



*Let our family
take care of yours*



ADMISSION PACKAGE

Tel: (508) 219-0101 / 0201 | FAX (508) 281-2030
info@brocktonhha.com | www.brocktonhha.com





Brockton Home Health Care Agency, LLC
Certified Home Health Agency

71 Legion Parkway, Suite 15 | Brockton MA 02301 | [tel] 508-219-0101 | [fax] 508-281-2030

HOME HEALTH CARE SERVICES INFORMATION
FOR THE PATIENT AND CARE GIVER

Start of Care Date:			
Patient's first Name:		Patient's Last Name:	
My nurse is:		My nurse's Phone Number:	
My Therapist is:		My Therapist phone Number:	

My home Health Care Services Will Include:

Skilled Nursing		Dietitian		Companion Services
Physical Therapy		Medical Social Worker		Homemaker Services
Occupational Therapy		Speech Therapy		Heavy-chore(s)/Light-chore(s)
Home Health Aide Services		Personal Care Services		Respite Services

TO LODGE A COMPLAINT OR REPORT A CONCERN

CALL Department of public health: 1-800-462-5540

Office hours are 9:00 AM to 5:00PM. For after hours, please leave a message.

Administrator: Pelege Marcellin (617) 608-9393

Director of Nursing: Vanessa Laine (774) 381-8256

TO REPORT ABUSE, NEGLECT, OR EXPLOITATION, CALL TOLL FREE

(Para reporter abusos, expotacion, negligencia, por favor llame gratis a)

ABUSE REGISTRY (ABUSOS)

1-800-922-2275

FOR EMERGENCY/EMERGENCIA: CALL /Llama 911

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SECTION I: Home Health Agency Overview

Welcome Statement:

Thank you for choosing Brockton Home Care Agency for your health care needs. The purpose of this packet is to inform you of your care needs, patient rights and responsibilities, along with valuable information concerning other health care issues.

Mission Statement:

Our mission is to provide each client and family with a sense of comfort, knowing they are being cared for by professionals that are exceptional in their field and who are innately invested in the well-being of others.

Working as a team we wish to provide you with quality health care in order to speed your recovery. Together we can help you reach your maximum potential.

We work hard to employ and consult with caring and qualified medical personnel. Our job is to provide you with a comprehensive and thorough evaluation of the services you will require and follow that evaluation with treatments tailored to improve your abilities.

Office Hours:

Hours of Operation: 9:00 am to 5:00 pm Monday thru Friday.

A member of our nursing staff is available 24 hours a day, 7 days a week via telephone at (508) 219-0101

Emergencies and Disasters:

Brockton Home Health Care Agency has an established Emergency Preparedness Plan that helps us to continue your services should we experience an emergency or environmental disaster. As part of this plan, each patient is assigned a priority code that is based on individual care needs. This code, along with the name, address, and telephone number of a relative friend, or neighbor who is familiar with you and your care, is maintained in our office along with other information that might be of importance to the Office of Emergency Management [OEM]. It will only be shared with others as necessary and only in the event of an emergency or disaster to assist in ensuring your care and safety.

We will make every possible effort to ensure that your medical needs continue to be met in the event of a disaster [such as an earthquake, blizzard, or flood]. If we experience harsh weather conditions or when the roads are too dangerous for travel, our staff will make every effort to contact you by telephone to discuss your healthcare needs and we will make the necessary arrangements to address them.

Corporate Compliance:

It is the policy of Brockton Home Health Care Agency, LLC to ensure compliance with the highest of professional conduct and related laws regulations and policies on the part of all staff [employed and contracted], volunteers and members of the Board of Trustees. As such, it adopted a Corporate Compliance Plan which is reviewed bi-annually to describe the underlying structure and process of Brockton Home Health Care Agency's Corporate.

Corporate Compliance (continued)

Compliance Plan.

- a. We expect everyone with whom we are associated to comply with all state and federal laws and regulations as well as the internally published policies and procedures of Brockton Home Health Care Agency. The Compliance Plan is designed to discover, remedy and deter noncompliant, unethical, unlawful or criminal conduct and helps ensure we conduct our business and provide our services in a legal and ethical manner.
- b. We encourage ongoing internal analysis of our organization Policies and Procedures and conduct effective self-monitoring and internal reporting to ensure their efficient and effective operation. We provide a means for staff, members, patients and other consumers, to report any suspected or actual fraud or wrongdoing by Brockton Home Health Care Agency staff, vendors, or any provider of services associated with Brockton Home Health Care Agency.
- c. Our Compliance Program is intended to reinforce and supplement all policies which pertain to ethics, possible conflicts of interest and disclosure of same, standards or codes of conduct.
- d. In accordance to the Massachusetts State Office of the Inspector General we are committed to be an effective Compliance Program containing the following eight elements:
 1. Written Policies and Procedures and Standards of Conduct
 2. Designation of a Compliance Officer, Compliance Committee and High Level Oversight
 3. Effective Training and Education
 4. Effective Lines of Communication among the Compliance Officer,
 5. Disciplinary Measures
 6. Effective system for routine monitoring, auditing and identification of compliance risks
 7. Procedures and system for prompt responses to compliance issues
 8. Non-Discrimination and Non-Retaliation

In addition, the Brockton Home Health Care Agency Compliance Committee monitors the consistent applicable laws and regulations regarding our operations. We appreciate your support to report any issues to Brockton Home Health Care Agency.

SECTION I: Home Health Agency Overview

Admission Criteria

Admission to Brockton Home Health Care Agency can only be made under the direction of a physician based on your health care needs and homebound status.

Brockton Home Health Care Agency will provide a service or a combination of services in your home under the direction of your physician. Our services include the following:

- ♥ Skilled Nursing
- ♥ Physical Therapy
- ♥ Speech Therapy
- ♥ Occupational Therapy
- ♥ Home Health Aide
- ♥ Medical Social Worker
- ♥ Dietician
- ♥ Personal Care
- ♥ Homemaking
- ♥ Companion
- ♥ Respite

Patient and family participation is very important when we plan and coordinate for your healthcare. There must be a willing and able patient or caregiver to be responsible for continual care between visits. Qualified medical personnel will visit and assess your needs; together we will discuss the services and the plan that would best benefit you.

We accept payment for services from Private Pay, Insurance, Workers Compensation, Medicare, Medicaid, or other means determined appropriate by the Administrator. For most services, there is no cost to you if you are an eligible beneficiary for Medicare. Some insurers may require Pre-Certification and may limit the number and type of home visits we can provide.

Any charges for services not covered under Titles XVIII and XIX of the Social Security Act or non-reimbursable charges will be discussed with you before these services are provided. In fact, we will inform you, your family, caregiver, or guardian of all charges and methods of payment prior or during admission. Medicare can pay for home health visits only if **ALL** of the following are met:

1. The care you need includes part-time skilled care, physical, occupational, or speech therapy.
2. You are confined to your home (homebound), see explanation in this packet.
3. A doctor determines you need home health care and sets up a plan for you.
4. The home health agency providing services is participating in Medicare.

Medicare **does not** cover general household services, meal preparation, shopping, or other home care services furnished mainly to assist in meeting family or domestic needs.

