Q1: Facility Name: Rice Memorial Hospital
Q2: Program/Project Name: Home oxygen evaluation
Q3: Address
   Address: 301 Becker Ave SW
   City: Willmar
   State: MN
   Zip Code: 56201
Q4: Contact Person's Name: Keri Ohren
Q5: Phone Number: 320-231-4303
Q6: FAX Number: Respondent skipped this question
Q7: Email: kohr@rice.willmar.mn.us

PAGE 3: AACVPR Certified Program (10 points)
Q8: Does your Institution operate an AACVPR Certified Program (Cardiac or Pulmonary)? Yes

PAGE 4: Introduction (10 points)
Q9: (10 points) In 100 words or less please complete the following statement; "We believe our program is unique and innovative because..."

we have developed a referral process for patients started on home oxygen to ensure their prescription is accurate and equipment meets their oxygen needs. We work closely with our DME company to ensure the patient has the right settings and equipment. We also can provide education and help coordinate a change in prescription or equipment if needed.

PAGE 5: Population Served by The Program (up to 5 points)
Q10: Specify and describe the unique population selected for this program or service. Examples include:
- Clinical populations currently served (CR, PR, and VR)
- Subgroup within CR / PR / VR (i.e. dyslipidemia)
- Primary prevention groups
- Other Clinical conditions or populations (Obese, cancer, osteoporosis, etc)
- Children, elderly, women, minorities, underserved (rural), etc

New home portable oxygen patients.

Q11: Please specify how this population was identified and how their needs were identified:

Too often we have seen patients arrive to pulmonary rehab and have oxygen saturations below 88% with their current system. We are trying to catch them sooner and ensure they have the correct prescription and equipment from the beginning.

Q12: Please identify other opportunities within this target population (referrals or procedures):

We are working on catching patients before they are discharged from the hospital now.

Q13: Please explain considerations given to undeserved or rural populations:

We are rural so it can be a challenge. We try to coordinate appointments when they may be in town already.

PAGE 6: Research basis for program (up to 5 points)

Q14: Does your program have a research basis: No

Q15: If "yes", please indicate the specific guideline(s), scientific evidence, or research articles used in planning this program. Also include, research that supports that this type of innovative program can be/is effective.

Respondent skipped this question

PAGE 7: Collaborative Practice Model (broad community of caregivers) (up to 10 points)

Q16: Describe in detail your model of collaboration; how have you worked to include a variety of caregivers into your program?

We work closely with our physicians, DME, pulmonary rehab, and social workers.

Q17: Who are the caregivers involved in this collaborative process? (identify members of the team):

CR/PR staff, Physician, Family, Other Health Care Professionals

Q18: Describe (or show evidence of) how participant results are shared among all team members and provide examples of this communication process:

A note and results of the 6 minute walk are entered into the electronic medical record. We discuss success stories at our staff meetings and biannual board meetings.

PAGE 8: Patient Self-Management Education (up to 10 points)

Q19: Are patient self-management strategies included? (including primary prevention, behavior modification, compliance and surveillance) Yes
Q20: If yes: Provide details of the education process used and explain how it encourages patient self-management. State the process for identifying barriers to learning, determining state of readiness for learning, and identifying patient’s preferred learning style. Identify by what means education information is provided to the patient/participant:

We believe in education for the patient and the importance of self advocacy. We have written literature, we have the equipment available for education, we involve family when appropriate.

Q21: If yes: Describe behavior modification techniques or interventions used. Explain how patient / participant compliance to treatment plans is tracked and how issues of non-compliance are addressed:

The DME does close follow up for further education needs to reassessments.

PAGE 9: Process/program outcomes evaluation - How is success measured? (up to 30 points)

Q22: What is evaluated in your patient outcomes tracking system:
NA

Q23: How is your patient outcomes tracking system measured?
NA

Q24: Describe your outcomes to date (provide "n," pre- & post-values, %change, & supporting narrative):
NA

Q25: Describe your program/process-related outcomes - how do you know your program is successful (how did your patients do)? Describe outcomes to date (provide pre- & post-values, %change, & supporting narrative):

Anytime the patient has a better understanding of their equipment and oxygen use we are successful.

PAGE 10: Describe evidence of benefit gained from this program (up to 30 points)

Q26: Describe the evidence of Operational Benefit gained from this program (e.g., growth documented by increased visits or patients; enhanced efficiency and process as evident by improved productivity; improved customer and/or physician satisfaction):
Respondent skipped this question

Q27: Describe the evidence of Financial Benefit gained from this program (e.g., return on investment (how it is measured); description of revenue or reimbursement sources; indication of cost savings, in-direct revenue enhancement elsewhere in organization; any evidence of payer cooperation or support):
Respondent skipped this question

Q28: Describe the evidence of Health Benefit gained from this program (e.g., increased health awareness and/or decreased health risk; improved health of community (or population targeted) as evidence by improved health knowledge and/or behavior; decreased hospital, physician or ER visits):
Respondent skipped this question