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# **PATIENT WELCOME HANDBOOK**

## Infusion Therapy Services

Prepared For Patients, Caregivers, and Their Families



## **Your Nursing Agency Contact Information**

**Nursing Agency Company Name:** \_\_\_\_\_

**Nursing Agency Phone:** \_\_\_\_\_

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Only add sections below (in red font) if they apply to your practice.

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# Welcome to (Add Company Name)

## *Dear Infusion Patient,*

It is a privilege to serve you for your infusion pharmacy needs. We want you to know your health and well-being are always our number one priority.

Our pharmacy staff understands that your medical condition is complex and requires special knowledge, as we work together with your doctor and insurance company throughout your time on service. Our goal is to provide you with the best infusion therapy experience possible.

It is a great pleasure to welcome you to (Add Company Name), and we look forward to being your infusion medication provider.

## **Pharmacy Patients**

Our pharmacy staff will provide you with the intravenous medications and supplies required to complete your therapy. You will be instructed how to administer the medications, monitor their side effects and properly care for the medications in your home. Our pharmacists will contact you on a regular basis to monitor your progress and report pertinent findings to your physician.

## **Benefits that you will be receiving while on service with us:**

- ✓ Access to clinical staff 24 hours a day, 7 days a week
- ✓ Coordination of prior authorization with your insurance company
- ✓ Clinical monitoring and Dietary consultation (If applicable)
- ✓ Help in locating co-pay assistance
- ✓ Delivery of medicine
- ✓ Training and education
- ✓ Equipment/Pump management
- ✓ Refill reminders

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Our staff will contact you to arrange deliveries of your medications and supplies. To prevent possible disruption of therapy, please let us know if the appointed times for deliveries need to be changed.

### Nursing Patients

Since your physician has deemed you medically stable, your medical care can be managed in the home setting. If we are providing your care, our health care staff will assist with and teach you, or a designated caregiver, to become independent with your necessary care. Your nurse or therapist will contact you to schedule appointments with you. If for any reason you are not able to keep an appointment, please cancel at least two (2) hours in advance.

#### Here are some important things to remember:

- We will call you a few days before you run out of medications every week to process your refill. Some things we will ask are how are you feeling, when is your next doctor's appointment, any recent labs, how many doses do you have left at home and any questions for the pharmacist.
- We will send out various supplies including Sodium Chloride Syringes (Saline flushes) and Heparin. Saline flushes will usually come in a long clear and white syringe whereas Heparin can come in a short yellow or blue syringe (depending on order).
- Please follow the SASH Method (if applicable) when caring for your line. A patient education flyer is included and your nurse will educate you to ensure proper SASH Method is used for every dose.
- Our pharmacists can help with any medication questions. Never hesitate to call with any questions or concerns.
- With the delivery of each new medication shipment, open the box and look at each dose to ensure the correct product and correct patient name is on the product. You are our last quality check to ensure the highest level of patient safety.



## Patient Education Resources

Access additional resources for patients. From step-by-step therapy instructions to education regarding equipment and medication.

Open the Camera app on your phone. Hold your device so that it recognizes the QR code. Tap the notification link that appears. Or install a QR reader onto your phone then follow the app's instructions.



## Stay Connected with Us

#### Business Hours:

Monday–Friday: (Add Hours)  
Saturday–Sunday: (Add Hours)  
*Urgent Concerns 24/7 Availability*

#### (Add Location):

Toll Free: (000) 000-0000  
Local: (000) 000-0000

#### (Add Location):

Toll Free:(000) 000-0000  
Local: (000) 000-0000

#### Website:

Visit our website to learn more about the services we offer.

Add Website QR Code

Follow (Company Name)



## Our Mission

*(Add Company Mission Statement)*



## Company Overview

### A. Philosophy

*(Add Company Name)* is committed to the premise that every individual regardless of age, race, color, religion, ancestry, national origin or mental and physical handicap should have access to the specialty home health services and equipment that provide essential high-quality care. These services (both psychological and technical) and this equipment will be provided whenever a person has a need for them.

This organization believes that patients who meet criteria can be serviced in a cost effective way and may experience the psychological and sociological benefits of residing in their own homes.

Healthcare service, supervision and support, with a particular emphasis on disease and complication prevention, enables an individual to maintain both a stable state of health and relative independence in the comfortable and familiar surroundings of their own homes.



### B. Ethics

We require our employees to provide patient care within the ethical framework established by the professional health care providers' organization, the health care profession and the law.

We give patients, legally responsible parties and attending physicians the right to participate in discussion of ethical issues regarding patient care concerns.

Ethical issues may be brought to the attention of any employee, who will then inform the appropriate company personnel to arrange for conferencing as appropriate.



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## Our Health Equity Promise

(Add Company Health Equity Promise)



## Patient Concerns and Complaints

Your experience with us is very important. We want you to feel comfortable letting us know how we can serve you better, without fear of reprisal, discrimination, or unreasonable interruption of services. If you are not satisfied with any aspect of the service given by our pharmacy, please call and ask to speak with a supervisor. (Add Company Name) has a formal complaint procedure that makes sure your concerns are reviewed and an investigation is started within 48 hours. Every effort will be made to resolve all complaints within 14 days. You will be informed in writing of the resolution of the complaint. If you feel our staff has failed to follow our policies or has in any way denied you your rights, follow these steps without fear of discrimination or reprisal:

**Step 1:** Notify the senior director for complaints during normal business hours Monday through Fridays at (000-000-0000). You may also submit your complaint in writing to (Add Company Address). You will receive a phone call within 5 business days letting you know we received the complaint. You will receive a letter with confirmation that your issue has been investigated and what the results of the investigation are within 14 days of your complaint. Most problems can be resolved at this level.

**Step 2:** If you feel satisfactory action has not been taken, you may contact the following organizations:

- **(Add Your States Home Care Hotline):** This state organization receives complaints or questions about home care agencies. Their number is (000-000-0000).
- **Accreditation Commission for Health Care (ACHC):** To file a complaint against an organization accredited by ACHC, please call 919-785-1214.
- **The Joint Commission (TJC):** To report a patient safety concern or file a complaint against an organization accredited by The Joint Commission, the preferred method for submitting a concern is through the online submission form available at [www.jointcommission.org](http://www.jointcommission.org).
- **Utilization Review Accreditation Commission (URAC):** accepts complaints that are in writing through their webpage and contains the complainants' contact information which may be shared with accredited organizations unless the complainant desires to remain anonymous. To file a grievance against a URAC-accredited organization, visit [www.urac.org](http://www.urac.org).

**Step 3:** As a result of updated Legislation, the State of Florida has requested all licensed home health agencies to educate patients and families regarding Medicaid Fraud. The Agency for Health Care Administration's (AHCA) definition of Medicaid fraud is defined as: an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under applicable federal or state law as it relates to Medicaid. The Office of Inspector General at the Agency for Health Care Administration accepts complaints regarding suspected and abuse in the Florida Medicaid system by phone at 1-888-419-3456 or on the Agency website at: [apps.ahca.myflorida.com/InspectorGeneral](http://apps.ahca.myflorida.com/InspectorGeneral). (This information applies to Florida, add your State's Legislation in this section).

## Your opinion matters to us!

Help us to serve you better by taking this quick survey about your experience with (Add Company Name).