This agency does not provide the following services: such as IV therapy, dialysis patients.

GIFTS

Part of providing you with exceptional services involves making sure we do things in an ethical manner. This includes making sure we follow laws and regulations. To help us do this, we have a Code of Ethics that helps our staff understand how to make decisions at work.

Our Code of Ethics tells our staff that they are not allowed to receive gifts from our Members. No one should ever feel that they have to give our staff gifts to get good care.

We do understand that you may feel very grateful for the care and services you receive. Instead of giving our staff, or staff from one of our providers, a gift, we ask that you send a note of thanks to our office. We will make sure that the staff sees this note, and that everyone is able to take part in having your satisfaction noted and celebrated.

Please understand that if you do give a staff member a gift, they have been told to decline it. It is not that they do not appreciate your gratitude. They are following our Code of Ethics.

Examples of prohibited gifts include:

- Money
- Meals
- Transportation
- Entertainment (movie tickets, Broadway tickets, etc.)
- Personally bought gifts (jewelry, clothing, coffee machines, etc.)
- Hand-made gifts

If one of our staff members, or an employee of one of our providers, asks you for a gift, please call our Human Resources office without delay at 508-219-0101. You may leave a confidential voicemail message with the employee's name and details of occurrence. The information will be kept in strictest confidence.

PLAN OF CARE

Brockton Home Health Care Agency at Home uses an interdisciplinary approach in planning your care. This means that professionals from a variety of disciplines meet together, along with you, your family, and your physician, to develop an individualized Plan of Care to address your needs. In order to use our program, your physician must be willing to work with our staff and provide orders for your home care services. He or she will be responsible for ordering your medication and services related to your Plan of Care.

Your Plan of Care will include interventions and goals related to:

Assessment | Treatment | Education | Personal Care | Emotional Support | Discharge Planning

As you progress through our program, your Plan of Care will be updated and changed as needed. You will be a part of these changes, so be assured that you will be kept up-to-date regarding your medical condition and your progress toward your goals.

HHH CAREPLAN

Plan of Care Supervision

All services provided to you will be directly supervised by a RN. The RN will monitor your plan care by direct visits or case conferences or both.

If an Employee Fails to Arrive:

Employees are required to notify Clinical Manager and you if they will fail to make their scheduled appointment. Employees are required to make the notification prior to the scheduled arrival time. If an employee is more than 10 minutes past their scheduled arrival time Brockton Home Health Care Agency asks that you, please call the office so that we can make sure the employee has not had mechanical issues while in route to your residence or some other sort of event that has prevented them from contacting you and the office.

You can contact the office by calling (508) 219-0101 and asking for the Clinical Manager.

If an employee retaliates against you for being reported as late, the employee will be subject to possible termination.

If the employee fails to make the scheduled visit, please notify the agency and the Clinical Manager will attempt to find a replacement for the same day and to arrive as soon as possible. If the Clinical Manager is not able to find a replacement the supervisor will offer to fill the shift personally.

Skilled Services

Brockton Home Health Care Agency provides Skilled Nursing services, Nutritional evaluation and planning, Social Work services, and Rehabilitative services, such as Physical, Occupational, and Speech Therapy, in your home or place of residence. As discussed above, your doctor and our staff will work together to plan, coordinate, and provide the care that you need.

Skilled Nursing services are provided by a Registered Nurse (or a Licensed Practical Nurse under the supervision of a Registered Nurse) and/or a Physical Therapist (or a Physical Therapist Assistant under the supervision of a Physical Therapist). All patients have a Case Manager who supervises the Plan of Care delivered to the patient. As described below, sometimes a Home Health Aide will be added to the team to provide assistance with activities of daily living. Our staff are professionally trained and are experienced in providing care in the home environment. They will be responsible for coordinating your care and communicating with your physician.

Nutritionist services include evaluating and planning your diet and nutritional needs in order to improve your overall health, energy levels and sense of well-being.

Our *Social Work* Department is comprised of a team of compassionate Licensed Social Workers. Our experienced Social Workers provide support and services including, but not limited to:

- Emotional support related to issues of aging, anxiety, sadness, and financial matters Advocacy to overcome barriers faced on the journey to wellness
- Support regarding social, cultural variables which may influence your response to your illness and use of home care resources
- Addressing religious, spiritual needs related to discharge planning
- Assistance with obtaining Access-A-Ride and, or Meals on Wheels
- Assistance with Medicare Part D

SECTION I: Home Health Agency Overview

SKILLED SERVICES (continued)

- Assistance with obtaining Federal/State benefits such as Food Stamps, SSI, and SSD
- Referral to and coordination with community resources
- Assistance with living arrangements and finances

Rehabilitative services are provided by licensed therapists and therapy assistants in the areas of Physical Therapy, Occupational Therapy, and, or Speech Therapy as required by your individual Plan of Care. If your Plan of Care includes rehabilitative services, your therapist will work with you to create a Home Exercise program that addresses your needs.

HOME HEALTH AIDE SERVICES

Home Health Aides are an important component of your skilled care. Home Health Aides work under the supervision of a Registered Nurse or Physical Therapist, according to your Plan of Care. Our aides are certified by the State and specially trained to provide personal care to you in your home. Personal care includes, but is not limited to:

- Bathing or showering
- Dressing
- Exercises as instructed by your therapist
- Feeding
- Help with walking
- Help with getting in or out of bed, or help with changing positions in bed

The specific duties that will be performed by your Aide will be identified by you and your nurse or therapist. Once the duties are identified, they are documented on a Plan of Care, which describes the care you will receive, including the days and hours that your Aide will be providing them. This Plan of Care should be available to your Aide when he or she is at your home. In general, services are usually a few hours a day, several days a week, but this can vary depending upon your individual needs.

When it is approved by your Nurse and included in your Plan of Care, your Home Health Aide may also help with:

- Light household cleaning, such as dusting, sweeping and vacuuming your living area
- Garbage removal
- Grocery shopping and meal preparation

Your Home Health Aide is **NOT authorized** to help you with:

- Heavy cleaning, such as moving furniture, washing windows and organizing closets
 - Exception: Brockton Home Care provides patients with heavy duty cleaning, must be pre-approved by the insurance.
- Banking errands or money management
- Caring for family members or pets

SECTION I: Home Health Agency Overview

MEDICATION & TREATMENT

Your physician will continue to order your medication and medical treatments. These orders will be carried out by our home care professionals. Our home care professionals will also monitor your response to medication and treatment and will discuss their observations with your physician and Case Manager as necessary. We welcome and encourage you to be involved in all aspects of your care planning. We also welcome and encourage you to invite your caregivers, family members, or other designees to participate according to your wishes. You have the right to refuse any medication or treatment recommended by your interdisciplinary team, but we encourage you to discuss your reservations with your physician for guidance and advice. We may require you to provide a written statement indicating that you will not hold Brockton Home Health Care Agency responsible for any negative result or adverse impact related to your decision not to follow recommended care, treatments. Lastly, please be aware that repeated refusal to comply with the treatment prescribed by your physician may result in termination of your home care services.

