to hospital based health care workers on the rules/regulations, as well as the kinds of services offered to patients. We often do not know the in/outs of what type of equipment is funded by the provinces, insurances..., this type of information would be greatly beneficial in adapting in-patients therapies to those patients who are going home with respiratory equipment, i.e: are heated humidifiers covered under ADP, what type of humidification systems are provided, how much money is allocated for supplies per year....
- I think the vendors should come to the hospital and show us their equipment and chat about new products and changes to guidelines. I have worked in the same setting for more than 20 years and I have only met the practitioners who work a couple of companies and certainly not all.
- We have a vendor in-house (hospital) so there is a good relationship. I can call with concerns that will generally be addressed the same day for patients in my pulmonary rehab program. This works well as fast attention to issues is important. Not sure what other organizations do.
- More clinical visits, assessments, clinically test pts on types of equipment that best suits them hospital based program to have continuity of care from hospital to home

**Better communication/sharing of information**

- Sharing data bases and allowing home oxygen vendors access to patients home oxygen assessments without too much paperwork and at no cost to anyone. Improve the planning with the patient for community disasters like power outage and communicate that plan to the respiratory therapists in the local hospital.
- Communication is probably the easiest method to improve collaboration between parties.
- To create a good rapport with therapists including physicians that assess patients for home oxygen therapy by having regular face to face communication which would include the possibility of education.

**Better communication/sharing of information (cont)**

- Online database for patients with home O2 prescriptions. When reading a patient's chart it can be very difficult or unclear whether or not the patient has home O2 or has had it prescribed in the past, the reason for discontinuation of home O2 and the prescription itself.
- Clarification about services they specifically provide as well as information regarding the transition from hospital to home (what equipment can leave the hospital and what equipment can the vendor provide in order to help getting the patient home without interrupted therapy).
- Make the HOP form electronic!
- Increased education and awareness, orientation to process of applying for and process of setting up home oxygen
- Case management meetings with HCP team members....including CCAC/MD or PA or NP, and hospital staff as relevant. Teleconferences/video conferences, meetings to initially determine flow of services....measure patient satisfaction with care and service....and provide feedback to vendors. Accountability agreements (service and products)
- The role of the healthcare professional often becomes blurred, as the vendor expects more and more from us (ie/ paper work, providing tank for transport, walk tests etc.) in an era where our resources are less and less.

**Other comments – no common theme identified**

- More variety and compact portable units
- We have a few vendors in my area that are extremely difficult to deal with. They are very competitive and are even willing to say horrible things about their competitors. I refuse to set my clients up with these vendors fearing they will not treat them well.
- It is sad that it is such a competitive market. Sometimes it is only money that drives the decisions of those who are referring a patient and not the overall picture, best choice, best for patient, etc. I wish there were stronger rules on marketing (like the pharmaceutical companies abide by) so the playing field was even.

**No suggestions:**

- No - currently very good & fast.
- No - working well at present.

**Portable options:**

- I think there should be more options for patients to choose portable devices. There are my lightweight but long lasting portable device. But we still only see liquid oxygen tank or the heavy tanks.
- Better information regarding options particularly for portable therapy, home refills portable ventilators etc. Better comment of efficiency of consumers services simplified form for HDP renewal process.

**Other comments from prescribers – no common themes identified**

- There are some vendors who never communicate or rarely do so. I suggest there be a list-removal system for vendors who do not communicate!
- Palliative patients often need treatment longer than is generally allowed. They get better/get worse. It is a shame to have to take them off.
- 1. Competition improves responsiveness; 2. Tend to support home oxygen vendors who help provide other more complex respiratory care; 3. Need to provide airvo/optiflow at home to reduce hospitalization.
- The idea of choice of vendor by a client is artificial - many doctors don't understand home oxygen prescription & want guidance from us. The same applies to patients. I only use those companies who can provide excellent care - expecting a patient who has never had O2 before to know this is unrealistic.
- The Ministry not rigidly apply the oxygen sat value in accepting or refusing a patient for oxygen. To allow physicians to provide clinical findings for slight variations.
- Oxygen prolongs life if used properly. Mostly patients are not using it properly. I think it is a very costly and wasteful resource the way it is currently being prescribed.
- Less paperwork
- Patient should have to accept some responsibility for their health, ie: abstain from smoking for at least 1-2 months before being eligible for home oxygen. PO2 criteria should be relaxed in some situations with documented improvement in QOL w/ home oxygen (ie PO2 <60 s corpulmonale but improved QOL/Borg index)