Add Customer  
Service Survey  
QR Code

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## Important Contact Information



### (Add Company Name and Location 1)

Toll Free Phone Number: 1-000-000-0000 | Local Phone Number: 000-000-0000  
Address: (Add Address)



### (Add Company Name and Location 2)

Toll Free Phone Number: 1-000-000-0000 | Local Phone Number: 000-000-0000  
Address: (Add Address)



### County Needle Program

Phone Number: (000-000-0000)



### Medicaid Benefits

Phone Number: 1-800-633-4227  
Website: [www.benefits.gov/benefit/1625](http://www.benefits.gov/benefit/1625)



### Medicaid Abuse

Phone Number: 1-888-419-3456  
Website: [www.cms.gov/About-CMS/Components/CPI/CPIReportingFraud](http://www.cms.gov/About-CMS/Components/CPI/CPIReportingFraud)



### NeedyMeds

Website: [www.needymeds.org/state-programs](http://www.needymeds.org/state-programs)



### Poison Control

Phone Number: 1-800-222-1222 (Available 24 Hours a Day)



### (Add Your State's Department of Health info): Division of Disease Control and Health Protection Bureau of Environmental Health

Phone Number: (000-000-0000)  
Website: (Add website url)

## Financial Responsibility

Infusion therapy is the administration of medication through a needle or catheter in a vein and is given in the home setting. Infusion has been proven to be a safe and effective alternative to inpatient care for many medical conditions and therapy types.

A dedicated team of professionals will be monitoring your therapy throughout your time with us. If at any time a clinical emergency comes up, we are on-call 24 hours a day to help you.

### 1. Changes in Insurance

Please be aware, it is your responsibility as the patient to notify healthcare providers of any changes in your insurance policy and coverage. Failure to do so may result in non-payment by your insurance company. If this occurs, you will be fully responsible for any unpaid claims. In order to avoid this situation from occurring, we request that you notify AHHI at least 15 days prior to any changes being made. This will allow AHHI time to obtain benefits and appropriate authorization.

### 2. Equipment

If your therapy requires the usage of a pump, please know that the pump is the property of AHHI and must be returned in good working order after it's intended use. If it is not returned, or is damaged in any way, you will be subject to a pump replacement charge of up to \$4000 per pump.

Upon the completion of therapy, please contact our office directly and arrange for a pickup. In some instances, a pump return box may be utilized to facilitate the return of the pump. If this is the case, the box and instructions for return will be given to you.

### 3. Disposable Medical Supplies - Related to Your Nursing Care

*Where does it come from and who pays for it?*

In the event your home nursing care requires disposable medical supplies, (such as gauze, bandages, tape and the like), where it comes from and who pays for it is dependent upon your particular insurance provider.

#### A. Commercial Insurance and Managed Care

Each commercial insurance or managed care company establishes their own coverage guidelines. Some insurance companies cover the supplies and may require the supplies to be ordered from medical supply company, while other companies do not provide coverage at all.

If your Insurance covers supplies:

The insurance companies that **do** provide supplies, often times have a preferred vendor for patients to obtain their supplies from. When this is the case, the supplies must be ordered directly from the preferred vendor and then wait for the supplies to be shipped to your home. This process can take anywhere from 5 to 10 days for the supplies to arrive.

Please note, AHHI staff will gladly assist with the ordering process. There are insurance

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companies that do not cover supplies at all. When this is the case, **the patient is 100% responsible to obtain and pay for their supplies.** Many basic supplies can be obtained from their local pharmacy, grocery or other store. More advanced supplies may be purchased through a local medical supply company. Many home care agencies offer the opportunity for the patient to purchase their needed supplies from the home care agency.

Home care nurses do carry a limited amount of basic wound care supplies (IE: tape, gauze, gloves) with them in order to assist with the patient care until detailed supplies are obtained.

## B. Medicare

Medicare “bundles” the patient care and related supplies under essentially one payment. This is paid directly to the Medicare certified home care agency. For example: Wound care, Ostomy care and Foley care.

This means the Medicare certified home care agency will provide the supplies to the patient. Generally speaking, the home care nurse will bring these supplies when they provide the home care visit. There are some instances where the supplies will have to be shipped to the patients’ home.

Please feel free to contact our office at (000-000-0000) if you have any questions or concerns.

## Medicare Prescription Drug Coverage and Your Rights

### Your Medicare rights

You **have the right to request a coverage determination** from your Medicare drug plan if you disagree with information provided by the pharmacy. You also have the **right to request a special type of coverage determination called an “exception”** if you believe:

- you need a drug that is not on your drug plan’s list of covered drugs. The list of covered drugs is called a “formulary;”
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

### What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan’s toll-free phone number on the back of your plan membership card, or by going to your plan’s website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.

2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.

Refer to your plan materials or call 1-800-Medicare for more information.

**PRA Disclosure Statement** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

## Supporting Statement Part A

### Medicare Prescription Drug Coverage and Your Rights

#### CMS-10147, OMB 0938-0975

#### Background

Section 423.562(a)(3) and an associated regulatory provision at § 423.128(b)(7)(iii) require that Part D plan sponsors' network pharmacies provide Part D enrollees with a printed copy of our standardized pharmacy notice "Medicare Prescription Drug Coverage and Your Rights" (hereafter, "notice") if an enrollee's prescription cannot be filled.

We do not propose to revise the notice other than to update the date of expiration. We are revising our burden estimates based on calendar year (CY) 2018 Public Use File and prescription drug event data.

#### A. Justification

##### 1. Need and Legal Basis

The purpose of this notice is to provide enrollees with information about how to contact their Part D plans to request a coverage determination, including a request for an exception to the Part D plan's formulary. The notice reminds enrollees about certain rights and protections related to their

Medicare prescription drug benefits, including the right to receive a written explanation from the drug plan about why a prescription drug is not covered. Through delivery of this standardized notice, a Part D plan sponsor's network pharmacies are in the best position to inform enrollees at point of sale about how to contact their Part D plan if the prescription cannot be filled.

#### Statutory/Regulatory Basis

§ 1860D-4(g)(1) – A Part D plan sponsor shall provide coverage determination and redetermination procedures with respect to covered prescription drug benefits offered by the plan.

§ 423.562(a)(3) – A Part D plan sponsor must arrange with its network pharmacies to distribute notices instructing enrollees to contact their plans to obtain a coverage determination or request an exception if they disagree with the information provided by the pharmacist.

§ 423.128(b)(7)(iii) – Network pharmacies must provide a printed notice at the point-of-sale to an enrollee explaining how the enrollee can contact the plan and request a coverage determination.

## 2. Information Users

Through the notice, Medicare beneficiaries who are enrolled in a Part D plan will be informed of their right to request a coverage determination (including an exception) and will be better able to access their Medicare prescription drug benefits.

## 3. Use of Information Technology

Part D plans and their network pharmacies are free to take advantage of any information technology they find appropriate for their business operations in order to meet this requirement.

## 4. Duplication of Efforts

This information collection is not duplicative of another collection.

## 5. Small Businesses

There is no significant impact on small businesses. The notice requirement is fulfilled by the pharmacy providing the enrollee with the notice.

## 6. Less Frequent Collection

There are no opportunities for less frequent collection. Each time an enrollee's prescription cannot be filled under the Part D benefit and the issue cannot be resolved at the point of sale, the network pharmacy is responsible for providing the enrollee this notice. Failure to provide the enrollee with a copy of the notice at the pharmacy if the prescription can't be filled may result in enrollees being uninformed of important due process rights. The pharmacist can't issue a coverage determination on behalf of the plan.