Vital Signs Record Log

Date:	Temp.	B/P	Pulse	Resp.	02 Sat.	Weight	LBM	Initials

SECTION I: Home Health Agency Overview

DISCHARGE & TRANSFER

Our goal is to provide you the services you need in a safe and effective manner in your place of residence. There may be times, however, where we are no longer able to do this. We will inform you if we must transfer you to another agency or discharge us from our agency. Examples of times when this might happen include, but are not limited to:

- You request a discharge or transfer
- There is a change in the level of care you need or your treatment goals are not met
- You repeatedly refuse to comply with the treatment prescribed by your physician
- A situation has developed that negatively effects your welfare or the safety of our staff

Discharge Notice

Patient Name: _____ Date: _____
Physician: _____ MR# _____

Brockton Home Health Care Agency, LLC will be discharging you from services on _____.

Reason for Discharge: ☐ Goals Met ☐ Hospitalized ☐ Other-See Below

If you have any questions or concerns, please do not hesitate to contact our office.

Date Discharge Notice Provided: _____

Method Discharge Notice Provided ☐ Verbal: ☐ Mailed ☐ Hand Delivered ☐ Fax

If Mailed, Date Mailed: _____

Registered Nurse Name/ Signature: _____ Date: _____

Please contact Brockton Home Health Care Agency, LLC for further health care needs.

71 Legion Parkway Suite 15
Brockton, MA 02301
(508) 219-0101

SECTION I: Home Health Agency Overview

PAYMENT FOR SERVICES

We offer many payment options to fit your individual needs and resources. Our services can be paid for by Private Insurance, Medicare, Medicaid, Worker's Compensation, or Private Pay. If you have Private Insurance or Managed Care, some may require pre-certification or pre-authorization before you receive services and there may be coverage limits as described by your plan. You may also be required to meet an out-of-pocket or co-payment amount for each visit provided. If there are any changes or we are made aware by your payor source that a service will not be covered, we will inform you as soon as we know.

If you are eligible for Medicare or Medicaid, most services are covered. For those services not covered by Medicare or Medicaid, any charges will be discussed before the services will be provided to you. You will also be informed of these charges and possible methods of payment either before you are admitted to our program or as soon as you are admitted to our program or as soon as you are admitted to our program to the extent possible. If there are any changes or we are made aware by Medicare or

Medicaid that a service will not be covered, we will inform you as soon as we know. If you have any questions about your charges or billing, please speak with your Case Manager for assistance.

Payment of Services

Medicare Patients:

Medicare covers home health services 100% as long as the delivered care is necessary to the patient's wellbeing, requires skilled intervention, and the patient is homebound as defined by Medicare guidelines.

Medicare patients should not owe any out of pocket expenses for home health services including therapy, nursing, and home health aide assistance.

Items such as walkers, wheelchairs, and canes will be purchased through a medical equipment company and billed to Medicare.

In the event that we suspect any services or goods will not be covered by Medicare, we will notify you prior to delivery of said goods and services.

Medicaid Patients:

Medicaid covers 100% of home health services including nursing, therapy, and home health aide assistance. You should not be responsible for any part of the bill for services.

In the event that we suspect any services or goods will not be covered by Medicaid, we will notify you prior to delivery of said goods and services.

Insurance Patients:

We will bill your insurance company for all services that we provide. We will bill secondary insurance policies as well. Please provide all insurance information to the nurse during the admission process.

The patient/guardian will be responsible for any fees that have not been paid by the patient's insurance company. For example, if your insurance policy covers home health 80%, then you will be billed for the other 20% of services.

SECTION I: Home Health Agency Overview

PAYMENT FOR SERVICES (continued)

Overpayment/Refund:

In the event of overpayment or billing error that results in overcharging the overage in payment will be refund to the payer within 5 business days of detecting the overpayment. An itemized statement will be included with the refund.

Fee Schedule

Home Health Aide \$65.00

Medical Social Services \$200.00

Occupational Therapy \$200.00

Physical Therapy \$200.00

Skilled Nursing \$200.00

Speech Language Pathology \$200.00

Personal Care Attendant \$ 45.00

MEDICARE PAYER WORKSHEET

CMS Pub 100-5

(Rev. 1, 10-01-03)

HO-301.2

(Rev.53, Issued: 06-09-06, Effective: 09-11-06, Implementation: 09-11-06) The following questionnaire contains questions that can be used to ask Medicare beneficiaries upon each inpatient and outpatient admission. Providers may use this as a guide to help identify other payers that may be primary to Medicare. This questionnaire is a model of the type of questions that may be asked to help identify Medicare Secondary Payer (MSP) situations. If you choose to use this questionnaire, please note that it was developed to be used in sequence. Instructions are listed after the questions to facilitate transition between questions. The instructions will direct the patient to the next appropriate question to determine MSP situations.

Part I

1. Are you receiving Black Lung (BL) Benefits?

___ Yes; Date benefits began: MM/DD/CCYY

BL IS PRIMARY PAYER ONLY FOR CLAIMS RELATED TO BL.

___ No.

2. Are the services to be paid by a government program such as a research grant?

___ Yes; GOVERNMENT RESEARCH PROGRAM WILL PAY PRIMARY
BENEFITS FOR THESE SERVICES.

___ No.

3. Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for your care at this facility?

___ Yes.

DVA IS PRIMARY FOR THESE SERVICES.

___ No.

4. Was the illness/injury due to a work related accident/condition?

___ Yes; Date of injury/illness: MM/DD/CCYY

SECTION I: Home Health Agency Overview

Name and address of WC plan:

Policy or identification number: _____

Name and address of your employer:

WC IS PRIMARY PAYER ONLY FOR CLAIMS FOR WORK-RELATED INJURIES OR ILLNESS, GO TO PART III.

___ No. **GO TO PART II.**

Part II

1. Was illness/injury due to a non-work related accident?

___ Yes; Date of accident: MM/DD/CCYY

___ No. **GO TO PART III**

2. Is no-fault insurance available? (No-fault insurance is insurance that pays for health care services resulting from injury to you or damage to your property regardless of who is at fault for causing the accident.)

___ Yes.

Name and address of no-fault insurer(s) and no-fault insurance policy owner:

Insurance claim number(s): _____

___ No.

3. Is liability insurance available? (Liability insurance is insurance that protects against claims based on negligence, inappropriate action or inaction, which results in injury to someone or damage to property.)

___ Yes. Name and address of liability insurer(s) and responsible party:

Insurance claim number(s): _____

___ No. **GO TO PART III.**

NO-FAULT INSURER IS PRIMARY PAYER ONLY FOR THOSE SERVICES RELATED TO THE ACCIDENT. LIABILITY INSURANCE IS PRIMARY PAYER ONLY FOR THOSE SERVICES RELATED TO THE LIABILITY SETTLEMENT, JUDGMENT, OR AWARD.

Part III

1. Are you entitled to Medicare based on:

___ Age. **Go to Part IV.**

___ Disability. **Go to Part V.**

___ End-Stage Renal Disease (ESRD). **Go to Part VI.**

Please note that both "Age" and "ESRD" OR "Disability" and "ESRD" may be selected simultaneously. An individual cannot be entitled to Medicare based on "Age" and "Disability" simultaneously. Please complete ALL "PARTS" associated with the patient's selections.

