Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National HSE Community Operations

Procedure for Processing and Approval in Community Healthcare Organisations of Purchased and Rented / Leased Respiratory Therapy Products

Is this document a:

Policy [ ] Procedure [√] Protocol [ ] Guideline [ ]

Title of PPPG Development Group:	**Respiratory Therapy Products Group – National Service Improvement Programme for Community Funded Schemes**
Approved by:	**National Director Community Operations**
Reference Number:	CommOps-CFS-003
Version Number:	Version 0
Approval Date:	March 2019
Date of Issue:	January 2024
Date for Revision:	January 2027
Electronic Location:	Community Funded Scheme webpage on www.hse.ie

Version	**Date Approved**	**List Section Numbers Changed**	**Author**

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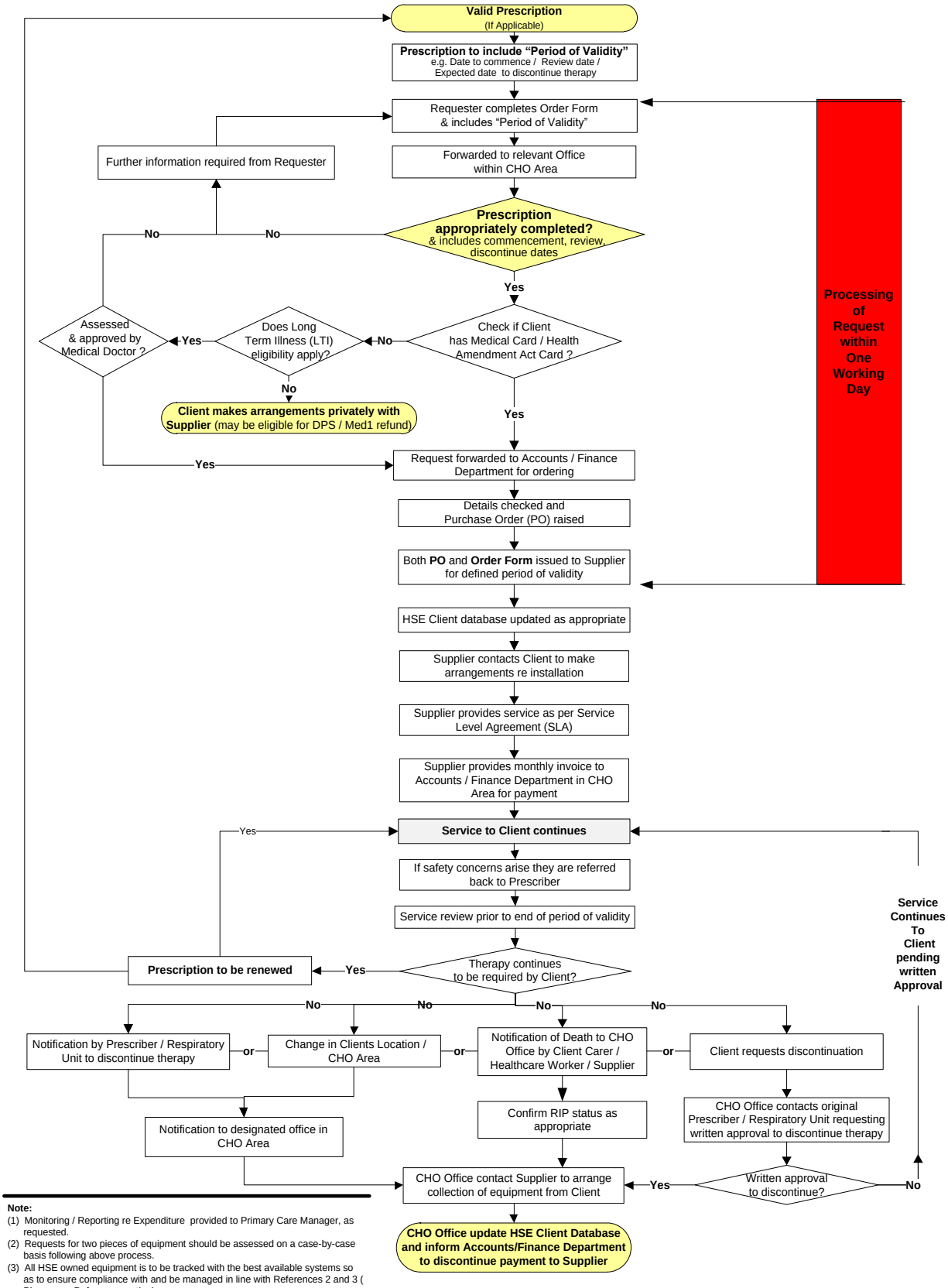
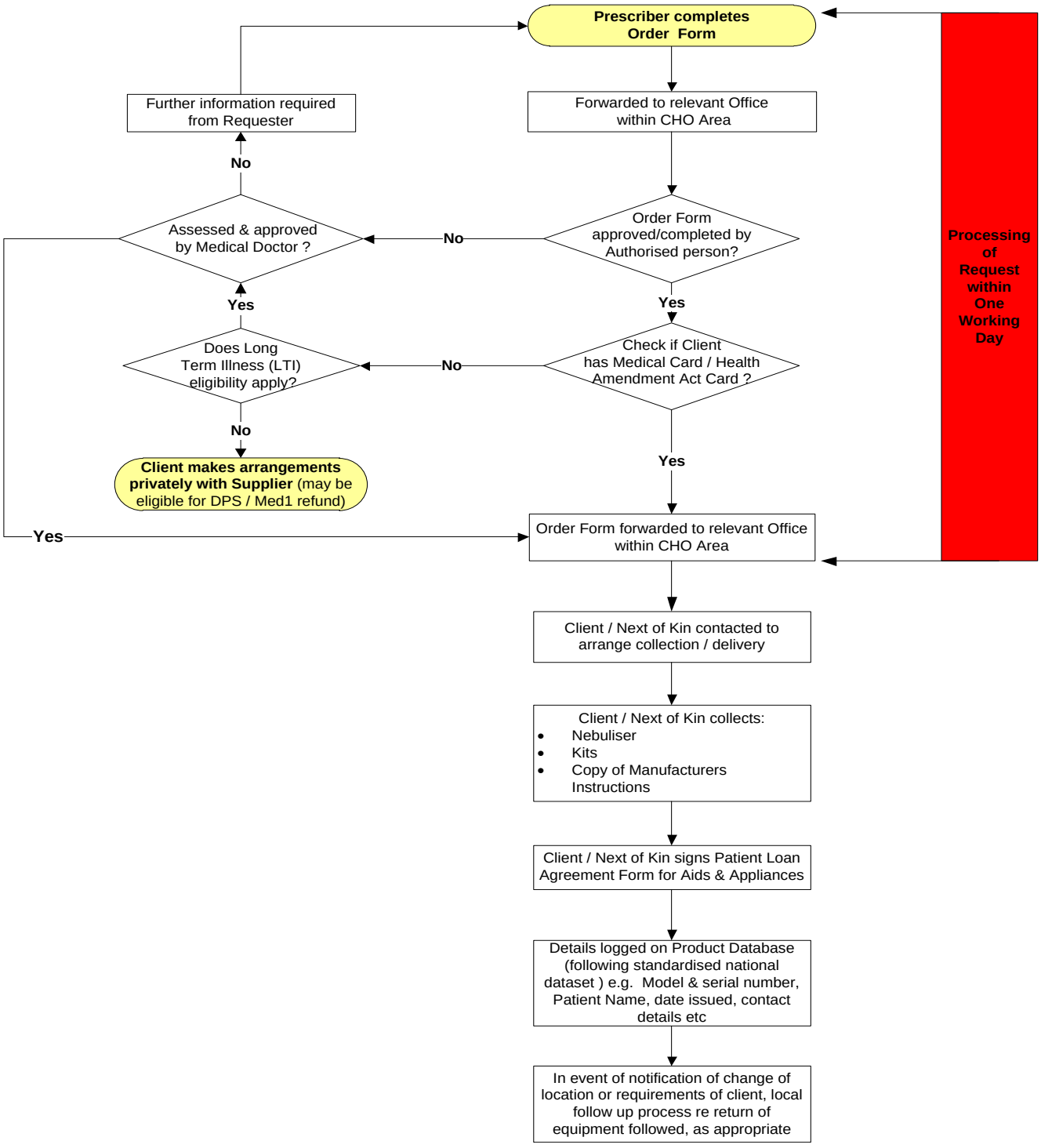


Note:

(1) Monitoring / Reporting re Expenditure provided to Primary Care Manager, as requested.
(2) Requests for two pieces of equipment should be assessed on a case-by-case basis following above process.
(3) All HSE owned equipment is to be tracked with the best available systems so as to ensure compliance with and be managed in line with References 2 and 3 (Please see Reference section).
(4) Where an additional battery or batteries and a charger are prescribed for individual patients based on clinical need as determined by the treating clinician the local office must ensure they are provided.

