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Client's Name (Last, First): _____

PHN: _____ Date of Birth (yyyy/mm/dd): _____

Instructions: The BPAP Specialty Supplier / Assessor must mark the check boxes on the "Reviewed with Client" column when the information under that item has been reviewed or discussed with the client or caregiver. The assessor will also note their rating (good, fair or poor) of the client understanding of the information under that item on the "Assessment of Understanding" column.

The Specialty Supplier is required to keep the completed checklist on file and provide it to Alberta Blue Cross on request.

A. Program Information	Reviewed with client	Assessment of understanding
1) BPAP Client's roles and responsibilities (refer to Policy R-36).		
2) BPAP Specialty Supplier's roles and responsibilities (refer to Policy R-36).		
3) Purpose of the Client Education Package Checklist and the requirement for signed documentation of the client's agreement to fulfill relevant responsibilities and understanding of their obligations.		
4) AADL BPAP policies, testing requirements and timelines.		
5) Contact information including phone number and website addresses (if applicable) for: <ul style="list-style-type: none"> • BPAP Specialty Supplier • Alberta Blue Cross • Other health professionals involved in the client's care 		
Comments:		

BPAP Client Education Package Checklist

<p>B. Treatment Instructions Once an assessment of the client's understanding of their condition and need for BPAP is complete provide the following treatment instructions:</p>	<p>Reviewed with client</p>	<p>Assessment of understanding</p>
<p>1) Client specific education about their condition and disease process.</p>		
<p>2) Reason(s) for BPAP therapy and its benefits.</p>		
<p>3) Importance of BPAP compliance and expectation that Clients achieve utilization of at least 4 hours per day for 70% of the time in order to obtain clinical benefit and receive continued funding for BPAP therapy.</p>		
<p>4) Potential compliance issues (E.g. mask fit, nasal symptoms and pressure issues).</p>		
<p>5) Process of habituation to BPAP therapy and expectations for Clients.</p>		
<p>6) Follow-up schedule.</p>		
<p>Comments:</p>		

BPAP Client Education Package Checklist

<p>C. BPAP Unit Instructions The following information about the unit must be provided to the Client (caregiver). The assessor must request the Client (caregiver) to demonstrate what they have learnt in this section.</p>	<p>Reviewed with client</p>	<p>Assessment of understanding</p>
<p>1) Operation, maintenance and care of the unit and BPAP accessories</p> <ul style="list-style-type: none"> a) How to turn the power on and off. b) How to maintain and care for the unit and the BPAP accessories <ul style="list-style-type: none"> i. How to clean the device, humidifier, mask, headgear and other accessories to control or prevent infection, and how often these items need to be cleaned. ii. How to clean or replace the filters and how often they need to be replaced. iii. How often to replace other BPAP supplies. c) Provide safety requirements including infection prevention and control practices. d) How to get access to the memory card for the compliance download. 		
<p>2) Mask fitting</p> <ul style="list-style-type: none"> a) Choose the appropriate mask for the Client if it has not been identified by the referrer (physician or AHS professional). b) Inform client about the mask trial period and process. 		
<p>3) Manufacturer's contact information including phone number and website where they may view instructional videos.</p>		
<p>4) Bring unit with you when travelling or going to the hospital.</p>		
<p>Comments :</p>		

Signature of the Assessor

Name (Please PRINT)

Designation of the Assessor

Name of the BPAP Specialty Supplier

Date (yyyy/mm/dd)