Adult Continuous Ventilation Funding Criteria

The funding criteria for adult continuous ventilation have been developed in consultation with expert clinicians and align with evidence-based clinical guidelines available at the time of development. The funding criteria provide a basis for consistent and transparent decision making, and assist with safe and appropriate distribution of equipment. The funding criteria do not replace the need for local clinical service guidelines or prescriber clinical reasoning, and recognise that not all items that are clinically recommended will meet the criteria for funding through EnableNSW.

Part A: ADULT CONTINUOUS VENTILATION FUNDING CRITERIA

Eligible Prescribers	Inclusions	Exclusions
Respiratory or Sleep Physician	- Two TGA approved community appropriate life support ventilators (identical) with internal and external batteries - One in-use carry bag or one mounting bracket per device - Mounting bracket/ support arm for MPV - Standard air inlet filters *EnableNSW is required to purchase the most suitable and cost effective TGA approved life support ventilators devices from the NSW Government Contract HC18_1802*	- Masks & chinstraps - Antibacterial/antiviral filters - Power generators or other uninterrupted power supply equipment - Ventilator car chargers/adaptors - Ventilators solely for transport - Phrenic nerve stimulation products - Nebulisers and associated consumables - External monitoring systems (e.g. pulse oximeters, end tidal CO_2 system etc.)

DEFINITION OF CONTINUOUS VENTILATION AND APPLICATION REQUIREMENTS

This clinical funding criteria refers to persons ≥ 16 years of age, with a demonstrated need for long term (≥ 12 months) continuous (life support) ventilation. For the purposes of this document, continuous (life support) ventilation is defined as requiring ventilation ≥ 16hrs/day. To support the request for continuous ventilation equipment, the clinical team must provide a comprehensive report (including objective evidence e.g. copies of tests and complete prescription settings) detailing EACH of the following categories (1-5);

1. Diagnosis and clinical letter
2. Demonstration of requirement for continuous (life support) ventilation
3. Demonstration of stability on the prescribed life support ventilator
4. Community safety, carer training and emergency plan
5. Ventilator settings

A1. DIAGNOSIS AND CLINICAL LETTER

Diagnosis + letter Prescriber must provide: **AND**	Recent letter from Respiratory/Sleep Physician outlining primary cause of respiratory failure, other relevant comorbidities or history, and confirming that the person is clinically stable on the prescribed ventilation mode and settings, and who will be responsible for ongoing clinical review of the person.

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A2. DEMONSTRATION OF REQUIREMENT FOR CONTINUOUS (LIFE SUPPORT) VENTILATION	
The person is prescribed ventilation ≥ 16 hrs/day **AND**	Confirmation that the person's requirement for continuous (life support) ventilation in the community has been assessed during a period of clinical stability i.e. not during or immediately recovering from an acute illness **AND** The person has respiratory insufficiency which has resulted in the need for respiratory support of ≥ 16 hours per day, where no further weaning of daytime ventilation is indicated or possible. **Compliance download demonstrating usage of the prescribed community appropriate life support ventilator ≥ 16hrs/day over a 1-2 week period** **OR** Repeated attempts to reduce the time on daytime/awake ventilatory support (for periods <1hr) have resulted in acute respiratory compromise with a rise in carbon dioxide (CO_2) ≥ 8mmHg from baseline on paired arterial or arterialised earlobe capillary blood gases, end-tidal CO_2 monitoring or transcutaneous CO_2 monitoring) when off ventilatory support
A3. DEMONSTRATION OF STABILITY ON THE PRESCRIBED LIFE SUPPORT VENTILATOR	
Prescriber must provide both of the following: **AND**	Ventilation titration polysomnogram (PSG) **OR** overnight oximetry (+/- CO_2 trend) + detailed polygraphic data demonstrating that the person demonstrating adequate control of gas exchange on prescribed ventilation mode and settings (See B1 for more information on requirements) **AND** Confirmation that the person has trialled the prescribed community appropriate life support ventilator and associated accessories/consumables for at least one week, and the equipment is suitable for the person's ongoing use in the community
A4. COMMUNITY SAFETY, CARER TRAINING AND EMERGENCY PLAN	
The prescriber must confirm **ALL** of the following: **AND**	A risk assessment in the community has been conducted and documented and the person can be safely managed on the prescribed equipment in the community **AND** The person and carer/s have received adequate training, and have acknowledged the risks and responsibility for safely managing the person and the equipment in the community **AND** An individual care plan and an emergency plan have been documented and communicated to the person and their carer/s, to manage clinical and equipment emergencies and to allow the person to live safely in the community

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A5. VENTILATOR SETTINGS	

The prescriber must provide:	Complete prescription settings for the requested ventilator*, **signed and dated by the requesting physician**, including:
	- If dual/multiple programs are prescribed, an individual clearly labelled script is required for each program
	- For each program, the script must contain
	  - Name and date of birth of the person
	  - Ventilator mode & complete settings
	  - Alarm settings
	  - Signature of the prescribing physician
	  - Script date
	*Please provide script for specific ventilator (templates available here). Please provide complete settings to avoid delays in provision of equipment

A6. URGENT REPAIRS AND ROUTINE SERVICING	
The prescriber must provide:	Confirmation that the prescriber agrees to provide a new script with current settings, current date, and physician signature in a timely fashion when requested by EnableNSW, **which are required to proceed with urgent repairs or routine servicing of life support ventilators.** **AND** Name, role, email and phone number of individual/s **AND** an alternate monitored contact email and phone number for EnableNSW to contact to obtain new script (signed and dated by the prescribing physician) in the event of urgent repairs or routine servicing, or if clinical input is required.