## 7. Special Circumstances

There are no special circumstances that would require an information collection to be conducted in a manner that requires respondents to:

- Report information to the agency more often than quarterly;
- Prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- Submit more than an original and two copies of any document;
- Retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- Collect data in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study,
- Use a statistical data classification that has not been reviewed and approved by OMB;
- Include a pledge of confidentiality that is not supported by authority established in statute or regulation that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- Submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

7. Federal Register/Outside Consultation

The 60-day notice published in the Federal Register TBD (85 FR).

The 30-day notice published in the Federal Register TBD (85 FR).

9. Payments/Gifts to Respondents

Neither Part D plans nor pharmacies will receive any payment or gifts related to issuance of this notice.

10. Confidentiality

No assurances for confidentiality are necessary as data is not being collected.

11. Sensitive Questions

There are no sensitive questions associated with this collection. Specifically, the collection does not solicit questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

12. Burden Estimates (Hours & Wages)

Wages

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2019 National Occupational Employment and Wage Estimates for all salary estimates ([http://www.bls.gov/oes/current/oes\\_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm)). In this regard, the following table presents the mean hourly wage, the cost of fringe benefits (calculated at 100 percent of salary), and the adjusted hourly wage.

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Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefit (\$/hr)	Adjusted Hourly Wage (\$/hr)
Pharmacy Technician	29-2052	\$16.95	\$16.95	\$33.90

As indicated, we are adjusting our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and overhead costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, there is no practical alternative and we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

#### Burden Estimates

We estimate that the burden associated with the requirement to distribute the standardized pharmacy notice, entitled Medicare Prescription Drug Coverage and Your Rights, is 1 minute (0.01666 hour) per enrollee. We believe that because such delivery is an administrative function, a pharmacy technician would generally be the person distributing the notice, not the pharmacist. Assuming that the staff person distributing the notice will most likely be a pharmacy technician, we are using an adjusted wage of \$33.90/hr to calculate costs.

Based on the most recent data from CY 2018 Public Reporting File (PUF) data, the number of filled prescriptions in 2018 was 2,273,087,520 and the number of rejected pharmacy transactions in 2018 was 82,802,153. These rejected pharmacy transaction data are comprised of four different rejection scenarios, all of which cause the standardized pharmacy notice to be returned. Therefore, our estimate is that all of these rejected pharmacy transactions would require the beneficiary to receive a notice. However, we estimate that 40% of rejected pharmacy transactions are resolved at point of sale. These resolutions could be attributed to a phone call to the prescriber to obtain a system override, or could be due to data entry error. Based on this 40% resolution assumption, we are estimating that 49,681,292 notices will be issued annually.

Assuming an average time per response of 1 minute (0.01666 hour) we estimate a total annual burden of 827,690 hours (0.01666 hours x 49,681,292 notices) at a cost of \$28,058,691 ( 827,690 hr x \$33.90/hr).

For each respondent/pharmacy we estimate an annual burden of 12 hours per pharmacy per year (827,690 hrs / 70,000pharmacies) at a cost of \$400.84 per pharmacy per year (\$28,058,691 / 70,000 pharmacies).

#### Information Collection/Reporting Instruments and Instruction/Guidance Documents

- Instructions for the standardized pharmacy notice “Medicare Prescription Drug Coverage and Your Rights”
- Medicare Prescription Drug Coverage and Your Rights (English)



- Medicare Prescription Drug Coverage and Your Rights (Spanish)

We are keeping the 2017-approved version in this submission. We are excluding the revised Spanish version from this 2020 iteration due to our belief that the best use of the agency's limited translation resources is to wait until after OMB approves a notice (in English) before translating that notice into another language. At that time, the Spanish version will be provided to OMB as a nonsubstantive change.

#### 13. Capital Costs

There are no capital costs.

#### 14. Cost to Federal Government

There are no direct costs to the Federal government for the distribution of the notice by Part D plans' network pharmacies.

#### 15. Changes to Burden

The annual hourly burden associated with this collection is estimated to be 827,690 hours. The annual hourly burden in the 2016 PRA submission for this collection was 668,066 hours. The 159,624 hour increase in burden is an adjustment that is based on the increased number of applicable pharmacies (+8,000 pharmacies) and the increased number of standardized pharmacy notices (+9,581,292 notices) that are likely to be distributed based on using more accurate CY 2018 Public Use File and prescription drug event data.

We are also adjusting our cost estimates based on current BLS wage data for pharmacy technicians. In this iteration we are doubling that wage to account for burden and overhead.

#### 16. Publication/Tabulation Dates

CMS does not intend to publish data related to the notices.

#### 17. Expiration Date

The expiration date is displayed in the bottom right hand corner of the notice.

#### 18. Certification Statement

There are no exceptions to the certification statement.

### **B. Collection of Information Employing Statistical Methods**

This collection does not employ statistical methods.

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## Medication Safety

As a patient and/or family member, you are part of the health care team. Your pharmacist, patient pharmacy associate (PPA) and delivery driver, along with you and/or your family member(s), play a key role in making sure your therapy is successful.

### Tips for a more successful therapy:

- Our pharmacists can help with any medication questions. Never hesitate to call with any questions or concerns.
- With the delivery of each new medication shipment, open the box and look at each dose to ensure the correct product and correct patient name is on the product. You are our last quality check to ensure the highest level of patient safety.



### **Before taking a dose of medication:**

- Read the label and any information you have been given.
- Make sure that the medication you have is the one that your doctor ordered.
- If any of the information you have does not reflect what your doctor has told you, call your pharmacist.

*For example: Your doctor told you to take your medication 1 time daily, but the label says to take it 2 times daily; call your pharmacist to confirm dosing instructions.*

- Check the product for any leakage, change in color, or change in appearance.
- All IV solutions should be free of floating particles.
- Be sure to store all medications as directed on the label and packaging.
- If your medication has been stored improperly for any length of time, call one of our pharmacists for further instructions.

Taking an active role in safe medication use has many advantages. Not only will it help prevent medication errors, but it will also make you a more informed health care consumer. With teamwork, we strive to provide to you the best experience possible.

## **Home Safety**

Emergencies and environmental disasters can happen at any time. We will make every effort to continue services without interruption and to let you know where your delivery is during these emergencies. Please listen to the radio and television for weather updates and emergency information/ instructions.

### **Environmental Safety**

- Torn, worn or frayed carpeting should be repaired or removed.
- Rugs, runners, and mats should be secured to the floor with double-sided tape, rubber matting or be rubber-backed.
- Handrails and hand grips should be secure.
- A sturdy step stool should be used to reach items on high shelves.
- Always store heavy items on lower levels.

### **Fire and Electrical Safety**

- Replace frayed cords.
- Cords should not be placed under furniture or rugs. Extension cords should not be overloaded.
- Electrical outlets should be grounded.

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- Multiple outlet adaptors should not be used on electrical outlets.
- Do not use an outlet if it sparks or if smoke appears, or if it is very warm.
- Keep flashlights and extra batteries handy.
- Fire regulations recommend one smoke detector on each level of the home.
- Check the batteries in smoke detectors often.
- Develop an evacuation plan to exit the residence in the event of fire.
- Establish clear pathways to all of the exits. Do not block the exits with furniture or boxes.
- Have a key accessible near deadbolt-locked doors.
- Chimneys should be inspected annually to avoid unsafe build up.
- Kerosene heaters, wood stoves and fireplaces should not be left unattended while in use.
- Do not smoke in bed.