Part IV - Age

1. Are you currently employed?

___ Yes.

Name and address of your employer:

___ No. If applicable, date of retirement: MM/DD/CCYY

___ No. Never Employed

SECTION I: Home Health Agency Overview

2. Do you have a spouse who is currently employed? ____ Yes.

Name and address of spouse's employer:

____ No. If applicable, date of retirement: MM/DD/CCYY

____ No. Never Employed

IF THE PATIENT ANSWERED NO TO BOTH QUESTIONS 1 AND 2, MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED YES TO QUESTIONS IN PART I OR II. DO NOT PROCEED FURTHER.

3. Do you have group health plan (GHP) coverage based on your own, or a spouse's current employment?

____ Yes, both.

____ Yes, self.

____ Yes, spouse.

____ No. **STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED YES TO THE QUESTIONS IN PART I OR II.**

4. If you have GHP coverage based on your own current employment, does your employer that sponsors or contributes to the GHP employ 20 or more employees?

____ Yes. **STOP. GROUP HEALTH PLAN IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP:

Policy identification number: _____

Group identification number: _____

Name of policyholder/named insured: _____

Relationship to patient: _____

____ No.

5. If you have GHP coverage based on your spouse's current employment, does your spouse's employer, that sponsors or contributes to the GHP, employ 20 or more employees?

____ Yes. **GHP IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.** Name and address of GHP:

Policy identification number: _____

Group identification number: _____

Name of policyholder/named insured: _____

Relationship to patient: _____

____ No. **IF THE PATIENT ANSWERED "NO" TO BOTH QUESTIONS 4 AND 5, MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR II.**

Part V - Disability

1. Are you currently employed?

____ Yes.

Name and address of your employer:

____ No. If applicable, date of retirement: MM/DD/CCYY

____ No. Never Employed

SECTION I: Home Health Agency Overview

MEDICARE PAYER WORKSHEET (continued)

2. Do you have a spouse who is currently employed?

☐ Yes.

Name and address of your spouse's employer:

☐ No. If applicable, date of retirement: MM/DD/CCYY

☐ No. Never Employed

3. Do you have group health plan (GHP) coverage based on your own, or a spouse's current employment?

☐ Yes, both.

☐ Yes, self.

☐ Yes, spouse.

☐ No.

4. Are you covered under the GHP of a family member other than your spouse?

☐ Yes.

Name and address of your family member's employer:

☐ No. **IF THE PATIENT ANSWERED "NO" TO QUESTIONS 1, 2, 3, AND 4, STOP. MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR 11.**

5. If you have GHP coverage based on your own current employment, does your employer that sponsors or contributes to the GHP employ 100 or more employees?

☐ Yes. **GROUP HEALTH PLAN IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP:

Policy identification number: _____

Group identification number: _____

Name of policyholder/named insured: _____

Relationship to patient: _____

☐ No.

6. If you have GHP coverage based on your spouse's current employment, does your spouse's employer, that sponsors or contributes to the GHP, employ 100 or more employees?

☐ Yes. **GHP IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP:

Policy identification number: _____

Group identification number: _____

Name of policyholder/named insured: _____

Relationship to patient: _____

☐ No.

IF THE PATIENT ANSWERED "NO" TO QUESTIONS 5, 6, and 7, MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR II.

Part VI - ESRD

1. Do you have group health plan (GHP) coverage ?

Name and address of GHP:

SECTION I: Home Health Agency Overview

MEDICARE PAYER WORKSHEET (continued)

Policy identification number: _____
Group identification number: _____
Name of policyholder /named insured: _____
Relationship to patient: _____
Name and address of employer, if any, from which you receive GHP coverage: _____

IF APPLICABLE, YOUR SPOUSE'S GHP INFORMATION:

Name and address of GHP: _____
Policy identification number / benefit package number: _____
Group identification number: _____
Membership number: _____
Name of policyholder /named insured: _____
Relationship to patient: _____
Name and address of employer, if any, from which your family member receives GHP coverage: _____

____ No. **STOP. MEDICARE IS PRIMARY.**

2. Have you received a kidney transplant?

____ Yes. Date of transplant: MM/DD/CCYY

____ No.

3. Have you received maintenance dialysis treatments?

____ Yes. Date dialysis began: MM/DD/CCYY

If you participated in a self-dialysis training program, provide date training started: MM/DD/CCYY

____ No

4. Are you within the 30-month coordination period that starts MM/DD/CCYY? (The 30-month coordination period starts the first day of the month an individual is eligible for Medicare (even if not yet enrolled in Medicare) because of kidney failure (usually the fourth month of dialysis). If the individual is participating in a self-dialysis training program or has a kidney transplant during the 3-month waiting period, the 30-month coordination period starts with the first day of the month of dialysis or kidney transplant.)

____ Yes

____ No. **STOP. MEDICARE IS PRIMARY.**

5. Are you entitled to Medicare on the basis of either ESRD and age or ESRD and disability?

____ Yes.

____ No.

6. Was your initial entitlement to Medicare (including simultaneous or dual entitlement) based on ESRD?

____ Yes. **STOP. GHP CONTINUES TO PAY PRIMARY DURING THE 30 MONTH COORDINATION PERIOD.**

____ No. **INITIAL ENTITLEMENT BASED ON AGE OR DISABILITY.**

7. Does the working aged or disability MSP provision apply (i.e., is the GHP already primary based on age or disability entitlement)?

____ Yes. **STOP. GHP CONTINUES TO PAY PRIMARY DURING THE 30-MONTH COORDINATION PERIOD.**

____ No. **MEDICARE CONTINUES TO PAY PRIMARY.**

If no MSP data are found in the Common Working File (CWF) for the beneficiary, the provider still asks the types of questions above and provides any MSP information on the bill using the proper uniform billing codes. This information will then be used to update CWF through the billing process.

CLARIFICATION OF THE HOMEBOUND DEFINITION UNDER THE MEDICARE HOME HEALTH BENEFIT

"Any absence of an individual from the home attributable to the need to receive health care treatment, including regular absences for the purpose of participating in therapeutic, psychosocial, or medical treatment in an adult day-care program that is licensed or certified by a State, or accredited, to furnish adult day-care services in the State shall not disqualify an individual from being considered to be confined to his home. Any other absence of an individual from the home shall not so disqualify an individual if the absence for the purpose of attending a religious service shall be deemed to be an absence of infrequent or short duration."

To qualify for the Medicare home health benefit, a Medicare beneficiary must be confined to the home, under the care of a physician, receiving services under a plan of care established and periodically reviewed by a physician, be in need of skilled nursing on an intermittent basis, (other than solely venipuncture), or physical therapy or speech-language pathology or have a continuing need for occupational therapy.

Physician certification that the beneficiary is confined to his home is an eligibility requirement for all home health services.

I understand that Medicare's definition of "homebound" is "there exists a normal inability to leave home and, consequently, leaving home would require a considerable and taxing effort". The new provision expands the list of circumstances in which absences from the home would be consistent with a determination that the patient is "confined to the home" or "homebound" for Medicare purposes, it does not change the existing homebound guidelines beyond the two specific provisions below. The new provisions include:

Any absence of an individual from the home attributable to the need to receive health care treatment, including regular absences for the purpose of participating in therapeutic, psychosocial, or medical treatment in an adult day-care program that is licensed or certified by a State, or accredited, to furnish adult day care services in the State shall not negate the beneficiary's homebound status for the purpose of eligibility.

Any absence for religious service is deemed to be an absence of infrequent or short duration and thus does not negate the homebound status of the beneficiary.

This new statutory provision does not imply that Medicare coverage has been expanded to include adult day care services. I attest that, should my condition so improve that I am no longer confined to my residence, I will promptly report this change in condition to Brockton Home Health Care Agency immediately at: (508) 219-0101.

SECTION I: Home Health Agency Overview

MEDICARE COVERAGE CRITERIA

In order for Medicare to pay for home health services, the following conditions must be met:

- You must require skilled services:
“Skilled services” may include the care of a Registered Nurse, Physical Therapist, or Speech Therapist
- You must be homebound: Your nurse will determine if you are homebound. In order to be considered “Homebound,” absences from your home must be short and infrequent.
- Examples of acceptable reasons to leave your home include doctor’s visits or trips to your place of worship
- You must be under the care of a Physician who deems the services medically necessary
- You must only require Intermittent Care. If you will require health care staff to stay with you for an extended period of time, Medicare will not pay for the care. We will only visit you for the length of time it takes to provide the specific treatment or care ordered by your doctor

HOME HEALTH ADVANCED BENEFICIARY NOTICE

We will accept Medicare assigned payment as payment in full for the services we provide as long as you qualify for said benefits, meet the qualifying requirements, and the services are covered by the Medicare program. If services are ordered which are not covered by the Medicare program, you will be notified by the agency in advance so that you can make other financial arrangements for the necessary care.

Please notify the agency immediately if you decide to enroll into a Managed Care Organization Plan or Private Pay. Typically, a prior authorization from the MCO will be needed for the services we are providing to be paid.

PRIVACY

Throughout your relationship with Brockton Home Health Care Agency, you can expect to be treated with compassion and respect. As part of our commitment to you, we will afford you dignity and privacy as we attend to your personal and medical needs. Our staff will always identify themselves and explain the purpose of their visit, and if something out of the routine needs to happen, such as a visit by a supervising nurse, we will phone ahead and inform you. Always remember that since our staff are guests in your home, you have the right to refuse their visit at any time. Please do call us if you need to discuss particular situations or needs. We are here to help.

MEDICAL RECORDS

Brockton Home Health Care Agency maintains a confidential written or electronic medical record related to the care we provide you. Our staff uses it to document important aspects of your medical history and the

treatment and care you receive while on our program. All of our staff are fully trained regarding maintaining your privacy and confidentiality, and you can be assured that your records will only be made available to those who have a legal right to have them or to others that you designate in writing. Our complete privacy policies are covered in more detail in **Section II** of this document.

SECTION I: Home Health Agency Overview

COMPLAINT PROCEDURE

Our goal is to provide you with services in a way that leaves you highly satisfied. If, for any reason, you feel that our staff has failed to meet your needs, violation of our policies, or has denied your needs or rights, please contact us immediately at (508) 219-0101 to discuss your concerns. You can do so without fear of retaliation, discrimination or reprisal.

Most issues can be resolved by contacting your Case Manager directly (phone number on front page of this document, or in writing). We will fully document your complaint and investigate it promptly. All complaints are reviewed, and we will respond to your complaint within **five (5) days**. Written complaints will be responded to in writing. Verbal complaints will be responded to verbally, unless you ask for a written response. The response will include a description of your complaint, the investigation findings, the decisions rendered, and your right to appeal.

If you feel that satisfactory action has not been taken and you are still dissatisfied, please call our main number and ask for our Director of Nursing. The Director of Nursing will review your complaint, the decision rendered, and your desired resolution. He/She may override the original decision.

If, after speaking with the Director of Nursing, you are still not satisfied with how your complaint was addressed, you may appeal the decision to the administrator and you will receive a response within thirty (30) days of receipt of the appeal. You may begin the process by calling Brockton Home Health Care Agency's Administrator at 508-219-0101 who will conduct a thorough review of your appeal. Alternately, you may also contact the Massachusetts State Department of Health [DOH] Hotline which receives complaints or questions about local Home Care Agencies.

You may report a complaint or grievance at any time without reprisal or disruption of services.

MA Department of Labor Standards Charles F. Hurley Building 19 Staniford Street, 2nd Floor Boston, MA 02114 Telephone (617) 626-6970 Fax (617) 626-6965 www.mass.gov/dos	Joint Commission One Renaissance Blvd. Oakbrook Terrace, IL 60181 630-792-5000	Brockton Home Health Care Agency 71 Legion Parkway Suite 15 Brockton, MA 02301 (508) 219-0101
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SECTION I: Home Health Agency Overview

PATIENT SATISFACTION

When you choose Brockton Home Health Care Agency, meeting your medical and clinical care needs is only part of our commitment to you. We are also committed to creating a positive overall experience while you use our services. Our staff is trained in a wide variety of customer service topics and the degree to which we satisfy our customers' needs is a regular part of our conversations. We believe that your positive word-of-mouth about your experience with us is one of the keys to our continued success. As such, we want to know if you are not satisfied, and we welcome feedback regarding what we can do to make our services better.

You are invited and encouraged to speak with your Case Managers or any Brockton Home Health Care Agency supervisor, at any time—we like hearing from you!

On occasion, we also gather information through a 3rd party vendor by conducting confidential Patient Satisfaction Surveys. If you are asked to participate in these of these surveys, we ask that you please do. If you receive a survey and you are not certain it is from us, please call your Case Manager. This allows us to receive feedback on how we are doing and helps us in evaluating our performance and make adjustments when necessary. Your participation is greatly appreciated!

SECTION II: Your Rights & Responsibilities as a Home Health Care Patient

Your Rights as a Health Care Patient

As a home care provider, we have an obligation to protect the rights of our patients and explain these rights to you before treatment begins. Your family or your designee may exercise these rights for you in the event that you are not competent or able to exercise them for yourself.

As a client you have the right to:

1. Competent, individualized health care without regard to race, color, creed, sex, age, national origin, handicap, ethical/political beliefs, ancestry, religion or sexual orientation or whether or not an advance directive has been executed.
2. Receive appropriate care without discrimination in accordance with physician orders.
3. Exercise your rights, a client of this agency or, if appropriate, the client representative with legal authority to make health care decisions has the right to exercise your rights.
4. Be treated with consideration, respect, and full recognition of the client's human dignity and individuality, including privacy in treatment and care for personal needs.
5. Receive treatment, care, and services that are adequate, appropriate, and in compliance with relevant State, local, and federal laws and regulations.
6. Participate, either yourself or your designated representative, in the consideration of ethical issues that arise in your care.
7. Have your property treated with respect.
8. Be free from mental, verbal, sexual, and physical abuse, neglect, involuntary seclusion, and exploitation including humiliation, intimidation or punishment.
9. Be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed.
10. Expect all personnel caring for you will be current in knowledge, duly licensed or certified as applicable and have completed a training –program or competency evaluation regarding his/her respective areas of employment.
11. Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to
 - a. Completion of all assessments;
 - b. The care to be furnished, based on the comprehensive assessment;
 - c. Establishing and revising the plan of care;
 - d. The disciplines that will furnish the care;
 - e. The frequency of visits;
 - f. Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits;
 - g. Any factors that could impact treatment effectiveness; and
 - h. Any changes in the care to be furnished.
12. A plan of care which shall include the frequency of visits, expected outcomes of care, including patient-identified goals, and anticipated risks and benefits, any factors that could impact treatment effectiveness and any changes in the care to be furnished.
13. Know when and how each service will be provided and coordinated, the agency ownership, name and functions of any person and affiliated agency personnel providing care and services.
14. Choose care providers, to communicate with those providers and to reasonable continuity of care.