HUMIDIFICATION, VENTILATOR CIRCUITS AND ACCESSORIES FOR USE WITH CONTINUOUS LIFE SUPPORT VENTILATORS

People who meet the criteria for continuous (life support) ventilators are eligible for the following equipment and consumables (refer to Adult Suction Units, Electrical Humidification and Respiratory Consumables Funding Criteria for allocations):

- Two humidifiers with associated electrical adaptors and temperature probes
- Test Lung for people who are invasively ventilated continuously
- Manometer for people with a cuffed tracheostomy
- Manual resuscitator
- Ventilator circuits (wet and dry)
- Ventilator circuit accessories e.g. catheter mount, connectors and elbows, adaptors etc.
- Water bags
- Mouthpiece ventilation circuits

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PART B: ADDITIONAL CLINICAL INFORMATION AND REQUIREMENTS	
B1. Information and requirements for PSG and oximetry studies, and polygraphic downloads	The following documentation is required for all PSG studies and non-lab (oximetry + polygraphic) treatment studies: • A physician report and recommendation based on the study **AND** • Full technical report of the study Requirements for non-lab (oximetry + polygraphic) studies: • 1-2 nights of oximetry including continuous overnight SpO_2 trace* +/- transcutaneous CO_2 trace with statistical summary **PLUS** • 1-2 nights of detailed polygraphic data downloaded from the machine (one night per page, breath-by-breath traces optional). As a minimum, detailed flow and pressure data are required, however, tidal volumes, minute ventilation, and other respiratory variables/events may also assist clinical decision making and help provide evidence of adequacy of nocturnal ventilation settings. • *Please note that intermittent/serial spot check/low resolution SpO_2 measures or observation chart printouts will not be accepted.
B2. Requirements for blood gases and assessment of hypercapnia	• Either arterial or arterialised capillary PCO_2 will be accepted as valid measures of CO_2. Venous PCO_2 measures will not be accepted. • Full blood gas results/printouts must be provided. • Blood gases must be taken during a period of clinical stability. If there are any anomalies or confounders (e.g. metabolic acidosis), please indicate this in a clinical letter.
B3. Provision of equipment with auto-titrating modes for hypercapnia	In line with clinical recommendations for patients with chronic hypercapnic respiratory failure, the expectation of the funding criteria is that fixed pressure ventilation modes will be adequately trialled first, and auto-titrating modes and features are only considered when fixed pressure titration does not adequately control ventilation.
B4. Complete settings are required to set up the ventilators	• Complete settings are required in order to avoid delays in the person's life support devices being set up and delivered. • Proforma scripts are required to ensure all of the settings for the specific prescribed device are provided initially. Please contact device suppliers for additional technical information and support around mandatory settings and scripts.

PART C: PRESCRIBER RESPONSIBILITIES, ONGOING REQUIREMENTS	

C1. Ongoing clinical review, ongoing contact requirements, obtaining settings for repairs	• In line with clinical best practice guidelines, EnableNSW expects that people using EnableNSW continuous life support ventilators have ongoing regular review with their respiratory/sleep physician to ensure they continue to be on the optimal treatment.
	• As the prescriber of this equipment, the respiratory/sleep physician agrees to:
	  - Provide current contact details, and alternative contact details for clarification of clinical information or other ventilator equipment updates for the person.
	  - Provide EnableNSW with updated contact information if there are any changes.
	• Provide up to date life support ventilator settings (as outlined in A5) to EnableNSW Repairs & Maintenance Team on request- these are required for any repairs to be initiated.

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C2. It is the responsibility of the prescribing physician/clinical teams to submit/organise and ensure the following:	Training, safety, and repairs: • The person and/or family/carers are trained and are capable of using the equipment safely and appropriately, including basic equipment care and minor troubleshooting. • The person and/or family/carers are trained how to regularly clean and inspect the ventilation equipment, and safely store and transport the equipment (e.g. empty the humidifier chamber before transporting the equipment). • The person/primary carer should retain a copy of current ventilator prescription settings. • The person must be willing to comply with device usage as prescribed by their physician and must be informed that therapy compliance data will be recorded. • Provide the person with information about their treatment plan, ongoing clinical review and assessment requirements in relation to their ventilation treatment. • EnableNSW can be contacted to coordinate repairs and/or replacement within business hours (9am-5pm, Monday to Friday). EnableNSW and contracted equipment suppliers do not provide a 24 hour equipment support contact line. • The person and/or carer must be aware of the procedure to follow in the event of ventilation equipment failure, and have a plan in place for ventilation equipment failure outside of business hours. The person must have contact details for their clinical team. Any concerns about the person's ventilation management or health condition must be discussed with the clinical team. Equipment and environment factors: • Ensure the ventilation equipment prescribed is compatible with the person's home environment and all other equipment or consumables prescribed, and is suitable for safe management of the person in the community. • Ensure that the person's place of residence has access to a stable electrical power source that is sufficient for device operation • The clinical team must notify EnableNSW if the equipment is no longer required. • A NSW Government Planning & Environment Electricity Rebate Form is completed: https://www.service.nsw.gov.au/transaction/apply-life-support-energy-rebate-retail-customers
C3. Equipment allocation	• Available equipment that meets the persons assessed requirements may be either reallocated or new.
C4. Availability of new ventilation ventilator models, modes or features	• EnableNSW will not exchange functioning ventilation or humidifier equipment on the basis of newer device models, modes, or new or updated features becoming available.