## Weather-Related Emergency Tips

In the event of a natural disaster, inclement weather or emergency (including emergencies that result in a state-ordered call for evacuation), we have an emergency plan to continue necessary patient services. We will make every effort to continue home care visits. However, the safety of our staff must be considered. When roads are too dangerous to travel, our staff will contact you by phone, if possible, to let you know that they are unable to make your visit that day. Every possible effort will be made to ensure that your medical needs are met by the agency or through any previously agreed upon arrangements made with you or your family caregiver. Most home health services are not life supporting and can therefore be suspended for brief periods of time without placing the patient at great risk. Should you decide to stay in your home during a state ordered evacuation, there may be a temporary disruption of services.

In the event of an emergency your nurse/pharmacist will reach out to you with information related to the specific event. The following information will assist the patient in matters relating to disaster, emergency preparedness and unforeseen circumstances. This information will be helpful in preparations but does not make the agency responsible for the patients during a disaster or emergency.

### Power Outages

- If your infusion equipment is run by A/C current with a battery back-up, call the electric company to let them know of your need for priority restoration of power.
- Always keep extra alkaline batteries for your infusion pump (if applicable).
- Inform us of any power outages lasting longer than six hours; a recharged battery or pump may be delivered to you.
- Fill an ice chest with ice to store all refrigerated medicine.

## **Flooding**

- Go to high ground immediately; get out of areas that tend to flood.

## **Tornadoes**

- Be prepared to move to the basement, in a corner along an outside wall, or under the stairs.
- If there is no basement, go to the lowest level, in a bathroom, closet, inner hallway, or under the stairs.
- Stay away from doors and windows.

## **Winter Storms**

- Keep an emergency supply of food and water in your home.
- Conserve energy; close off unused rooms.
- Dress warmly and in layers.
- Use caution when using kerosene and/or electric heaters.

## **Hurricanes**

- A hurricane can immobilize an entire region. Heavy rains and high winds cause flooding and damage to structures and surrounding landscapes Preparation is the key to surviving a hurricane: keeping informed of the storm's path and anticipated arrival, assembling disaster supplies, securing your home and evacuating to a shelter if necessary.

## **Lightning**

- Inside a home, avoid bathtubs, water faucets and sinks because metal pipes can conduct electricity. Stay away from windows. Avoid using the telephone, except for emergencies. If outside, do not stand underneath a natural lightning rod, such as a tall, isolated tree in an open area. Get away from anything metal, including tractors, farm equipment, bicycles, etc.

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# HOW TO HANDLE Your Medication During an Emergency?



## PREPARING your medication for an emergency to decrease the risk of a life-threatening situation:

**Talk about a plan**—Talk to your doctor or pharmacists about what you should do in case you run out of medicine during an emergency.

**Make a list**—Keep a current list of medications you are taking, including dose and direction and phone numbers of your doctor and pharmacy.

**Plan ahead**—Make sure you know the shelf-life and optimal storage temperature of your medications because some medications can only be at room temperature for certain periods of time.

**Start a stockpile**—Make sure you have a 7-10 supply of your medications and other medical supplies. Refill your prescriptions as soon as you are able.

**Check before using**—Before usage, make sure to check the look, smell, and expiration date of all of your medications.

## DURING an emergency:

Call **(Add Company Name)** for guidance on handling medications during times of natural disaster or personal emergencies.

To find an open pharmacy, visit [RxOpen.com](http://RxOpen.com). This resource maps open and closed pharmacies during disasters.

**Medicare recipients who need dialysis treatment** should contact the End-Stage-Renal Disease Network (ESRD), or call 800-Medicare to get ESRD Network contact information.

**People who need chemo and other cancer treatments** should call 800-4CANCER to help locate cancer centers/ providers.

For more information on Medication Preparedness visit the following resources:

**Preparing Your Medicine Cabinet for an Emergency: A Checklist**  
[blogs.cdc.gov/publichealthmatters/2017/10/preparing-your-medicine-cabinet-for-an-emergency/](https://blogs.cdc.gov/publichealthmatters/2017/10/preparing-your-medicine-cabinet-for-an-emergency/)

**How to Get Your Prescription Drugs During a Disaster:**  
[www.aarp.org/health/drugs-supplements/info-2017/emergency-prescriptions-hurricane-harvey-fd.html](http://www.aarp.org/health/drugs-supplements/info-2017/emergency-prescriptions-hurricane-harvey-fd.html)

## Emergency Management Resources



### Primary Contact for Emergency Operations **(Add Company Name):**

**(Add Location 1 Name) Patients**

(Add Address)

(Add Phone Number)

**(Add Location 2 Name)**

(Add Address)

(Add Phone Number)



### Special Needs Shelter Registration

(In this section add your states information).



### Emergency Broadcast Service Station:

**(Location Name 1 )**

(Add Radio Station)

**(Location Name2)**

(Add Radio Station)



### Emergency Broadcast TV Station:

**(Add Location Name 1)**

Watch any of the local television station  
Channels: NBC, ABC, CBS and local affiliate  
– 2, 6, 9 & 13

**(Add Location Name 2)**

Watch any of the local television station  
Channels: NBC, ABC, CBS and local affiliate  
– Bay News 9

**Contact:**

- If you have electrically powered home health equipment, contact your local power company. Tell them to place you on a priority list for power or a generator so that there would be no interruption of power to your equipment.
- The telephone company and tell them to put you on the essential user list so that you keep in touch with your health care providers.



### Utility Agencies in

**(Add Location Name 1):**

**Energy:** 000-000-0000

**Power and Light:** 000-000-0000

**Utilities Commission:** 000-000-0000

**(Add Location Name 2):**

**Energy:** 000-000-0000

**Power and Light:** 000-000-0000

**Utilities Commission:** 000-000-0000



### Miscellaneous Info:

- Keep a cooler of ice on hand. If the power is out and the inside of your refrigerator becomes warm, medications should be stored in the cooler. Be sure to stock up on canned goods and non-perishable foods.
- Know where the water and gas shut off valves are located.
- Know the elevation of your property and where your homeowner's papers are located.

**In the event of a natural disaster or emergency, and your need of IV care and are unable to reach (Add Company Name). Please go to the nearest emergency room with your medication and supplies to receive treatment.**

Add your Logo

## Home Infusion Pharmacy (Add Section if Applicable)

If you have any Home Infusion questions, please call (add department phone number).

Home infusion therapy is the administration of medication through a needle or catheter in a vein and is given in the home setting. Home infusion has been proven to be a safe and effective alternative to inpatient care for many medical conditions and therapy types.

A dedicated team of professionals will be monitoring your therapy throughout your time with us. If at any time a clinical emergency comes up, we are on-call 24 hours a day to help you. Here are some benefits that you will be receiving while on service with (Add Company Name):

- Access to clinical staff 24 hours a day, 7 days a week
- Coordination of prior authorization with your insurance company
- Clinical monitoring
- Dietary consultation
- Co-pay assistance
- Delivery of medicine
- Training and education
- Equipment/Pump management
- Refill reminders

### Proof of Delivery

- The packing slip included in your delivery package provides you with an itemized list and quantity of medication and/or supplies you have received. The packing slip also serves as proof of delivery and is included as part of your medical record in the event your insurance provider requests this information. Insurance providers can audit medical records at any time for proof of delivery and can deny reimbursement if proof of delivery is not available.
- The packing slip must be signed, dated, and returned. If the delivery was left at your door by a pharmacy driver, and not signed, the packing slip must be signed, dated, and returned as soon as possible. If packing slips are not signed and returned promptly, future deliveries will not be able to be left at the door without a signature (**if applicable**).