SECTION II: Your Rights & Responsibilities as a Home Health Care Patient

Your Rights as a Health Care Patient (continued)

15. Be fully informed, orally and in writing, at the time of admission and in advance of care provided, a statement of services available by the agency, care and treatment provided by the agency and related charges. This must include those items and services for which you may be responsible for reimbursement. The agency will advise you of changes orally and in writing as soon as possible, but no later than five (5) calendar days from the date that the agency becomes aware of a change.
16. Be informed of any financial benefits.
17. Be informed about the nature and/or purpose of any technical procedure that will be performed including information about both the potential benefits and burdens to him/her, as well as, who will perform the procedure.
18. Be taught and have your family members taught the treatment plan, so that you can, to the extent possible, assist yourself and your family or other designated party can also understand and assist you.
19. Request information regarding the diagnosis, prognosis and treatments including alternatives to care risk(s) involved. This information will be given in a language or format so that you and your family members can readily interpret and understand so that informed consent may be given.
20. Refuse treatment after the possible consequences of refusing treatment have been fully explained.
21. The agency shall allow a client, or client representative with legal authority to make health care decisions, to accept or reject, at the client's or client representative's discretion without fear of retaliation from the agency, any employee, independent contractor, or contractual employee that is referred by the agency
22. A cognitively capable adult client or a client representative with legal authority to make health care decisions, to refuse any portion of planned treatment or other portions of the treatment plan, except where medical contraindications to partial treatment exist.
23. A cognitively capable adult client to have an individual who is not certified to provide assistance with activities of daily living and treatments of a routine nature if the client signs a waiver of skilled services detailing the potential risks and benefits of waiver.
24. Review all of your health records during normal business hours.
25. Assistance in the locating appropriate community resources before you run out of funds. However, in keeping with proper fiscal responsibility, uncompensated care may not be provided.
26. Be informed of patient rights regarding the collection and reporting of OASIS information.
27. Be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Privacy Act.
28. Be informed of anticipated outcomes of care/services and of any barriers in outcome achievement.
29. Privacy including confidentiality of all record communications, personal information and to transfer to a health care facility, as required by law or third party contracts. You shall be informed of the policy and procedure regarding disclosure of your clinical records.

SECTION II: Your Rights & Responsibilities as a Home Health Care Patient

Your Rights as a Health Care Patient (continued)

30. Receive the care necessary to assist you in attaining optimal levels of health, and if necessary, cope with death. To know that a patient / client does not receive experimental treatment or participate in research unless he / she gives documented voluntary informed consent.
31. Provide information to a client about advance directives and the right to have an advance directive and this agency request information regarding the client's advance directives to determine whether the advance directive information has an impact on care provided.
32. Be informed in writing of policies and procedures for implementing advance directives, including any limitations if the provider cannot implement an advance directive on the basis of such as living wills or the designation of a surrogate decision-maker, are respected to the extent provided by law.
33. Know that Do – Not – Resuscitate orders shall not constitute a directive to withhold or withdraw medical treatment other than CPR. Withdrawal of life sustaining treatment is done only after the physician has ordered it and the family / significant other is notified.
34. Be informed of the procedures for submitting client complaints with respect to client care, that is, or fails to be furnished or regarding the lack of respect for property by anyone who is furnishing services on behalf of the agency with suggested changes in services without coercion, discrimination, reprisal or unreasonable interruption of services.
35. Choose a health care provider, including choosing an attending physician
36. The consumer or authorized representative has the right to be informed of the consumer's rights through an effective means of communication.
37. The client has the right to be informed about the individuals providing his or her care The client has the right to be informed of the full name, licensure status, staff position and employer of all persons with whom the consumer has contact and who is supplying, staffing or supervising care or services. The client has the right to be served by agency staff that is properly trained and competent to perform their duties. Be able to identify visiting staff through proper identification.
38. The telephone number where a client or the client representative can contact the agency 24 hours a day, 7 days a week regarding care is (508) 219-0101.
39. This agency shall disclose of any sub contractual relationship with any individual or agency to be assigned or referred to provide care to the client.
40. Live free from involuntary confinement, and to be free from physical or chemical restraints.
41. Be provided with updates and state amendments on individual rights to make decisions concerning medical care within 90 days from the effective date of changes to state law.
42. Receive information about the care/services covered under the Medicare Home Health Benefit.
43. A patient has the right to receive information about the scope of services that the organization will provide and specific limitations on those services.
44. Be informed of the agencies transfer and discharge policies.
45. Provide verbal notice of the patient's rights and responsibilities in the individual's primary or preferred language and in a manner the individual understands, free of charge, with the use of a competent interpreter if necessary, no later than the completion of the second visit from a skilled professional.

SECTION II: Your Rights & Responsibilities as a Home Health Care Patient

Your Rights as a Health Care Patient (continued)

46. Provide written notice of the patient's rights and responsibilities and this agency's transfer and discharge policies to a patient-selected representative within 4 business days of the initial evaluation visit.
 47. Be informed of the procedure for submitting a written complaint / grievance to the home health agency. All complaints / grievances may be given to any agency member. If not satisfied with the response or any step in chain of command, continue to the next person. Contact, Brockton Home Health Care Agency and speak to the following:
 1. Case Manager
 2. Clinical Manager
 3. Administrator
 48. Receive a prompt response, through an established complaint or grievance procedure, to any complaints, suggestions, or grievances the participant may have. Administrator or designee documents and investigates the grievance/complaint within 5 calendar days of receipt of the complaint. The Administrator or designee must complete the investigation and documentation within 30 calendar days after the Agency receives the complaint unless the Agency has and documents reasonable cause for delay.
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1. Be informed of your state's home health agency hotline and the agencies contact information make suggestions or complaints, or present grievances on behalf of the client to the agency, government agencies, or other persons without the threat or fear of retaliation.