PART A: PROCESS FOR CHO APPROVAL OF PURCHASED RESPIRATORY THERAPY PRODUCTS



Note:
(1) A downloadable user instruction manual (usually available online) should be issued with the equipment.
(2) Equipment should be managed in line with the Medical Device Equipment Management Policy (Incorporating Medical Equipment Management Best Practice)
(3) All HSE owned equipment is to be tracked with the best available systems so as to ensure compliance with and be managed in line with References 2 and 3 (Please see Reference section).
(4) Where an additional battery or batteries and a charger are prescribed for individual clients based on clinical need as determined by the treating clinician the local office must ensure they are provided.

PART B: PPPG DEVELOPMENT CYCLE

1.0 INITATION

1.1 Purpose

1.1.1 To set out the national HSE procedure for approval of purchased / rented / leased respiratory therapy products for persons living in the community (i.e. outside the acute hospital).

1.1.2 To develop a standardised national process and replace any previously existing local procedure with this national procedure.

1.1.3 To provide an outline of the pathway that a prescription or funding request will follow from the point of order or prescription in a hospital or clinic to the point of supply to the service user.

1.1.5 To improve access and ensure that service users who require respiratory therapy products receive them in line with this procedure.

1.2 Scope

The scope of this procedure applies to service users of all ages who require respiratory therapy products in their home settings. It does not cover respiratory therapy products for use in the acute hospital setting.

1.2.1 It is relevant to all health care professionals involved in the care of such service users and to relevant staff within the Community Healthcare Organisation involved in the approval and provision of such products.

1.3 Objectives(s)

1.3.1 To set out the processes to be followed in ensuring that the nationally approved list of respiratory therapy products, prescribed or requested in accordance with best practice standards by authorised clinicians, are provided to the service user in the community with minimal delay.

1.3.2 To set out processes that would ensure:

- Maximum efficiency in the processing of funding applications involving the minimum number of HSE staff at the appropriate grade handling the prescription / request.
- Compliance with the HSE Governance Framework, HSE Procurement and Financial regulations, data collection and management system requirements.
- Decision making at all stages at the lowest appropriate grade.
- Clearly assigned responsibility, authority and accountability at all stages.
- Agreed key performance indicators to allow ongoing monitoring and audit.

1.4 Outcome(s)

1.4.1 To improve access and ensure that service users who require respiratory therapy products receive them in line with the National standardised process outlined in this document.

1.4.2 To serve as a resource for healthcare professionals and relevant staff in CHO areas.

1.4.3 To provide practical, clear and unambiguous processes.

1.4.4 To replace existing local policies and procedures with this national procedure.

1.5 PPPG Development Group

See Appendix II for membership of the PPPG development group and Appendix III for conflict of interest declaration form.

1.6 PPPG Governance Group

See Appendix IV for membership of the approval governance group

1.7 Supporting Evidence

- Irish Guidelines on Long Term Oxygen Therapy (LTOT) in adults 2015.
- Medical Device Equipment Management Policy (Incorporating Medical Equipment Management Best Practice) 2016.

1.8 Glossary of Terms / Abbreviations

Term / Abbreviation	Definition
CFS	Community Funded Schemes
CHO	Community Health Organisation
CNS	Clinical Nurse Specialist
DPS	Drug Payment Scheme
HOOF	Home Oxygen Order Form
GP	General Practitioner
HSE	Health Service Executive
LTI	Long Term Illness Scheme
PO	Purchase Order
PPPG	Policy, Procedure, Protocol, Guideline

2.0 DEVELOPMENT OF PPPG

2.1 Due to awareness of a variation in the practice of approving respiratory therapy products across the HSE and following the publication in 2015, of the Irish Guidelines on Long Term oxygen in adults, it was apparent that a standardised process for approving such products was required.

2.2 For the purposes of drafting a national procedure, copies of all existing local procedures were requested and reviewed. Available clinical guidelines were reviewed.

2.3 The information gathered and reviewed resulted in two generic processes applicable to all CHO areas where such products require approval.