### Medication, Supplies, and Refills

*If you have any questions about your medicine, please call and talk to a pharmacist.*

- To place an order for supplies and/or a medication refill, please call and talk to one of our team members. It is a requirement that someone from our pharmacy talks to you before each delivery to identify therapy and supply needs.
- It is our goal to supply you with the correct number of supplies to administer your infusion therapy. You can help us by providing a correct count of your supplies weekly. Your homecare nurse will teach you how to count and record your supplies each week.
- A pharmacy staff member will call you weekly prior to your delivery to confirm inventory and supplies **needed for the upcoming week.**





## Specialty Pharmacy (Add Section if Applicable)

If you have any Specialty Infusion questions, please call (add department phone number).

If your medicine is injected with a needle into the skin or taken by mouth, then you will be on our Specialty Pharmacy team.\* Here are some benefits that you will be receiving while on service with (Add Company Name):

- Access to specialized clinical staff 24 hours a day, 7 days a week
- Coordination of prior authorization with your insurance company
- Compliance monitoring
- Co-pay assistance
- Free mailing of medication
- Patient training and education
- Pharmacist counseling
- Refill reminders

We provide the most advanced medications that treat chronic, rare, or complex conditions found within the following specialties:

- Cardiology
- Dermatology
- Endocrinology
- Enzyme Replacement
- Gastroenterology
- Gynecology
- Hemophilia
- Hepatology & Infectious Disease
- Mental Health/ Substance Abuse
- Neurology
- Oncology
- Osteoarthritis
- Osteoporosis
- Rheumatology
- Urology

### Proof of Delivery

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Add your Logo

## Enteral Nutrition (Add Section if Applicable)

If you have any Enteral Nutrition questions, please call (add department phone number).

Enteral Nutrition is prescribed for patients who are unable to maintain their nutritional needs eating a typical diet. It refers to any method of feeding that uses the gastrointestinal tract to deliver part or all of the patient's caloric requirements. It can be a short-term or long-term therapy based on the patient's clinical condition, and can be taken orally or infused via a gastric tube.

We offer one of the largest and most extensive adult and pediatric enteral nutrition programs in the region. Our first-rate services include a clinical intervention program led by registered dietitians that is designed to assess the appropriateness of formula, along with the correct dosage and frequency of administration.

To give you the highest quality of care, a team of dedicated professionals will be monitoring your therapy and nutritional health. Here are some benefits that you will be receiving while on service with (Add Company Name):

- Coordination of prior authorization with your insurance company
- Clinical monitoring
- Dietary consultation
- Delivery of supplies and formula
- Patient training and education
- Equipment/pump management
- Refill reminders

### Proof of Delivery

- The The packing slip included in your delivery package provides you with an itemized list and quantity of formula and/or supplies you have received. The packing slip also serves as proof of delivery and is included as part of your medical record in the event your insurance provider requests this information. Insurance providers can audit medical records at any time for proof of delivery and can deny reimbursement if proof of delivery is not available.
- The packing slip must be signed, dated, and returned. If the delivery was left at your door by a pharmacy driver, and not signed, the packing slip must be signed, dated, and returned as soon as possible. If packing slips are not signed and returned promptly, future deliveries will not be able to be left at the door without a signature (*if applicable*).

### Formula, Supplies and Refills

To place an order for supplies/ refills, please call and talk to a Chartwell care team member for TEAM 4 one week prior to needing formula and/or supplies. When placing your order, please factor in time for delivery. Orders generally take 3-4 business days to arrive. If you have any problems/questions about your formula, please call and talk to a dietitian.

# TIPS

## for proper drug disposal

### Storage of Medication and Supplies

- Store all supplies away from children and pets.
- Do not store supplies on the floor.
- Check the label on all medicine and solutions for storage instructions.
- If your medicine needs to be refrigerated, please clear and clean a dedicated area in your refrigerator to store your medication. Please keep your refrigerated medication away from food and spills during storage.
- Refrigerated medicine should be placed in the refrigerator as soon as possible after it arrives.
  - o Place the new medicine behind previously delivered medicine if applicable.
- Non-refrigerated items should be kept in a cool, dry place away from direct sunlight and above freezing temperatures.

### Storage of Formula and Supplies

- In addition to the steps above, please make sure to **discard any open, unused formula after 24 hours.**
- Hang time for formula at room temperature in bag is:
  - o 8 hours for adults
  - o 4 hours for pediatrics

**IMPORTANT: Do not throw away your infusion pump or accessories.** Pumps and accessories such as power packs, IV pole clamps, etc. are loaned to you for your use while getting infusion therapy. When you are done with the service, all equipment must be returned to our pharmacy.

If you do not return these items, you may be asked to pay for them. If you have a pump that needs to be picked up, please call and talk to a team member in our DME Department.

It's important to properly dispose of unused or expired medications to prevent accidental ingestion or misuse of medications. For the most up-to-date recommendations for how to properly dispose of expired or unused medications, please visit the following website: [www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines](http://www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines)



Medicine take-back programs are a good way to safely dispose of most medications. Contact your local law enforcement agency to see if it sponsors medication take-back programs in your community.

**If you are unable to locate a medication takeback program in your area, the Food and Drug Administration (FDA) recommends the following for disposing of most medications:**

1. **Do NOT flush most medications** whenever possible.
2. **Read the packaging on the medication** or the patient information that is provided with the medication. Follow any specific instructions for disposal.
3. **Remove all medications from their original containers.** Mix the medications with an undesirable substance, such as used coffee grounds or kitty litter. This will make the medication less appealing to children and pets and unrecognizable to people who may go through your trash.
4. **Place the mixture in a sealable bag or an empty container with a lid**, such as a coffee can or butter tub. Tightly seal the bag or container and throw it away in the trash. Always check with local trash services to make sure medicines can legally be thrown in the trash.
5. **Some medications are considered too harmful to throw away in the trash.** The FDA has a list of medications that may be disposed of by flushing if another method of disposal, such as a take-back program, is unavailable.
6. **Scratch out or remove all identifying information** on the prescription label so that it is unreadable. This helps to protect your identity and the privacy of your personal health information before throwing it away.



# SHARPS Disposal



## Always Use A Sharps Container

Used sharps are hazardous waste. When not discarded properly, they can cut and infect others. Protect your community by always discarding your used sharps in a sharps disposal container.

FREE sharps containers may be available from your doctor, hospital, health insurance, or medication supplier. You can also buy a sharps container from your pharmacist or online.

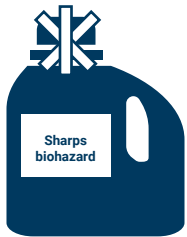


## If You Cannot Get An FDA-Cleared Sharps Container, Follow These Guidelines:

Use an empty household container with these features:

- Stays upright
- Made of heavy-duty plastic
- Tight-fitting lid that cannot be punctured
- Does not leak

**DO NOT USE: milk containers, water bottles, glass containers, or soda cans.** These containers can break or puncture easily.



### Discarding a household container:

1. Close lid and tape shut. Label container.
2. Bring container to a sharps disposal program.

**If you cannot find a disposal program, put container in center of full trash bag and discard in regular trash.\***

\*In some areas, it is illegal to dispose of sharps in the trash.