**Other comments from prescribers – no common themes identified (cont)**

- Patients do not have the ability to judge whether O2 service is appropriate. This is not a prescription drug and vendors are not pharmacies. Most patients and vendors don't realize that oxygen is prescribed. You don't adjust it up and at whom or not use the correct flow. Respiriologist should have some control over who cares for our patients.
- More availability to patients with exertional hypoxemia (less stringent criteria - more access to AOA).
- Allow in home assessments (Post initial assessment)
- Oxygen therapy needs to be more accessible - many more patients would benefit than qualify under the current system and it would decrease other health care costs as they would visit the GR less and be more independent.
- no more ABGs please
- 1. The vendors need constant reminder regarding the need for controlled oxygen for any patient who is a CO2 retainer and be supplied again with properly designed venturi masks (un like the one's currently available). 2. Any vendor who accepts an IPF patient as a client should have the broadest understanding and availability of very high flow systems, eg: OxyMask etc. I find variability and reluctance to invest in this. 3. RRTs in addition to Vendor RRTs must become part of the CCAC teams and bundled care teams and complement chronic disease management. 4. The system needs more emphasis and availability of better POC devices
- Model for pediatrics is very poor. 1. Pediatric-specific criteria for home O2 needs to be developed, using the advice of pediatric respiratory experts. 2. Criteria for renewal is unfair, as it's limitless for adult patients and needs to be done annually for pediatric patients, which is unfair to prescribers and clients. Some pediatric patients will improve, but some have permanent lung damage. There needs to be a box on the form to indicate the latter, in which case the original application and 1 renewal should suffice, as is the case for adult clients.
- Annual renewal is not necessary for many patients with chronic lung disease. If patient requalifies at one year, very unlikely that they will be able to be weaned off in the subsequent year.
- 1. Clear guidelines about a) criteria for home oxygen use, b) testing required to demonstrate criteria, c) what on-going testing is needed to continue to qualify 2. Establishing a relationship with a vendor(s) so they can contact the prescriber efficiently when issues arise with home oxygen 3. Having better access to testing and home oxygen is suburban/rural areas

**Comments from RRTs – No common theme identified**

- New smaller, lighter, length of usage increased, portable equipment available for patients to increase their ADL's cardiac patients need a guideline to qualify for home oxygen to enable them to have a better quality of life and decrease hospitalizations
- Allow Respiratory Therapists to prescribe oxygen as we do the and provide the recommendation and the physician just signs it usually implementing our recommendation for flow rates and how often it should be used. The criteria for home oxygen approval is sometimes not appropriate for some patients and there are no other options other than to suggest they pay for it, there should be an option of subsidizing the cost for those people who have moderate to severe SOBOE but oximetry remains within the acceptable limits. For these people their quality of life suffers greatly, decreases their mobility and increases their risk of hospital admissions or ED visits.
- I'm not sure that I have those answers (I wish I did). A system that put patient need before profits and margins would be ideal. A system that makes service a requirement and not an option would help to reduce the variability among oxygen vendors. Removing the conflict of interest inherent in home oxygen would also be ideal (referring to oneself and profiting from the referral).
- I find that often patients (who don't know any different) are automatically set up on "not so portable" systems - E cylinder with regular flow meter for going to appointments. This dramatically impedes their ability to get out of the house. Or...patients having higher O2 needs on exertion have insufficient flowrates with the equipment they are given to exercise. I think walking around the house to assess a person's exercise needs is insufficient. This leads to inadequate O2 delivery and the patient feels tired and so they don't ambulate enough to actually effect change in their health and QOL. I think a better, more thorough assessment of exertional needs should be done since pulmonary rehab and an ongoing exercise regime is really one of the most effective ways to reduce hospital admits and health care resources.