2.4 The PPPG development group recommend two processes displayed in Part A (page 3 & 4) using flowcharts to define the sequential steps required:

- Process A: CHO Approval of Rented / Leased Respiratory Therapy Products.
- Process B: CHO Approval of Purchased Respiratory Therapy Products.

2.5 Refer to references Section 8 for evidence.

2.6 No additional resources are required to implement this procedure.

2.7 Refer to Part A (page 3 & 4) for outline of processes A and B.

3.0 GOVERNANCE AND APPROVAL

3.1 The governance and approval arrangements rest with the CFS Respiratory Therapy Products Group. This group reviews and signs the PPPG checklist.

3.2 The checklist accompanies the final procedure on submission to the CFS Governance group for approval. The checklist is used in assessing the PPPG in meeting the standards outlined in the HSE National Framework for developing PPPGs.

3.3 The final document is submitted to the National Community Operations office. Once approved the final version is converted to a PDF document to ensure the integrity of the PPPG.

3.4 A signed copy of the checklist is attached to the master copy.

4.0 COMMUNICATION AND DISSEMINATION

4.1 The National Director of Community Operations will ensure widespread awareness of the procedure to relevant audiences of HSE services and other stakeholders using existing communications channels:

- Service users via the HSE website
- GPs via GP units and Primary Care Heads of service in each CHO area
- HSE staff via Chief Officers in CHO areas and all Hospital Group CEO's
- Irish thoracic society via its website
- The procedure will be available and accessible via HSE.ie

5.0 IMPLEMENTATION

5.1 Procedure should be adopted by each CHO from the date of approval and publication.

5.2 Resources required: No additional resources required. Procedure can be implemented and operated within existing resources.

5.3 Training: Information sessions required locally to brief relevant staff on this new procedure.

5.4 Specific roles and responsibilities:

5.4.1 The National Director for Community Operations is responsible for communicating this National procedure to all HSE and HSE funded locations.

5.4.2 The Chief Officer in each CHO area is responsible for the implementation of this procedure within their area and for reporting on the implementation and operation of this procedure to the National Director Community Operations.

5.4.3 The Chief Officer of the CHO is responsible for ensuring that administration staff are fully briefed on this procedure. There should be minimum delay in processing all funding requests. Ideally funding requests should be processed within 1 working day of receipt for respiratory therapy product.

5.4.4 Prescribers are responsible for prescribing in line with available and relevant best practice clinical guidelines.

5.4.5 Any HSE staff member handling oxygen should be familiar with the Integral value oxygen cylinder guide available via www.hseland.ie. To access this resource:

- First time visitors to www.hseland.ie will need to register first by clicking on create an account on the www.hseland.ie Welcome Page.
- On receipt of your registration confirmation email, log on to www.hseland.ie.
- Click on My Learning.

- Click on Learning Catalogues.
- Click on Catalogue "Health and Social Care Professionals" .
- The programme will be listed with others and is titled "Integral valve oxygen cylinder guide".

6.0 MONITORING, AUDIT AND EVALUATION

6.1 **Monitoring:** Each CHO area should implement a systematic process of gathering information and tracking over time to achieve the objectives within this procedure.

6.2 **Audit:** Each CHO area should audit compliance with this procedure at least annually and the outcome of the audit will be reported to the Audit function within Primary Care Division. Refer to Appendix V for sample audit tool. Each statement in the audit tool has been taken from this procedure for the Approval in the Community of Purchased and Rented / Leased Respiratory Therapy Products.

Each CHO area can assess to what degree they comply with the statements in their own area of approval and provision of such products. It is intended that this audit tool will provide each area with a baseline tool through which they can identify areas which require improvements. Users of this audit tool are free to add in additional statements, as they deem appropriate and adopt this tool for use in their own setting. This audit tool is to be used to retrospectively audit processes.

6.3 **Evaluation**: Each CHO area will define a mechanism to measure how access has improved for service users who require respiratory therapy products. Possible process measures include:

1. % of purchase orders issued to the supplier within 1 working day of receipt of prescription / order form in the case of leased products.
2. % of purchased products supplied to service user within 1 working day.

7.0 REVISION / UPDATE

7.1 This procedure should be reviewed three years from date of issue.

7.2 In the event of new supporting evidence identified by findings from audit and evaluation, scope of practice changes or advances in technology or research the Respiratory Therapy Product Group will review the new evidence and amend and update as necessary.