**Please follow your community guidelines.**



## Always Remember

- **DO NOT** throw loose sharps in trash
- **DO NOT** put sharps in recycling
- **DO NOT** flush sharps down toilet
- **KEEP OUT** of reach of children

For information about rules and laws in your community, contact the Coalition for Safe Community Needle Disposal at: 800-643-1643.

Information gathered from FDA.GOV.



## Hand Washing and Sanitation

***Always wash your hands before getting your medication ready.*** Keeping hands clean through proper hand hygiene is one of the most important steps you can take to avoid getting sick and spreading germs to others. Many illnesses and conditions are spread by not washing hands with soap and clean, running water. If clean, running water is not available, use soap and available water. If soap and water are unavailable, use an alcohol-based hand sanitizer that has at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do NOT eliminate all types of germs and are NOT effective when hands are visibly dirty.



Turn on clean running water and wet your hands. Hot water may cause skin irritation, if you wash your hands often. Apply enough liquid soap to cover the whole surface of your hands and fingers.



Rub hands together to form a lather. Wash hands for at least 30 seconds. Make sure to thoroughly clean front & back of hands, fingers, and fingernails. Rinse the soap off completely with clean running water.



Dry your hands completely with a new unused paper towel. Cloth and reusable towels may harbor germs. Use your used paper towel to turn off the faucet and open the door before discarding.

Add your Logo

## Infection Control

*It is important to notice problems as soon as possible to prevent complications.*

You should look at your IV site daily for signs of infection and report any suspected infection to your nurse immediately. These include:

- Pain
- Redness
- Swelling
- Warmth
- Drainage where the catheter enters your skin

Never use medicine or supplies if there is evidence of damage, leaks, discoloration, visible particulate matter or if medicine is past the expiration date on the label.

Injection caps should always be prepped with alcohol, or another antiseptic given prior to accessing the catheter, as taught by your nurse.

If your IV catheter becomes loose and is no longer secured correctly, this can lead to complications or an infection. Contact your nurse right away.

## Step-by-Step Instructions

In addition to our patient teaching guides, we now have patient education videos available. You can find all of our patient teaching guides and education videos by accessing the QR code. Open the Camera app on your phone. Hold your device so that it recognizes the QR code. Tap the notification link that appears. Or install a QR reader onto your phone then follow the app's instructions.

*Please note that not all therapies and pumps are covered in these videos. We are continually adding education videos, but please only use if they pertain to your therapy and/or pump. If you have any questions about our teaching guides and/or videos, contact your home healthcare nurse.*



## IV Medication Administration with the SASH Method

We know infusing may seem complicated at first. With a little practice and a few tricks to stay on track – like SASH – you can feel confident in your infusion being done at home.

SASH stands for Saline-Administration-Saline-Heparin. It's an easy way to remember your catheter flushing steps. Flushing means rinsing your catheter before and after each infusion with saline and if needed, heparin. Catheter flushing helps assist catheter function, maintains catheter patency, and helps prevent contact between incompatible medications or fluids that could produce a precipitate.

*Disclaimer: Not all patients will be ordered Heparin. If you are ordered Heparin, follow the SASH flushing method. If not ordered Heparin, follow the SAS flushing method, as instructed by your home health nurse.*

### Step 1: Getting Started

- Use a clean work area
- Clean your hands thoroughly using antibacterial soap and warm water (if no soap and water is available, use an alcohol-based hand sanitizer)
- Dry your hands with a clean towel

### Step 2: Prepare Medication

- Refer to your Patient Resource Guide and medication label. They provide details on how to handle and store medication.
- If your medication is refrigerated, allow it to warm up to room temperature before you use it. Do not place it in hot water, sunlight or a microwave to speed up the process.
- Inspect the medication and label for the following:
  - Correct patient name, drug name, dose and drug route (IV or subcutaneous)
  - Expiration date
  - That the solution is clear, consistent in color and free of any visible particles

### Step 3: Gather Supplies

- Use the checklist on the back of this page to make sure you have all of the supplies needed in order to complete your infusion therapy.

## Step 4: Perform a Catheter Flush

***Best practice is to flush your catheter before and after each infusion.***

For each catheter flush, follow these steps:

- Remove any air from the saline or heparin syringe. Hold the syringe upright and press firmly on the plunger while the tip cap is still on. Keep pressing until you feel the plunger move. Then, release pressure from the plunger and loosen the tip cap. Push the plunger forward to remove any air. Tighten the cap again before placing the syringe down.
- Scrub the catheter injection cap with an alcohol pad for 30 seconds. Let it air dry for sixty seconds. Use a new alcohol pad for each SASH step.
- Make sure the clamp is open on the IV catheter and/or extension set.
- Remove the tip cap from the saline or heparin syringe. Attach the syringe to the injection cap by pushing and twisting clockwise until secure. The tip of the syringe is sterile. Do not touch it, or let it touch any surfaces. If this happens, throw away this syringe and use a new saline or heparin syringe.
- Push in the syringe plunger slowly to flush the catheter. Do not force the flush if you feel resistance. Administer the designated amount of saline or heparin (if ordered).
- Remove the syringe from the injection cap. Discard the syringe as instructed by your nurse.





# Infusion Therapy Supply Checklist

## Have Your Nurse Help You Complete This Checklist:

- Medication  
(medication/PN bag, syringe or vial)
- Medication Administration Guide
- 2 Prefilled Saline Syringes  
(Sodium chloride)
- 1 Prefilled Heparin Syringe  
(if applicable)
- Alcohol Pads
- Sharps Container (if indicated)
- Disposable Medical Gloves
- IV Pole (if indicated)
- Administration Tubing  
(changed daily/every 24 hours)
- Sterile End Cap
- Administration Pump
- Related Supplies
- Pump carrying bag
- Batteries (if applicable)
- Rechargeable Battery Pack  
or AC Pack Cord/Adapter (if  
applicable)
- Other Therapy Specific  
Supplies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Add your Logo

## Troubleshooting with Infusion Therapy: Central Venous Catheter Associated Complications

There are different types of venous access, such as a PICC (peripherally inserted central catheter), the Hickman (tunneled central catheter), ports, midlines, and peripheral lines. Your home care nurse will check your IV line and teach you how to care for it. Depending on the type of line you have, it may also be used to get blood samples for lab studies. As with any type of treatment, there are certain problems that can happen.

*The information included in this document is intended for informational and educational purposes only. It is not intended to replace medical advice offered by a physician or other qualified health provider. Reliance on any information provided by (Add Company Name) is solely at your own risk. If you think you may have a medical emergency, call your doctor, go to the emergency department, or call 911 immediately.*