MA Department of Labor Standards Charles F. Hurley Building 19 Staniford Street, 2nd Floor Boston, MA 02114 Telephone (617) 626-6970 Fax (617) 626-6965 www.mass.gov/dos	Joint Commission One Renaissance Blvd. Oakbrook Terrace, IL 60181 630-792-5000	Brockton Home Health Care Agency 71 Legion Parkway Suite 15 Brockton, MA 02301 (508) 219-0101
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SECTION II: Your Rights & Responsibilities as a Home Health Care Patient

Your Rights as a Health Care Patient (continued)

2. Be advised of the names, addresses, and telephone numbers of the following Federally-funded and state-funded entities that serve the area where the patient resides:

Agency on Aging 360 W Boylston St # 216 West Boylston, MA 01583 (508) 852-5539	Center for Independent Living 280 Irving Street Framingham, MA. 01702 508-620-7452
Protection and Advocacy Agency One Ashburton Place Boston, MA 02108-1518 Phone: (617) 727-2200	Aging and Disability Resource Center One Ashburton Place, Room 517 Boston, MA 02108-1618 617-727-7750
Quality Improvement Organization 235 Promenade Street Suite 500, Box 18 Providence, RI 02908 (401) 528-3200	

3. Be informed of the right to access auxiliary aids and language services and how to access these services. Information must be provided to patients in plain language and in a manner that is accessible and timely to:
- Persons with disabilities, including accessible Web sites and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
 - Persons with limited English proficiency through the provision of language services at no cost to the individual, including oral interpretation and written translations.

SECTION II: Your Rights & Responsibilities as a Home Health Care Patient

Your Responsibilities as a Health Care Patient

Patient Responsibilities:

- To ask questions of the staff about anything they do not understand concerning their treatment or services provided.
- To provide complete and accurate information concerning their present health, medication, allergies, etc.
- To inform staff of their health history, including past hospitalization, illnesses, injuries.
- To involve themselves and/or Caregiver, as needed and as able, in developing, carrying out, and modifying their home care service plan.
- To review the Agency's information on maintaining a safe and accessible home environment in their residence.
- To request additional assistance or information on any phase of their health care plan they do not fully understand.
- To inform the staff when a health condition or medication change has occurred.
- To notify the Agency when they will not be home for a scheduled home care visit.
- To notify the Agency prior to changing their place of residence or telephone.
- To notify the Agency when encountering any problem with equipment or services.
- To notify the Agency if they are to be hospitalized or if a physician modifies or ceases their home care prescription.
- To make a conscious effort to comply with all aspects of the plan of care.
- To notify the Agency when payment source changes.
- To notify the Agency of any changes in or the execution of any advanced directives.
- To inform staff of their health history, including past hospitalization, illnesses.

Agency Responsibilities

Before the care is initiated, the agency must inform a patient orally and in writing of the following:

1. The extent to which payment may be expected from third party payers;
2. The charges for services that will not be covered by third party payers;
3. Services to be billed to third party payers;
4. The method of billing and payment for services;
5. The charges that the patient may have to pay;
6. A schedule of fees and charges for services;
7. The nature and frequency of services to be delivered and the purpose of the service;
8. Any anticipated effects of treatment, as applicable;
9. The agency must inform a patient orally and in writing of any changes in these charges as soon as possible, but no later than five (5) days from the date the home health agency provider becomes aware of the change;
10. If an agency is implementing a scheduled rate increase to all clients, the agency shall provide a written notice to each affected consumer at least 30 days before implementation;
11. The requirements of notice for cancellation or reduction in services by the organization and the client; and
12. The refund policies of the organization.

SECTION II: Your Rights & Responsibilities as a Home Health Care Patient

Agency Responsibilities (continued)

The agency shall not assume power of attorney or guardianship over a consumer utilizing the services of the agency, require a consumer to endorse checks over to the agency or require a consumer to execute or assign a loan, advance, financial interest, mortgage or other property in exchange for future services.

HIPAA Notice of Privacy Practices

In compliance with HIPAA - The Health Insurance Portability and Accountability Act of 1996If you are a client of BROCKTON Home Care Agency, this notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review this notice carefully.

I. USES AND DISCLOSURES

The Agency will not disclose your health information without your authorization, except as described in this notice.

Plan of Care/Treatment. The Agency will use your health information for the plan of care/treatment; for example, information obtained by a nurse/therapist will be recorded in your record and used to determine the course of treatment. Your nurse/therapist and other health care professionals will communicate with one another personally and through the case record to coordinate care provided. You may receive more than one service (program) during your treatment period with such information shared between programs.

Payment. The Agency will use your health information for payment for services rendered. For example, the Agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

Health Care Operations. The Agency will use your health information for health care operations. For example, Agency therapist, nurses, field staff, supervisors and support staff may use information in your case record to assess the care and outcomes of your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of services we provide. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements.

Notification. In an emergency, the Agency may use or disclose health information to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location and general condition.

Workers' Compensation. The Agency may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by the law.

Public Health. As required by federal and state law, the Agency may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

SECTION II: Your Rights & Responsibilities as a Home Health Care Patient

HIPAA Notice of Privacy Practices (continued)

Law Enforcement. As required by federal and state law, the Agency will notify authorities of alleged abuse/neglect; and risk or threat of harm to self or others. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Charges against the Agency. In the event you should file suit against the Agency, the Agency may disclose health information necessary to defend such action.

Duty to Warn. When a client communicates to the Agency a serious threat of physical violence against himself, herself or a reasonably identifiable victim or victims, the Agency will notify either the threatened person(s) and/or law enforcement.

The Agency may also contact you about appointment reminders, treatment alternatives or for public relations activities.

In any other situation, the Agency will request your written authorization before using or disclosing any identifiable health information about you. If you choose to sign such authorization to disclose information, you can revoke that authorization to stop any future uses and disclosures.

INDIVIDUAL RIGHTS

You have the following rights with respect to your protected health information:

1. You may request in writing that the Agency not use or disclose your information for treatment, payment or administration purposes or to persons involved in your care except when specifically authorized by you, when required by law, or in emergency situations. The Agency will consider your request; however, the Agency is not legally required to accept it. You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home. Patients may request a copy of their electronic medical record in an electronic form. The Agency will charge you a reasonable amount, as allowed by statute for providing a copy of the electronic medical record.
2. Within the limits of the statutes and regulations, you have the right to inspect and copy your protected health information. If you request copies, the Agency will charge you a reasonable amount, as allowed by statute.
3. If you believe that information in your record is incorrect or if important information is missing, you have the right to submit a request to the Agency to amend your protected health information by correcting the existing information or adding the missing information.
4. You have the right to receive an accounting of disclosures of your protected health information made by the Agency for certain reasons, including reason related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to Privacy Officer. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting request may not be made for periods of time in excess of six (6) years. The Agency would provide the first accounting you request during any 12-month period without charge. Subsequent accounting request may be subject to a reasonable cost based fee.

SECTION II: Your Rights & Responsibilities as a Home Health Care Patient

5. If this notice was sent to you electronically, you may obtain a paper copy of the notice upon request to the Agency.
6. When patients pay by cash they can instruct this agency not to share information about their treatment with their health plan/ insurance provider.
7. This agency will not disclose genetic information.
8. This agency will not use patient information for the purpose of fundraising or marketing. This agency will not sale patient health information.

