Oxygen Safety Webinar
Questions and Answers
September 25, 2014

1. *If you are only servicing your oxygen patients’ equipment every 3 years per manufactures guidelines, do you think the business will be ok with seeing the patient every 3 years?*

**Answer:** The frequency of the visits makes little difference if the staff are not able to recognize and respond to evidence that the patient is engaging in a high risk behavior. Therefore, focus on developing your staff. Help them become competent to recognize signs and symptoms of at risk behaviors in their patients, and empower them with defined processes on how they should respond. In that way your staff will consistently be able to effectively promote the safety of their patients regardless of the frequency of their visits.

2. *Is there an oxygen safety check list for home care?*

**Answer:** There are many checklists for home care and the best one is the one that most helps your staff to best identify problematic issues. Good sources include the National Fire Prevention Association, oxygen equipment distributors and patient safety organizations. Google ‘oxygen safety at home’. Here are a few to help you get started building your own:


3. *How are we supposed to notify Medicare when there is non-compliance?*

**Answer:** Your responsibility is to notify the prescriber, i.e. the physician or health plan case-manager that the patient was engaging in a high risk behavior. It is important to document this discussion and revise the patient’s plan of care so that the team knows what interventions to use to mitigate this risk. Don’t forget to evaluate the effectiveness of these interventions and document that as well.

4. *For facilities, I read that the oxygen tanks need to be separated, the full from the empty. What is the thought behind that and how does it affect home care?*

**Answer:** Keeping oxygen tanks separate is a federal requirement. A DME company must segregate filled tanks from empty to ensure that oxygen tanks are cleaned and
refilled properly before being sent out to a new patient. When tanks are stored together there is an increased chance that the tank will not be maintained properly and patients may get a dirty and empty tank from their supplier. Likewise, patients who comingle their tanks may not realize that they are low on their supply of E-cylinders, which they will need if they need to leave the residence or experience a power outage.

5. What about the staff that are currently providing care in the home with a noncompliant patient who smokes on oxygen?

**Answer:** These staff members are exposed to a known danger because the patient is engaging in a high risk behavior. This can be reconciled by ensuring that the organization has a well-defined process of how to recognize and respond to patients who engage in high risk behaviors. It is also important to ensure that staff have the interpersonal tools that they need to assess and educate patients as well as useful educational resources to effectively help them deliver safe care.

6. We have followed all our processes, informed the physician and the oxygen provider however, the patient is still smoking. What's next?

**Answer:** If the staff has followed ALL of your processes and the patient is still smoking with oxygen, the process is either incomplete or ineffective. In either case the result is the same, both the patient and staff are at known risk for injury. A well thought out program of patient safety includes a clearly defined process that takes staff through to resolution. For patients who continue to engage in high risk behaviors this can ultimately end with the prescriber discontinuing the therapy or the patient being discharged from care because they are not safe in their home.

7. Where can I find some examples of these types of scripts for staff?

**Answer:** There are many sources of patient education information on patient safety websites, oxygen manufacturers and government websites. You can also work with your social workers, adult educators, and even your marketing staff to help craft the messages necessary to tell patients about the safe use of oxygen in the home. Typically the script is well accepted* once staff realize that it provides them with an efficient way to deliver the message.

*Acceptance also requires staff to have a degree of trust in the leadership that the resources being provided to them will work as intended.

8. Can you provide a sample tracer for the HHA to use?

**Answer:** We do not have one at this time. We will work to develop one the next opportunity we have to create sample tracers.
9. **What is the accountability and best practices of other clinicians (therapist, etc.) other than nursing in helping prevent events with at risk patients?**

**Answer:** Any health care worker who has knowledge of the dangers of smoking while using oxygen is accountable within the scope of their responsibilities. For example, a physician who knowingly continues to prescribe oxygen therapy for a patient who continues to smoke while using the oxygen is accountable for that prescription. In reality, the dangers of smoking with oxygen are generally well known by the public. The best practices used by any organization are those that ensure a consistent response to an identified risk. Once this becomes a standard practice, the organization becomes known for consistently acting to promote patient safety. Staff are alert to the identified risks and do not hesitate to respond because the leadership provide the staff with unwavering support. They become a valuable provider partner because they put patient safety first.

10. **With the periodic safety checks that are determined by the DME provider, do they have to be physical oxygen safety checks or can it be telephonic?**

**Answer:** Most individuals would agree that the ability of staff to effectively complete a periodic safety check telephonically would be challenging because the health care worker is unable to interact with the patient in his/her environment.

11. **The presenter mentioned competency- is there a sample competency?**

**Answer:** Not at this time. Organizations develop their competency requirements based on their business profiles and needs. If you are currently accredited by The Joint Commission, use the HR standards to guide you. Alternatively, you can discuss this with one of our subject matter experts as part of your next Intracycle Monitoring Call. At a minimum we suggest that you do the following:

   a) Identify the critical risk areas that staff are likely to encounter when they visit a patient who uses oxygen.
   b) Determine how well your current competency program evaluates the ability of staff to recognize and respond to these critical risk areas.
   c) Identify any gaps in your current competency program and the skills that are needed by staff to manage these risks.
   d) Ask staff what aspects of these critical risk areas they find challenging to manage.

This should result in a short but important list of areas where staff need to be competent and may require development. Some areas that are often seen are: communication skills that help staff work with difficult situations, self-management skills to help direct care staff remain calm and professional, recognizing at risk behaviors, and teach-back techniques.
12. **What is included on the patient contract?**

**Answer:** Typically the contract includes an acknowledgement that the therapy being provided is safe provided it is used in accordance with accepted standards of practice and that the organization is committed to safe patient care. Most of the contracts explain that the organization only provides the product or services when they are used in a safe manner. The contract explains the process that is used to manage circumstances where equipment is not used in a safe manner. Organizations are urged to work with their legal counsel whenever they develop a patient contract. When a sample contract becomes available we will ask that it be placed in the leading practice library.

13. **Do you have a sample risk assessment?**

**Answer:** The websites associated with question 2 address sample risk assessments. Here are a few to help you get started building your own: