

**Home Oxygen Services
New Procurement Process
Ministry of Health and Long -Term Care**

**Vendor Consultation Meetings #1
Vendor Criteria, Requirements and Performance**

**MacDonald Block, 900 Bay Street
Ontario South Room, Toronto
April 23, 2009, 2:00 PM to 4:00 PM**

Overview

- Disclaimer
- Purpose
- Questionnaire Overview and Lessons Learned
- Summary of Responses
- Additional Consultation Questions
- Next Steps

Disclaimer

- Information presented in the following slides is intended for presentation purposes only, and is not legally binding.
- In the event of inconsistent information between the information in this presentation and the information contained in the future Vendor of Record, the information in the future Vendor of Record will prevail.

Purpose

To provide Home Oxygen Vendors a summary of the Consultation Survey #1 key results.

To seek additional feedback from Home Oxygen Vendors.

Questionnaire Overview and Lessons Learned

- First time ADP has used SurveyMonkey; tool is being used successfully by other areas of ministry; facilitates efficient and quick turnaround of results
- 49 responses received by the Ministry; 47 online via SurveyMonkey; two faxed to Ministry
- Technical Issues:
 - Time-out/not being able to go back to questionnaire
 - Frozen screen
- Ministry's response to technical issues and lessons:
 - Vendors were allowed to enter questionnaire more than once
 - A PDF file will be included in next consultation for review before completion online
 - Instructions will continue to remind vendors to complete questionnaire without taking long breaks (to avoid time-out)

SUMMARY OF RESPONSES

DELIVERABLES/SERVICES CURRENTLY PROVIDED BY VENDORS

Q1. Should it be mandatory for vendors to have all modalities, i.e., liquid oxygen systems, concentrators and cylinders, in their inventory?

Answer Options	Response Frequency	Response Count
Yes	65.5%	19
No	34.5%	10
<i>answered question</i>		29

If no, why not (11):

- Not cost-effective
- Not all modalities required to service patients
- Should be up to the vendor
- Safety issues for Seniors <C facilities

Q2. Are portable concentrators a viable oxygen delivery system?

Answer Options	Response Frequency	Response Count
Yes	70.0%	21
No	30.0%	9
<i>answered question</i>		30

Why (22):

- Cost prohibitive
- Safety
- Up to vendor to set client needs
- If separate funding
- Offered as an option

Q3. Should portable concentrators be added as a mandatory modality for vendors to have in their inventory?

Answer Options	Response Frequency	Response Count
Yes	17.9%	5
No	82.1%	23
<i>answered question</i>		28

Why (24):

- High cost
- Choice/Option
- Depends on cost
- Yes, if funded

Q4. If portable concentrators become a mandatory modality, what would be the cost implications initially and over time?

- High upfront costs (capital overlay) and over time
- Service costs related to equipment repair is high (upkeep)
- Battery life is unknown, longevity of equipment or service costs
- More costly than beneficial; little cost benefit
- upkeep (batteries, compressors, etc.) do not hold up to day-to-day wear and tear as well as other systems
- It is difficult to estimate overall cost implications

Q5. For your total client base, please provide an estimate of the breakdown, by modality:

Answer Options	Response Average	Response Count
stationary concentrator/liquid (%)	17.1	21
stationary concentrator/cylinder (%)	55.4	26
stationary concentrator/portable concentrator (%)	17.9	25
liquid only (%)	3.3	18
other (%)	10.2	19
<i>answered question</i>		26

If other modality listed, please specify (19):

Stationary concentrator/OCD with cylinder

Home (transfill)

No other system

Liquid, concentrator and cylinder

Cylinder and OCD

Cylinder only

Q6. In the current HOP manual, regular client follow-up is advised...because of possible medical/operational risks occurring with improper use of oxygen.... Are there other relevant risks?