**Comments from RRTs – No common theme identified**

- I often seek out the ADP HOP policy on line myself. Is there any YouTube video etc that could be used to allow any HCP to view that would go over what is necessary to do to prescribe HOP in accordance with the policy? The walk tests requirements have been forever quite confusing and they are quite strict. Is there any YouTube video available to show how a proper walk test should be done in a health care setting? I have to figure it out myself from policy or asking around. Thank you
- Many companies rely on technicians (ie/ "drivers") to do the initial set-up of oxygen in the home. This is a time when I feel that the RRT is needed the most. To be able to assess the prescription in the home, exertional needs in the patients actual environment., etc. Many companies also do very little follow-up checks, and I find that the frequency of visits is becoming less and less.
- Pulmonary Rehabilitation needs to be given more attention. Funding, availability and easy access to which oxygen is available so that clients can better conserve their supply.
- Should be required to visit the patients at a more regular frequency, ie: every 2 or 3 months to ensure compliance, education, et
- More community collaboration Determine community process and outcome measures and set up PDSA cycles to address quality improvement cycles. Start talking across the continuum of care where the patient goes. I only ever see one vendor 'going above and beyond' for patients....so why would I recommend another company that inconsistently provides sub-service.... If there are more contracts with measurable outcomes, I would increase the number of preferred vendors on my list. Need much better communication....it is not JUST about making money on providing oxygen tanks. I desire to work with a vendor who can be in the home and communicate with our family health team in a way that helps the patient's quality of life.

**Discussions with HCPs**

- A weekly follow-up with the client to ensure that the change in treatment is working effectively. This is communicated to the healthcare professional both in writing and verbally.
- Constant contact with prescribers
- Informal discussions with prescribers

**Progress notes and communications are recorded**

- All client files have progress notes, where the health care professionals and administrative staff can write notes on a specific client. This will allow everyone to stay in the loop with the care for the client. Anytime we communicate with external healthcare providers we always keep a copy of the respiratory letter provided within the client's file.
- All communication and assessments are kept on file and logged in the patient's permanent medical record.
- All communications are recorded. Based on the assessments and progress reports we are able to track the improvements.
- All patient assessments are reviewed by the Resp. Care Manager before being sent to the physician. All assessments are tracked on an Excel file. Communication between HCPs are entered into patient charts as required.
- Administration and healthcare providers review all client files on a monthly basis.
- Accreditation, survey monkey, physician feedback based on needs. Direct visits to prescribers for HOP application signatures and client progress discussions.
- Electronic records of all clinical and most non-clinical communication with client and physician
- Fax sent to physician office. Patient chart used to document RRT visits and conversations with healthcare professionals
- Progress note entries copies of progress reports to prescribers kept in file
- Progress notes and follow up reports
- There is a progress and communication sheet in each client's chart. [Vendor name] has standard order sheets which are used for communication as well and kept in chart. Copies of the HOP are kept in chart. If concern are noted they are documented and sent to the care provider.
- Copies of all communication are stored in the client's paper chart. Notes are taken regarding verbal communication. Resolutions and outcomes are documented in the client record

**Surveys and feedback**

- Feedback documented complaint process in place
- Questionnaires are forwarded to client's and allied health care professionals requesting feedback on our services.
- Oxygen clerk tracks communication and responses and alerts RRT when action e.g. prescription not rec'd .
- Surveys and ongoing conversations and meetings with healthcare professionals
- We do market research surveys. Any communication is tracked in our ERP. Our reps are calling HCP regularly, visit them and get their feedback. This is documented in our CRM tool.
- We interact with the referral sources - acute, community, and primary health care team - regularly and ensure that our care for their patients and reporting/communication meets their expectations. Furthermore, we have a referral source satisfaction survey that is sent to referring (including prescribing) physicians, hospitals and respiratory therapy departments regularly. Clinical outcomes and client satisfaction are two indicators of communication effectiveness.
- Five vendors said "none"