PROBLEM	POSSIBLE CAUSE	WHAT TO DO
Accidental removal of the catheter from the chest	The catheter is no longer in place. THIS REQUIRES AN EMERGENCY RESPONSE.	Apply firm pressure to the exit site and chest area above it with a gauze dressing or clean washcloth. Call 911.
Shortness of breath, coughing, fast heart rate	These are signs of a possible blood clot or pulmonary embolus. THIS REQUIRES AN EMERGENCY RESPONSE.	Make sure the catheter is clamped. Lie down on your left side with head flat and feet up. Stay in this position while your caregiver calls 911.
Swelling or pain in your neck, shoulder, face or arm on the side of the catheter	THIS REQUIRES AN EMERGENCY RESPONSE.	Stop using your catheter and make sure the catheter is clamped. Call 911 and your nurse or doctor right away.
Accidental catheter movement or complete removal from the arm	The catheter may be displaced if it appears longer or if a "cuff" is visible at the exit site or catheter is not working.	Do not use the catheter. Tape the catheter to your skin if it seems loose. If bleeding or catheter is completely out of the arm, apply clean gauze and pressure to the site. Call your nurse or doctor right away.
Pain, redness, warmth, swelling or pus-like drainage where catheter enters your skin	These are signs of an infection.	Stop infusion or do not start infusion. Call your nurse or doctor right away.
Unexplained fever and/or chills	This is a sign of a possible infection or a drug reaction.	Stop infusion or do not start infusion. Call your nurse or doctor right away.
Leaking of fluid from catheter or at intravenous site	There may be a loose connection or there may be damage to the catheter, such as a hole or crack.	Check and tighten connection. Clamp the catheter as close as possible to the insertion site. If necessary, pinch or fold it to clamp it. Some catheters can be repaired. Cover the hole or crack with sterile gauze. Call your nurse or doctor right away. Never use scissors or sharp objects near the catheter.
Blood in catheter or tubing	Some amount may be normal. There may be a loose connection; the IV bag may not be high enough.	Check and tighten connections. Raise the bag. Call your nurse if the tubing or catheter does not flush easily, medication does not infuse, or blood does not clear the line. DO NOT infuse until you talk to your nurse.
Difficulty flushing the catheter	The catheter may be clamped or your catheter could have a blood clot; this can be treated.	Make sure the catheter is not clamped. Change your position by raising your arms, lying down, coughing or taking a deep breath. If you still cannot flush, stop using the catheter and call your nurse. Never use force to flush the catheter.
Skin rash or itching. There may be swelling of face, hands or eyelids and wheezing or shortness of breath may occur. You may also have a fever.	These are signs and symptoms of an allergic reaction.	Stop infusion, clamp the catheter, and do not restart infusion. If severe reaction or if symptoms worsen, call 911. Otherwise, call your nurse or doctor immediately.

## Troubleshooting with with Enteral Therapy: Feeding Tube Associated Complications

A feeding tube is used to provide nutrition when a person cannot obtain nutrition by mouth, when oral nutrition must be supplemented, or when a person is unable to swallow safely. Placement of a feeding tube may be temporary for acute conditions or lifelong for chronic disabilities. A variety of feeding tube types and sizes are used, and are classified by site of insertion and intended use. Feeding tubes are usually made of polyurethane or silicone and are placed so that the tube tip is located in the stomach. You will either have a nasogastric tube (NG tube), which is passed through the nostril and down the esophagus into the stomach, or a gastrostomy tube (GI tube).

The amount of care needed for a feeding tube varies among patients. Your home care nurse will check your feeding tube and teach you how to care for it. As with any type of treatment, there are certain problems that can occur.

*The information included in this document is intended for informational and educational purposes only. It is not intended to replace medical advice offered by a physician or other qualified health provider. Reliance on any information provided by (Add Company Name) is solely at your own risk. If you think you may have a medical emergency, call your doctor, go to the emergency department, or call 911 immediately.*



PROBLEM	POSSIBLE CAUSE	WHAT TO DO
Pain, redness, warmth, swelling or pus-like drainage where the tube enters your skin	These may be signs of an infection.	Call your nurse or doctor right away.
Unexplained fever and/or chills	This is a sign of a possible infection or a drug reaction.	Call your nurse or doctor right away.
Leaking of fluid from tube or feeding tube entry site	There may be a loose connection or there may be damage to the tube, such as a hole or crack. Never use scissors or sharp objects near the tube.	Check and tighten connections. Clamp the tube between the hole and your abdomen. If necessary, pinch or fold it to clamp it. Call your nurse or doctor right away.
Blocked/obstructed tube	Your tube is not being flushed properly (every 4-6 hours if on continuous feedings and at least daily if not in use) or formula is not being given properly. Thick or powdered formula that has not been blended properly can cause tube occlusion.	Check to see if tube is kinked. Make sure the tube clamp is open. Place flushing syringe into tube end and gently pull back on plunger to dislodge clog. If blockage remains, do not administer feeding/ formula. Call your nurse if tube does not flush easily. Never put soda or other carbonated beverages in the tube.
Displaced tube	Tube is not adequately secured. Accidental or excessive pulling of the tube. The balloon under your skin has deflated or burst.	Stop feeding. Call your doctor right away or go to the emergency room to have the tube replaced.
Nausea and vomiting, bloating, cramping, or abdominal distress	The formula may be going in too fast, or is too concentrated. You may have intolerance to the formula. Contaminated or expired formula are possible causes. The tube may not be in the correct position. Constipation or bowel obstruction are possible.	Stop feeding. Flush the tube with water to make sure it is not blocked. If you continue to feel nauseous, vomit, or have abdominal distress, call your nurse or doctor right away.
Diarrhea, abdominal pain or cramping with frequent, loose and/or watery stool	The formula may be going in too fast. You may have intolerance to the formula. Contaminated or expired formula are possible causes. Bowel inflammation or bowels not functioning properly are possible.	Decrease the volume or rate of tube feeding. Call your nurse or doctor if you experience a noticeable change in bowel movements for 24 or more hours. Call your doctor right away if you see bright red blood in the stool or have black stools.

Add your Logo

## Patient's Bill of Rights & Responsibilities

### Notice of Privacy Practices

*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*

*(Add Company Name) ("the Company") is providing this Notice of Privacy Practices, as required by law, because the privacy of your health information is very important to you and to us. Your health information includes the information that we maintain that specifically identifies you and your health status.*

#### **As a patient being served by our organization, you have the right to:**

- Be fully informed of your rights and responsibilities and the right to exercise your rights while receiving service in the home.
- Your family/guardian(s) have the right to exercise your rights in the event you are unable to.
- Choose a health care provider.
- Be informed of anticipated outcomes of care and of any barriers to outcome achievement.
- Give your consent and have your questions answered prior to the start of any care or treatment.
- Be fully informed of services to be provided, disciplines that will furnish care and the frequency of visits to be furnished.
- Be informed of the company's scope of services and care limitations.
- Receive appropriate care in accordance with physician's orders without discrimination.
- Be given proper identification by name and title of persons providing health care and/or service to you.
- Be treated with courtesy, respect for property and person, and be free from mistreatment, neglect and/or physical, verbal and mental abuse.
- Be informed, both verbally and in writing, in advance of care being provided, of the charges, including payment expected from third parties, and if you will be responsible for any payment.
- Participate in the development and periodic revision of your plan of care/services.
- Have your medical records treated with privacy and confidentiality.
- Be informed of the company policy regarding privacy and disclosure of protected health information.
- Refuse treatment and be informed of the consequences of your decision.
- Formulate advance directives for health care.
- Voice grievances/complaints with and/or suggest changes in health care services without being

threatened, restrained or discriminated against. Grievances will be acknowledged within 48 hours and handled confidentially.

- Be informed of any financial benefits to our organization when referred to another organization.
- Request and receive information regarding treatment, services, or costs thereof, privately and confidentially.
- Receive instructions on handling a drug recall.
- Receive information about the Patient Management Program (\*Specialty pharmacy patients) including:
  - o Know about the philosophy and characteristics of the patient management program
  - o Have personal health information shared with the patient management program in accordance with state and federal law
  - o Identify the staff members of the program, including their job title and to speak with a supervisor, if requested
  - o Speak to a health professional with the patient management program
  - o Receive information regarding changes in or termination of the patient management program, and ability to decline participation, revoke consent or disenroll at any point in time.