Answer Options	Response Frequency	Response Count
Yes	80.8%	21
No	19.2%	5
<i>answered question</i>		26

If yes, what are they (21):

- Safety and Maintenance of Equipment
- Changes in Patient Requirements
- Smoking

Q7. How long after the first set-up, should the initial visit by a registered health care professional take place?

Within 24 hours – 8 (32%)

Maximum 72 hours – 7 (28%)

Maximum 48 hours – 5 (20%)

1 week – 5 (20%)

Q8. How many visits after the initial set-up are typical/ required to be assured that risk avoidance measures are practiced by the client?

Varies (depends on clients) – 12 (46%)

Two – 4 (15%)

Two to four – 2 (8%)

Three – 5 (19%)

Six to Eight week rotation – 1 (4%)

Weekly – 1 (4%)

Once a year – 1 (4%)

Q9. Who makes this visit to the client?

Regulated Health care professional only – 19 (76%)

Regulated Health Care professional/Medical gas technician Combination – 5 (20%)

Oxygen Technician -1 (4%)

Q10. In the current HOP manual, vendors agree to provide 24-hour emergency service...must return a telephone call from a client within one hour. If a problem cannot be solved over the telephone the... vendor agrees to have an employee attend the client's home within three hours, unless the home oxygen client agrees that attendance is not necessary. In your opinion, are any changes needed to this requirement?

Answer Options	Response Frequency	Response Count
Yes	15.4%	4
No	84.6%	22
<i>answered question</i>		26

If yes, please provide description of change and rationale (5):

- Telephone call (20 to 30 minutes)
- Emergency Home Visit (3 hours)
- Remote (rural) (4 hours)
- No time identified (emergency home visit)

Q11. Some services provide a guarantee of either 4 hours or 12 hours response and also have different levels of “emergency” defined to assist the vendor in assessing the timeframe in which to respond. Would this approach work in home oxygen services?

Answer Options	Response Frequency	Response Count
Yes	36.0%	9
No	64.0%	16
<i>answered question</i>		25

Why (18):

- Case by Case, depending on circumstance and client has backup oxygen
- Response time not identified
- More clarity needed to answer
- As soon as possible
- 15 minutes
- 3 hours
- 1 to 2 hours

Q12. If the ministry were to change the required response time to emergency service, how would this impact your staffing and costs?

No change to staffing – 16 (64%)

Not sure – 7 (28%)

Reduce staffing – 1 (4%)

Increase staffing – 1 (4%)

Q13. In the current HOP manual...vendors will provide a basic home oxygen supply system for the client to use at home... Along with the basic home oxygen supply system, the...vendor will provide... delivery, set-up...inspections...instruction...education.. Do any of the above tend to be problematic on a regular basis?

Answer Options	Response Frequency	Response Count
Yes	20.0%	5
No	80.0%	20
<i>answered question</i>		25

If yes, which ones? What can be done to help/fix the situation (6)?

- Labour intensive
- Pickup of equipment
- Retention of staff
- Administrative costs not recognized
- Client declines Home visit

Q14. In your opinion, are any changes needed to this requirement?

Answer Options	Response Frequency	Response Count
Yes	12.5%	3
No	87.5%	21
<i>answered question</i>		24

If yes, please provide a description of the change and rationale (4):

Electronic renewals

Online adjudication

Respiratory assessment on admission to service

Fund second concentrator

Q15. Are there other relevant requirements for initial and follow-up visits that should be added?

No – 7 (44%)

Yes – 9 (56%)

Regular ongoing assessments

Want increased funding for high-need patients

Q16. Please specify the type of staff member who provides instruction on the operation, care and safe use of home oxygen equipment to clients:

Answer Options	Response Frequency	Response Count
Registered health professional	100.0%	26
Medical gas technical	73.1%	19
Others	19.2%	5
<i>answered question</i>		26

Other – please specify (5):

- Non-regulated Health professional

SUMMARY OF RESPONSES

**DELIVERABLES/SERVICES
CURRENTLY NOT PROVIDED
BY VENDORS**

Q17. Staffing Training and Education –
 ... the organization will have in place a Staff Training and Education Program for all staff, which should include training and education. Is this a reasonable requirement?

Answer Options	Response Frequency	Response Count
Yes	76.0%	19
No	24.0%	6
<i>answered question</i>		25

If not, please provide rationale (7):

Cost & time

No additional requirements without increase of funding

Clinical Staff training (free)

Not Applicable to all staff

Q17a. Staffing Training and Education (Cont'd)

If yes to Q17, what will be a reasonable time frame for implementation:

Answer Options	Response Frequency	Response Count
April 1, 2010	30.4%	7
October 1, 2010	13.0%	3
April 1, 2011	56.5%	13
<i>answered question</i>		23

Q18. Staffing Training and Education (Cont'd)

How should vendors demonstrate their compliance with the implementation of a Staff Training and Education Program?

Vendor records – 15 (63%)

Accreditation – 4 (17%)

Documentation to MOH Ministry – 3 (12%)

Not sure – 1 (4%)

Need feedback from other vendors – 1 (4%)

Q19. Infection Prevention and Control –

...The organization develops, implements and updates an infection prevention and control program. The program must adhere to all federal and/or provincially developed infection control guidelines. Is this an appropriate requirement?

Answer Options	Response Frequency	Response Count
Yes	83.3%	20
No	16.7%	4
<i>answered question</i>		24

If no, please provide rationale (6):

Too costly

Time

Vendor Self audit

Q20. Infection Prevention and Control (Cont'd) –
How should vendors demonstrate their compliance with
federal and/or provincially developed infection control
guidelines?

Vendor Maintains own records – 8 (40%)

Accreditation – 5 (25%)

Audit by Ministry – 5 (25%)

Not sure 2 (10%)

Q21. Client Record Keeping –
...The organization has a responsibility to maintain complete and accurate client records... Is this a reasonable requirement?

Answer Options	Response Frequency	Response Count
Yes	88.0%	22
No	12.0%	3
<i>answered question</i>		25

If not, please provide rationale (4):

Maintenance and/or repair records kept separately from client patient records

Cost

Other – Electronic Submission

Q22. Client Record Keeping (Cont'd) –
Do you think any additional record keeping requirements should be added?

Answer Options	Response Frequency	Response Count
Yes	24.0%	6
No	76.0%	19
<i>answered question</i>		25

If yes, please provide description and rationale (5):

Signed consent form
Maintenance repair records (file)

Q23. Client Record Keeping (Cont'd) –
How should vendors demonstrate their compliance with the implementation of the record keeping requirements noted above?

Audits – 13 (65%)

Vendor responsibility (no need to demonstrate compliance)
– 5 (25%)

Accreditation – 2 (10%)

Q24. Staff Screening –

...The vendor is required to ensure that all staff, including clinical and non-clinical staff members who provide service in the home of individuals receiving home oxygen therapy, undergo a criminal record check every five years. Is this a reasonable requirement?

Answer Options	Response Frequency	Response Count
Yes	91.7%	22
No	8.3%	2
<i>answered question</i>		24

If no, please provide rationale (5):

Cost

College responsibility

May violate collective agreement

Who pays?

Q25. Staff Screening (Cont'd) –

How should vendors demonstrate their compliance with the police check requirements noted above?

Vendor keeps records – 11 (55%)

MOH does audits – 7 (35%)

Individual Reference Check – 1 (5%)

Other – 1 (5%)

Q26. Reporting –

In addition to the current mandatory reporting the Ministry receives from vendors, what additional reports can vendors provide that demonstrate outcomes, at either or both the personal or system level, for clients on home oxygen therapy?

No additional reporting – 5

Online/e-file – 2

Hospital, ER and Physician visits – 2

Pulmonary Rehabilitation Program – 1

Preventative Maintenance Records - 1

Q27. Accreditation –

In your opinion, should the Ministry's Home Oxygen vendors be accredited by a recognized accreditation organization?