8.0 REFERENCES

- Irish Guidelines on Long Term Oxygen Therapy (LTOT) in adults (2015) available at www.irishthoracicsociety.com.
- Medical Device Equipment Management Policy (Incorporating Medical Equipment Management Best Practice)(2016),HSE.
  http://www.hse.ie/eng/services/publications/corporate/Medicaldevicesequipment.pdf
- Guidelines for Use of Nebuliser Systems in the Home Environment (2016), Anáil, Irish Thoracic Society, Chartered Physiotherapists in Respiratory Care, Irish Society of Chartered Physiotherapists.
- National Financial Regulations 2016, HSE.

9.0 APPENDICES

- Appendix I Signature Sheet
- Appendix II Membership of the PPPG Development Group
- Appendix III Conflict of Interest Declaration Form
- Appendix IV Approval of Community Funded Schemes Governance Group
- Appendix V Sample Audit Tool
- Appendix VI Sample Loan Equipment Agreement Form

Appendix I:

Signature Sheet

I have read, understand and agree to adhere to this Policy, Procedure, Protocol or Guideline:

Print Name	Signature	Area of Work	Date

Appendix II:
Membership of the PPPG Development group Respiratory Therapy Products.

Dr Johanna Joyce Cooney	Chair
Fiona McNamara	National Project Manager
James Gorman	Finance
Ger Minogue	Stores, Mayo PCCC
John Nally	Stores, Roscommon PCCC
Therese Killian	Stores, Roscommon PCCC
Dr Ann Hogan	Principal Medical Officer
Paula Cotter	Section Officer, HSE South
Dympna O'Grady	Appliance Officer
Marsia Tamburrini	Appliance Officer
Grainne Byrne	Appliance Officer
Bernadette Gavin	Assistant DPHN
Rosie Hassett	CNS Respiratory, Integrated Care
Fiona Garvey	Standards and Compliance, Quality & Safety, National Primary Care
Una McCarthy	National CFS Service Improvement Programme
Breege Kelly	Staff Officer

Appendix III: Conflict of Interest Declaration Form (Template)

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CONFLICT OF INTEREST DECLARATION

This must be completed by each member of the PPPG Development Group as applicable.

Title of PPPG being considered:

Procedure for approval in the Community of Purchased / Rented / Leased Respiratory Therapy Products

Please circle the statement that relates to you:

1. I declare that I DO NOT have any conflicts of interest.

2. I declare that I DO have a conflict of interest.

Details of conflict (Please refer to specific PPPG)

_____

_____

_____

_____

_____

(Append additional pages to this statement if required)

Signature: _____

Printed name: **Dr. Johanna Joyce, Chair of Subgroup**

Registration number (if applicable): _____

Date: _____

The information provided will be processed in accordance with data protection principles as set out in the Data Protection Act. Data will be processed only to ensure that committee members act in the best interests of the committee. The information provided will not be used for any other purpose.

A person who is covered by this PPPG is required to furnish a statement, in writing, of:
(i) The interests of the person, and;
(ii) The interests, of which the person has actual knowledge, of his or her spouse or civil partner or a child of the person or of his or her spouse which could materially influence the person in, or in relation to, the performance of the person's official functions by reason of the fact that such performance could so affect those interests as to confer on, or withhold from, the person, or the spouse or civil partner or child, a substantial benefit.

Appendix IV: Membership of the Approval Governance Group

Approval of Community Funded Schemes Governance Group

Frank Murphy Head of Primary Care CHO 2 Lorraine Kennedy Head of Primary Care CHO 5 Anna Marie Lanigan Head of Primary Care CHO 6 Joe Ruane Head of Primary Care CHO 8 Des O'Flynn Head of Primary Care CHO 9	
Chairperson: Fergal Flynn National Lead Community Funded Schemes	Signature: _____ Date: _____

Appendix V: SAMPLE AUDIT TOOL for the Approval in the Community of Purchased and Rented / Leased Respiratory Therapy Products.

Methodology: Population: A sample of patients requiring approval in the community of purchased and rented / leased respiratory therapy products.

Sampling: A total of 10% or 10 patients, whichever is greater, should be selected.

Frequency: To be determined locally at least annually.