**Reviews with clients (verbal)**

- A regular review of client communication and action plan is conducted with RRT and oxygen technician
- A verbal communication with the client to assess their health status and oximetries (rest/exertional and overnight) as needed.
- All communications with the clients are recorded - Regular telephone follow-up calls - in-home O1 Assessments - as well as respiratory reports
- Call logs in every patients file as well as RT/RN notes from visits and consults
- Our clinical team and service technicians interact with our clients regularly, specifically the service technicians every 1-2 weeks for the majority of clients. This interaction builds relationships that enable effective communication. Our customer service team further facilitates communication with our clients, primarily by phone and when they visit our office (our phones are live-answered during regular business hours). For our 24/7 on call, we track after hours calls that relate to lack of understanding/ineffective teaching which speak to effective communication (as well as teaching) and address any concerning patterns with a change action plan. Furthermore, we have formal client satisfaction surveys, an initial survey that is sent to our clients in the first month of admission to our services and a current client survey that is sent to clients who are on services for 6 months or more.
- Follow-ups and deliveries are all done by RRTs

**Client surveys and tracking**

- Client survey are given to each client at initial setup or, if client unable, given to family member. Each client has communication and oxygen therapy sheet in there chart where phone call, etc., are logged.
- Client surveys
- Client surveys are conducted on an annual basis.
- Feedback documented complaint process satisfaction survey
- Increased quality of life of patients, patient satisfaction surveys and readmission tracking
- KPIs and chart audits which includes a client survey quarterly. HOP outstanding lists ensuring clients are seen as scheduled. Clinical outcome forms and Therapy Assessment protocols are completed with each visit.
- We have patient market research on regular basis.
- We send random client satisfaction surveys
- Surveys

**Notes and contact with client in patient chart**

- Copy of progress notes, phone calls, equipment troubleshooting, etc., kept in the patient chart
- Document client progress in chart
- Documentation of care and communication during a client visit is written on the Respiratory Assessment Report, which we provide a carbon copy to the client. We document all encounters made with the client (ex: phone call) in the individuals file under the progress notes.
- Documented in the client chart.
- EMR
- Noted in the patient chart
- Progress notes, monthly check of client status, daily check of client charts waiting for response/communication from prescriber
- Regular respiratory assessments and communication with family physician are tracked via Excel program and patient chart.

- Compliance with prescribed therapy RX. Increased mobility of patient for increased quality of life.
- Client orders - Client Deliveries -#REF! Assessments
- We track after hours calls, we track delivery of portable cylinders and disposable supplies such as tubing and nasal cannula. we track hospitalizations
- We track all aspects of each visit and call made to client (database)
- As part of our continuous quality improvement program, we track goal setting, goal measurement, achievement of independence, equipment suitability, effectiveness of client/caregiver teaching, preventative maintenance, after hours equipment failure, same day set up (unless client requests otherwise), and accessibility to our services (to name those that come first to mind). Additional CQI initiatives are undertaken when gaps or issues are identified to track and achieve identified improvement.
- client satisfaction
- Home visits to monitor equipment functions, RT/RN visits, any other type of inquiry from patients, when and what type of supplies were delivered and when they will require more
- Client satisfaction, client inventory, client compliance, requalification requirements
- As part of our continuous quality improvement program, we track goal setting, goal measurement, achievement of independence, equipment suitability, effectiveness of client/caregiver teaching, preventative maintenance, after hours equipment failure, same day set up (unless client requests otherwise), and accessibility to our services (to name those that come first to mind). Additional CQI initiatives are undertaken when gaps or issues are identified to track and achieve identified improvement.
- We are tracking any safety incidents , site (home) assessment .
- Emergency after hours service calls.
- Weekly delivery slips of cylinder and supplies.
- As part of our continuous quality improvement program, we track goal setting, goal measurement, achievement of independence, equipment suitability, effectiveness of client/caregiver teaching, preventative maintenance, after hours equipment failure, same day set up (unless client requests otherwise), and accessibility to our services (to name those that come first to mind). Additional CQI initiatives are undertaken when gaps or issues are identified to track and achieve identified improvement.
- We monitor / follow up each cpap patient every 6 months and more frequently when just starting therapy of course
- As part of our continuous quality improvement program, we track goal setting, goal measurement, achievement of independence, equipment suitability, effectiveness of client/caregiver teaching, preventative maintenance, after hours equipment failure, same day set up (unless client requests otherwise), and accessibility to our services (to name those that come first to mind). Additional CQI initiatives are undertaken when gaps or issues are identified to track and achieve identified improvement.
- Client Satisfaction
- Vendor changes Infection control issues such as infectious diseases Home environment and safety HOP turnaround time and status of HOPA Smoking depicting the need for firebreak devices Equipment and maintenance schedule Visitation schedule
- satisfaction survey replacement frequencies compliance with therapy