**As a patient being served by our organization, you have the responsibility to:**

- Give accurate and complete information concerning your health, particularly if it may affect your current plan of care/services.
- Remain under your physician's care while receiving services from our organization.
- Notify the company of any concerns regarding care/services provided.
- Request further information concerning anything you do not understand regarding your ordered treatment and care.
- Report any changes in your insurance benefits information and acknowledge financial responsibility for any balance owed on your account.
- Communicate any changes in contact information, health status or treatment (including readmission and emergency visits) and to notify the patient management program of changes in this information.
- Submit any forms that are necessary to receive services or participate in the patient management program.
- Maintain any equipment provided to you (if applicable) and return said equipment to (Add Company Name). Accept responsibility for your actions, if refusing treatment or not complying with the prescribed treatment and services.

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- Respect the rights of pharmacy personnel.
- Notify your physician and the pharmacy of any potential side effects and/or complications.
- Notify (Add Company Name) via telephone when medication supply is running low.
- Notify your treating provider of your participation in the patient management program, if applicable.

## Patient Consent / Authorization & Assignment of Benefits

### Consent to Treatment

I hereby request services of (Add Company Name) and I consent to such care, treatment, medications, and procedures as are ordered by my physician and my physician's associates to be provided by (Add Company Name).

I understand that (Add Company Name) must provide care and services in accordance with a physician's instructions. I also understand that if I am in a condition to need hospitalization or special services during my care, which are not provided by (Add Company Name), the services and hospitalization must be arranged by me/my legal representative, or my physician, and are my responsibility.

### Medical Information Release Authorization

I hereby request services of (Add Company Name) and I consent to such care, treatment, medications, and procedures as are ordered by my physician and my physician's associates to be provided by (Add Company Name).

### Liability Release and Use of Equipment Notice

NOTE: The following statement may not apply to your therapy, i.e., the use of medical equipment. Please disregard all statements that do not apply to your therapy or plan of treatment.

I understand that there are risks known and unknown associated with the use of all medical equipment, supplies, drugs, access devices, and the administration of medication. I further understand that because I am using the drugs, devices, equipment and/or supplies at home, immediate emergency medical attention may not be available for any complications, injuries, or adverse results that may occur in connection with their use. I recognize my obligation to return any rented equipment after the termination of my therapy or in the event that the equipment received is no longer necessary and I promise to do so. In addition, I hereby authorize my payer and/or physician to release any personal information to (Add Company Name) to assist in locating the equipment in the event it is not returned. I agree to pay (Add Company Name) for the cost of rental equipment if I fail to return it to (Add Company Name) upon completion of therapy or discontinued use.

### Assignment of Insurance Benefits and Release of Information

I hereby authorize my public and/or private insurance company or fund responsible for payment of my care, if applicable, to pay benefits on my behalf directly to (Add Company Name) for any products and services,



including physician services, furnished to me by **(Add Company Name)**. I also authorize **(Add Company Name)** to request, on my behalf, all public or private insurance benefits for products or services provided to me by **(Add Company Name)**.

I agree to inform **(Add Company Name)** of any change in my status, including but not limited to change of address, admission to a hospital or nursing facility, any change that affects third party payments or my own ability to pay for products and services prescribed by my physician and rendered by **(Add Company Name)**.

### Receipt of Admission Information

Prior to admission to homecare, I have received, read, or had explained to me, been afforded the opportunity to discuss, and acknowledge the receipt of the following documents and/or information:

- |  |   |
|--|---|
| 1. Patient Bill of Rights and Responsibilities | 6. Ability to participate in my plan of care                      |
| 2. Emergency Preparedness Plan                 | 7. 24-hour clinical support                                       |
| 3. Medicare Supplier Standards                 | 8. How to file a complaint by calling 000-000-0000                |
| 4. Treatment and Therapy information           | 9. Advance Directive information                                  |
| 5. Notice of Privacy Practices                 | 10. How therapy will be paid for and any financial responsibility |



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## Making Medical Decisions in Advance About Your Care and Treatment

In Florida, competent adults have the right to decide whether to accept, reject, or discontinue medical care and treatment. If you do not wish to undergo a certain procedure or to receive a certain treatment, you have the right to make your wishes known to your doctor or other health care provider and to have those wishes respected.

Your doctor should provide you with all of the information, which a person in your situation reasonably would want to know in order to make an informed decision about a proposed procedure or course of treatment, including risks and benefits and possible “side effects,” and alternatives, if any, to the proposed procedure or course of treatment.

### What is an “advance directive”?

An “advance directive” is a written document, which you may use under certain circumstances to tell others what care you would like to receive or not receive should you become unable to express your wishes at some time in the future. In Florida, two types of advance directives are authorized: (1) a “living will” (also known as an “Advanced Directive for Health Care”) and (2) a “Durable Power of Attorney” for health care. There is no law in Florida which guarantees that a health care provider will follow your instructions in every circumstance.

There are, however, steps you can take to express your wishes about future treatment. One of these steps is to write and sign an advance directive.

### What is a “living will”?

In Florida, a “living will” is a written document that describes the kind of “life-sustaining treatment” you want or do not want if you are later unable to tell your doctor what kind of treatment you wish to receive. Any competent person who is at least 18 years old, is a high school graduate, or is married can make a “living will”. You should understand that a “living will” is not a will. A “will” tells your survivors what to do with your property after your death.

### When does a “living will” take effect?

A “living will” only takes effect when (1) your doctor has a copy of it; and (2) your doctor has concluded that you are “incompetent” and therefore no longer able to make decisions about the medical care you wish to receive; and (3) your doctor and a second doctor has determined that you are in a “terminal condition” or in a “state of permanent unconsciousness”. Florida’s “living will” law states that you may revoke, change or rewrite your “living will” at any time and in any manner.

### To whom should I give my “living will”?

You should give a copy of your “living will” to your doctor, hospital, or other health care provider. The law requires your doctor or other health care provider to ask you if you have an advance directive. If you give a copy of your “living will” to your doctor or other health care provider, that document must be made a part of your medical record.

## Durable Powers of Attorney for Health Care

A “durable power of attorney” for health care is a document which allows you to name another person to make certain medical decisions for you if you are unable to make them for yourself.

- Authorize your admission to a medical, nursing, residential, or other facility
- Enter into agreements for your care
- Authorize medical and surgical procedures

Before you write your instructions down, you may wish to discuss them with your doctor, family, friends, or other appropriate persons - such as a member of the clergy. If you are writing a “durable power of attorney” for health care, you should discuss your wishes with the person you are naming as your “attorney-in-fact”. Similarly, if you are writing a “living will” and naming someone in that document to carry out your wishes, you should discuss your wishes with that person.

You may wish to contact a lawyer or the local or state Agency on Aging who can provide you with information about such documents.

- Voice grievances/complaints with and/or suggest changes in health care services without being

## Medicare DMEPOS Supplier Standards

*Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).*

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with

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posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.

8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll-free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).

23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week (as defined in section 1848(j) (3) of the Act)
31. The products and/or services provided to you by (Add Company Name) are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.

### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office.

### Privacy Official

Our Privacy Officer can be contacted at: (Add Contact Information)

This Notice is effective January 01, 2022



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Visit our website to learn more about the services we offer.

Add Website  
QR Code

**(Add Location 1):**

Toll Free: 1-000-000-0000

Local: 000-000-0000

**Fax Email:** (Add Fax Email)

**(Add Location 2):**

Toll Free: 1-000-000-0000

Local: 000-000-0000

**Fax Email:** (Add Fax Email)

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