Answer Options	Response Frequency	Response Count
Yes	32.0%	8
No	68.0%	17
<i>answered question</i>		25

If Yes, which one:

Accreditation Canada – 8

ISO 9001:2000 – 1

Please provide rationale:

Accreditation is best suited for large organizations

Found little benefit to increasing patient care

Q28. Accreditation (Cont'd) –

Are you intending to become accredited in the near future if the Ministry does not make this a requirement of registration?

Answer Options	Response Frequency	Response Count
Yes	52.2%	12
No	47.8%	11
<i>answered question</i>		23

If Yes, by whom (12):

Accreditation Canada

No benefit/Doesn't guarantee better vendor care

Hospital

Q29. Are there any other deliverables the program should consider?

Electronic submission – 2

Increase clinical visitation – 2

Price Increase – 1

Increase funding for off hours – 1

Additional costs to client – 1

Additional billing (pay for consumables) - 1

Additional Consultation Questions: Client assessment

- In our review of Canadian jurisdictions we reviewed home oxygen programs in British Columbia, New Brunswick, Saskatchewan and Alberta and compared them to Ontario's model.
- Three jurisdictions, British Columbia, New Brunswick and Alberta utilize independent assessments by staff employed by regional health authorities.
- If such a model was adopted in Ontario, what would be the impact of this approach?

Additional Consultation Questions: Utilization

- Arterial Blood Gas (ABG) measurements are required for first-time applicants in Ontario.
 - Are ABGs of significant or marginal value when compared to oximetry studies in terms of their accuracy?
 - Are ABGs significantly costlier than oximetry studies?
 - Should the Assistive Devices Program (ADP) require ABGs at all reassessments for eligibility for funding for home oxygen?
 - If ADP required ABGs at all reassessments for eligibility for funding for home oxygen, what is the best method for initiating the test and securing the results?
 - ABG done in a medical facility and analyzed in a medical facility?
 - ABG done in the client's home and analyzed in a medical facility?
 - ABG done in the client's home and analyzed utilizing a portable blood gas analyzer?
 - What would be the cost implications to the vendor of purchasing, maintaining and calibrating a portable blood gas analyzer?

Additional Consultation Questions: Eligibility

- Vendors are not required to submit additional testing reports for clients who meet the general and medical eligibility criteria after 12 months of receiving continuous home oxygen therapy.
 - What would be the impact on vendors of implementing yearly testing and reports for continuing client eligibility?
 - How should results of yearly testing be communicated to the ADP?
 - If a client is reassessed and found not to meet the medical eligibility criteria of the HOP, how should this information be communicated to the physician and what are the next steps.

Additional Consultation Questions: Compliance and Quality Assurance

- Two of the four Canadian jurisdictions compared to Ontario (British Columbia and New Brunswick) require that vendors be accredited; however, our survey responses indicate a somewhat low level of support for accreditation. How should Ontario ensure that vendors are complying with program requirements and providing a high quality service to clients if they don't participate in accreditation?
 - ADP develops a specific quality assurance inspection program?
 - ADP increases the number of audits conducted on vendors?
 - Other?

Additional Consultation Questions: Recycling

- How can Ontario's home oxygen vendors contribute to a reduction in the amount of waste going into landfills associated with home oxygen equipment that is no longer usable?
- Should the ADP program require that home oxygen vendors demonstrate how they have reduced the amount of waste going into landfills?

Next Steps

- Up to three additional consultation meetings (Ottawa, London, and Timmins) re: Vendor Criteria
 - As additional questions have been posed for vendor feedback, the program invites written submissions on the five questions, to be received at ADP no later than 5:00 p.m. on May 11, 2009. Submissions may be directed to Barbara Cadotte, by fax at (416) 327-8192 or by e-mail: Barbara.Cadotte@ontario.ca.
- Ministry's research and analysis
- Consultation Meetings #2 re: pricing - anticipated to start in May