## PROCESSES IN PLACE TO TRACK THAT TRAINING AND EDUCATION OPPORTUNITIES OFFERED ARE EFFECTIVE (1/2)

### Staff performance evaluations, client feedback, training sessions logged and tracked

- Quarterly evaluation for the staff. Yearly examination for the staff. Regular follow-up calls with home oxygen patients. Quality control department in place.
- All training is logged and reviewed by management on an annual basis. Outside Respiratory Therapists are brought to review and audit medical and technical staff on a yearly basis.
- Chart audits, staff clinical meetings, patient feedback, regular staff performance evaluations.
- Record of attendance is kept in the employee file.
- Tracked manually by staff in the HR performance management software.
- When staff go "off-site" for related education they are required to do an in-depth presentation to the general staff upon their return. Also, the staff member providing the care and management of the patients receiving home oxygen therapy is monitored on a regular basis by resident RRT. Education is logged/recorded as well.
- Yearly performance appraisals, orientation record, certification record
- Training and education is reviewed quarterly
- We have a training matrix that tracks staff education with specific training modules that represent required annual training as well as identified training for individual personal development. Our employee performance management is linked to measures of effectiveness. Company employs only regulated health professionals in good standing, verified annually. Company has continuous quality improvement program that monitors key metrics such as client's goal achievement, clinical independence, callbacks due to ineffective teaching. Company conducts initial and existing client surveys that gauges client education completed by staff, equipment suitability, how well things were explained, and several other metrics that define the client experience with our team. The CQI results are compared to internal targets, and corrective action taken where necessary.
- We maintain a employee file with copies of all completed courses and workshops attended. We include any diplomas. We have all applicable staff attend training on any new equipment. We provide funding for clinical education to our registered staff for ongoing continuing education. We provide CPR, WHMIS, and first aid training to all staff. We pay for all registered staff professional fees and provide time for maintaining professional portfolios and fulfilling education requirements.
- Committee Meeting Minutes reflect training and education provided to staff.
- Log all training sessions, in-services, webinars, conferences, CE courses.
- In-house tracking of staff training, audits, staff and client surveys

Q6. What processes does your organization currently have in place to track that the training and education opportunities you offer are effective in keeping your staff kept up-to-date on the care and management of individuals receiving home oxygen therapy? Base: Vendors (n=37)

## PROCESSES IN PLACE TO TRACK THAT TRAINING AND EDUCATION OPPORTUNITIES OFFERED ARE EFFECTIVE (2/2)

### E-learning modules

- We have an in-house e-learning system
- Ulearn online
- Electronic learning modules system. HR track licenses and certifications as well as all ongoing education, mask fit testing, etc.
- Our organization operates a Learning Management System (LMS). The LMS system provides training via in person-instruction or web-based learning. Topics are assigned by the LMS administrator. All topics are assigned with an expiry date. The employee's manager receives notification of the status of learning for their employees. Topics for example: Infection Control, Home Oxygen Equipment and Safety, Oxygen set up policy high and low flow, ABG policy, hand hygiene to name a few. The LMS system tracks by date all assignments and completions of the task. The employee may also print out a certification. The healthcare operations database houses ALL policies. Health Care bulletins released with new product or processes or recalls, etc., are distributed to staff and read at weekly office meetings. ALL employees must sign a training record whenever they receive training. The employee keeps a copy of their training record and a copy is placed in the employee file. Professional staff keep portfolios with their licensing body. Quarterly training is provide on the MOH Home Oxygen program and HOP form completion with new staff and as a refresher to current staff. Training records are recorded. All new oxygen products are released in a new approved product bulletin with manuals and product review information housed in the database.