Method: Record **Y** for **Yes**, if the criteria are met. Record **N** for **No**, if criteria are not met or **N/A** for **Not applicable.**

CHO Area: **Area of Practice:**	**Yes**	**No**	**NA**	**Evidence**
Statement 1 Prescription fully completed and signed? Statement 2 Medical Card checked? Statement 3 LTI status checked? Statement 4 Purchase order generated? Statement 5 Purchase order and HOOF forwarded to supplier? Statement 6 Purchase order and HOOF forwarded to supplier within one working day? Statement 7 Loan Equipment Agreement Form signed? Statement 8 Client database entry updated?				
Date of Audit: **Audited By:** **Compliance Rate %:**				

Calculation of Compliance Rate % The score, expressed as a percentage, is calculated by dividing the number of "yes" answers by the total of "yes" and "no" answers. "Not applicable" answers are excluded from the calculation of the percentage score

Example: If there are 6 "yes" and 2 "no" answers, the score is calculated as follows:

6 (yes answers) divided by 8 (total of yes and no answers) multiplied by 100 = 75%.

HSE National Loan Agreement Form for Aids & Appliances for Service Users in the Community setting

The following Aids/Appliances (Items) have been prescribed by:	And have been **supplied on loan** to:
Clinician Name: _____	Service User Name: _____
Prescribing Discipline: _____	DOB: _____
Dept. Contact Number: _____	Nursing Home Name: _____
Dept Address: _____	Nursing Home Address: _____
Date of Supply: _____	Tel Number _____
	Representative Name: _____

HSE Asset Tag Number	Item Description	Brand	Serial Number	Recyclable? Yes/No	Service Frequency	Specific Recommendations

	The following conditions apply to the loan of the above named Aids and Appliances:	✓
1	The Aid/Appliance shall at all times remain the property of the HSE and is provided on a loan basis for the above named service user	
2	The Designated Centre shall make available a designated member of staff who shall have responsibility for the safe and appropriate use of the Aid/ Appliance	
3	The Service User/ Designated Person/ Family has been shown, instructed in and understands how to use the Aid/ Appliance with Service User and how maintain the Aid/ Appliance safely	
4	The Designated Person will disseminate all relevant information regarding the Aid/ Appliance to all relevant Staff/ Family	
5	The Service User/ Designated Centre/ Family has been provided with and agrees to abide by the clinical guidelines and manufacturers' guidelines which shall be retained in the service user's care plan or medical record as appropriate	
6	The Aid/Appliance shall under no circumstances be loaned to another person in the designated centre	
7	The Aid/Appliance shall only be used for the person and purpose for which it was intended and prescribed	
8	The Designated Centre shall not make changes to the Aid/ Appliance set up, accessories or moveable parts as this may constitute a risk	
9	The Aid/Appliance shall not be altered, modified, damaged or tampered with as this may constitute a risk	
10	The Aid/Appliance should be inspected, kept in working order and appropriately cleaned on a regular basis in line with HSE infection control policies and the manufacturer's instructions	
11	This item must be returned to the HSE if it is being replaced / no longer required/ no longer used by the service user	
12	All requests for repairs/ parts must be submitted to the HSE and agreement received prior to work being carried out	
13	The Designated Centre will facilitate access for HSE or nominated contractor for repair/ electrical safety testing/ inspection/ review of the Aid/ Appliance where required	

The HSE reserves the right to recall the Aid/Appliance if the above conditions are not met.
The HSE reserves the right to remove the Aid/Appliance if it is deemed to be unsuitable following assessment

	It is the responsibility of the Service User, Chosen Representative or Designated Centre to advise the HSE (details at top left of page) promptly if any of the following issues arise:	✓
a	The Aid/Appliance is no longer suitable/ required/ being used by the service user	
b	The Service User is changing residence to another HSE Area	
c	The health/ medical status of the Service User changes including weight, skin integrity, significant change in functional status	
d	The Aid/Appliance is no longer suitable/ no longer meets the needs of the above named Service User	
e	The Aid/Appliance requires repair	
f	If you have any concerns regarding the correct use of the above items or should difficulties arise, discontinue use immediately	

I acknowledge and understand that the above conditions have been explained to me and agree to same. I have participated in the assessment and agree that the assistive device meets my needs.

Service User/Representative Name (Print): _____

Service User/Representative Signature: _____ Date: _____

Designated Staff Member Name (Print) _____

Designated Staff Member Signature _____ Date: _____