### Regular meetings and training sessions

- Monthly staff meetings to discuss recent conferences, e-training, in-house training, etc., as it pertains to our clients. How best to apply new technology and trends is discussed and implemented at that time.
- Monthly staff meetings with in-services from major manufacturers.
- Updates and in-services on new oxygen modalities by manufacturer sales reps and through documentation and manuals.
- We provide annual in-services for all health care professionals, service technicians/drivers and administrative staff for the respiratory care/ home oxygen therapy devices carried within the organization. We continuously provide articles to read for all health care professionals, related to their duties. Staff are encourage to keep track of their continuing education minutes on the education board provided.
- We have internal continuing education, compliance training and regulatory updates on our intranet. We have monthly education sessions with our staff.

### Other

- Follow the rules and regulations of the College of Respiratory Therapists of Ontario
- Our Respiratory Therapist is constantly in touch with our patients and is familiar with all new therapies and equipment

Q6. What processes does your organization currently have in place to track that the training and education opportunities you offer are effective in keeping your staff kept up-to-date on the care and management of individuals receiving home oxygen therapy? Base: Vendors (n=37)

- Yes, Joint Ventures do not allow for patient choice and for fair market that drives patient service levels.
- Our program has greatly enhanced the lives of most of our home O2 clients. We have been able to measure decreased #s of COPD exacerbations presenting to ED, reduced admissions and reduced ALOS.
- I hope that the MOH HOP program sees the value in the service that is being delivered. The bottom line is that when oxygen is prescribed it is provided without extra layers of cost such as admin/management/case manager, etc. The clients are served quickly without waitlists or delay with an excellent choice of providers across the province of Ontario.
- The current Vendor of Record model has been an innovative approach that is in line with the current MOH strategy. It is a cost-effective approach in community respiratory/oxygen therapy that reduces hospital LOS, unnecessary ER visits, thereby having a measurable effect on the health care system. The bundled funding approach that includes equipment, service, clinical care, and case management is low overhead and in line with current MOH direction. Noted is the fact that very often, we, as the oxygen/respiratory services provider, are the only care provider service involved in these complex chronic disease patients' care in the community (specifically these people are not on CCAC's services, or if they are, the services they get from the CCAC are minimal).
- The ADP should consider applying the same conflict of interest policy with respect to hospitals and prescribers that is applied in all other categories.
- Receiving the status reports electronically or in an electronic real-time dashboard would be very helpful. It has been our experience that the claims assessors are unable to answer our questions about HOP qualifications; it would be helpful for them to have more knowledge.
- Ventilator pool is in need of improvement or replacement. RRTs are critical to great client service and health.
- Hospitals JV remove patient choice and service delivery efficiencies.
- We find that there is certainly more palliative cases for Home Oxygen than 3 years ago. Client can be very demanding and social work skills are an asset to develop by all. This mode of care increases from year to year as hospitals are not keeping clients very long. We find the acuity of the care needed for some clients is almost more than a home care provider can do. We find we have to communicate with many [more] other health professionals delivering home care than in the past. We do appreciate that Nurse practitioners can now sign the HOPs.
- Our organization believes it is a conflict of interest when an oxygen vendor can go into contract/partnership with a publicly-funded hospital. The public pays taxes, which go to the Ontario Government. The Government then in turn subsidizes the hospitals. The hospital then provides all their business to one oxygen vendor, giving that company a monopoly, while being funded by public tax dollars. It prevents the consumer/client/patient the right to choose and it does not guarantee the best service/care. Healthy competition breeds better business practices and client satisfaction.
- I would love to see funding more accessible for specialized patient circumstances where they don't necessarily meet Ministry criteria but are substantially benefitting from home oxygen use and keeping those patients out of hospital etc.
- Ontario has become a monopoly where only one or two vendors can actually get home oxygen patients.

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GAME CHANGERS