AGENCY'S DUTIES

1. The Agency is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.
2. The Agency is required to abide by the terms of this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time.
 1. The Agency reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. Prior to making any significant changes in our policies, Agency will change its Notice and provide you with a copy. You can also request a copy of our Notice at any time. For more information about our privacy practices, please contact the office (508) 219-0101.
4. It is the duty of this agency to notify the patient of a breach of their protected health information. This agency will notify the patient within 15 business days of discovery of any breach in the patients protected health information. Notification will occur regardless of whether the breach was accidental or if a business associate was the cause. A "breach" of PHI is any unauthorized access, use or disclosure of unsecured PHI, unless a risk assessment is performed that indicates there is a low probability that the PHI has been compromised. The risk assessment must be performed after both improper uses and disclosures, and include the nature and extent of the PHI involved, a list of unauthorized persons who used or received the PHI, if the PHI was in fact acquired or viewed, and the degree of mitigation. This agency and if any business associate was involved must consider all the following factors in assessing the probability of a breach:
 - the nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - the unauthorized person who used the protected health information or to whom the disclosure was made;
 - whether the protected health information was actually acquired or viewed; and
 - the extent to which the risk to the protected health information has been mitigated.

"Unsecured" protected health information means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology.

SECTION II: Your Rights & Responsibilities as a Home Health Care Patient

HIPAA Notice of Privacy Practices (continued)

5. If the breach is determined to have no or low probability of risk to the patient then the patient will not be notified. Any other risk factor requires the agency to notify the patient in writing within 15 business days of the conclusion of the determination.

COMPLAINTS

If you are concerned that the Agency has violated your privacy rights, or you disagree with a decision the Agency made about access to your records, you may contact the office at (508) 219-0101. You may also send a written complaint to the Federal Department of Health and Human Services. The Brockton Home Health Care Agency office staff can provide you with the appropriate address upon request. Under no circumstances will you be retaliated against for filing a complaint.

CONTACT INFORMATION

The Agency is required by law to protect the privacy of your information, provide this Notice about our information practices, and follow the information practices that are described in this Notice.

If you have any questions or complaints, please contact the Agency Administrator.

You may contact this person at:

Brockton Home Health Care Agency

71 Legion Parkway Suite 15

Brockton, MA 02301

(508) 219-0101

Complaints may also be directed to State Licensing Authority without fear of retaliation.

MA Department of Labor Standards

Charles F. Hurley Building

19 Staniford Street, 2nd Floor

Boston, MA 02114

Telephone (617) 626-6970

Fax (617) 626-6965

www.mass.gov/dos

Medicaid or Medicare Fraud Reporting

If you have reason to believe that, someone is defrauding the Medicaid or Medicare program please report to the appropriate agency listed below.

Medicare / Medicaid	Office of Inspector General Hotline
By Telephone: 1-800-HHS-TIPS (1-800-447-8477)	By Us Mail: Office of Inspector General 409 3rd Street, SW, Suite 7150 Washington, DC 20416
TTY Toll-Free: 1-877-486-2048	By Phone: (800) 767-0385
	By Fax: 1-800-223-8164
	By email: HHSTips@oig.hhs.gov

SECTION II: Your Rights & Responsibilities as a Home Health Care Patient

Abuse, Neglect, Exploitation Policy & Drug Testing Policy

Agency employees and independent contractors shall report all actual or suspected cases of abuse, neglect or exploitation of a patient/child to an agency supervisor and the appropriate state agency. If agency personnel detect any signs of family violence, the information required by law is given to the victim and suspected family violence is reported to the employee's supervisor.

Abuse means: the negligent or willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical or emotional harm or pain to an elderly or disabled person by the person's caretaker, family member or other individual who has an ongoing relationship with the person; or sexual abuse of an elderly or disabled person, including any involuntary or nonconsensual sexual conduct that would constitute an offense, (indecent exposure, assault offenses), committed by the person's caretaker, family member, or other individual who has an ongoing relationship with the person.

Neglect means: the failure to provide for one's self the goods or services, including medical services which are necessary to avoid physical or emotional harm or pain or the failure of a caretaker to provide such goods or services.

Exploitation means: the illegal or improper act or process of a caretaker, family member, or other individual who has an ongoing relationship with an elderly or disabled person using the resources of such person for monetary or personal benefit, profit, or gain without the informed consent of such person.

Child-At-Risk Hotline 1-800-792-5200	Elder Hotline 1-800- 922-2275
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YOUR RESPONSIBILITY AS A PATIENT

1. Remain under a physician's care while receiving agency services.
2. Provide the agency with a complete and accurate health history.
3. Provide the agency with all requested insurance and financial records.
4. Sign the required consents and releases for insurance billing.
5. Participate in your Plan of Care.
6. Accept the consequences for any refusal of treatment or choice of non-compliance
7. Provide a safe home environment in which your care can be given.
8. Cooperate with your physician, agency staff and other caregivers.
9. Treat agency personnel with respect and consideration.
10. Advise the agency of any problems or dissatisfaction with the care being provided without being subject to discrimination or reprisal.
11. Notify the agency when unable to keep an appointment

SECTION II: Your Rights & Responsibilities as a Home Health Care Patient

Abuse, Neglect, Exploitation Policy & Drug Testing Policy (continued)

AGENCY'S DRUG TESTING POLICY

Brockton Home Care Agency is a drug free workplace. The use of drugs or alcohol in the workplace or being under the influence while on duty is prohibited. Drug screening or testing may be requested as a condition of employment, conducted on a random basis, or in the event an associate is involved in a major accident during working hours. Alcohol use or chemical substance abuse during working hours and eight (8) hours prior to reporting for duty is prohibited and is considered grounds for immediate termination of employment. Any associate suspected of impairment or substance abuse is to be relieved of duty immediately. The associate is to undergo drug screening within 2 hours adhering to the appropriate lab protocol. Refusal to consent to drug testing is considered grounds for termination of employment.

SECTION II: Your Rights & Responsibilities as a Home Health Care Patient

Oasis Statement of Patient Privacy Rights

Home Health Agency Outcome and Assessment Information Set(OASIS) STATEMENT OF PATIENT PRIVACY RIGHTS

As a home health patient, you have the privacy rights listed below.

- **You have the right to know why we need to ask you questions.**

We are required by law to collect health information to make sure:

- 1) you get quality health care, and
- 2) payment for Medicare and Medicaid patients is correct.

- **You have the right to have your personal health care information kept confidential.**

You may be asked to tell us information about yourself so that we will know which home health services will be best for you. We keep anything we learn about you confidential. This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.

- **You have the right to refuse to answer questions.**

We may need your help in collecting your health information. If you choose not to answer, we will fill in the information as best we can. You do not have to answer every question to get services.

- **You have the right to look at your personal health information.**

- We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.
- If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information which that Federal agency maintains in its HHA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION. If you want a more detailed description of your privacy rights, see the back of this Notice: PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.

This is a Medicare & Medicaid Approved Notice.



Home Health Agency
Outcome and Assessment Information Set (OASIS)
NOTICE ABOUT PRIVACY
For Patients Who Do Not Have Medicare
or Medicaid Coverage

- As a home health patient, there are a few things that you need to know about our collection of your personal health care information.
 - Federal and State governments oversee home health care to be sure that we furnish quality home health care services, and that you, in particular, get quality home health care services.
 - We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.
 - We will make your information anonymous. That way, the Centers for Medicare & Medicaid Services, the federal agency that oversees this home health agency, cannot know that the information is about you.
- We keep anything we learn about you confidential.

This is a Medicare & Medicaid Approved Notice.



SECTION II: Your Rights & Responsibilities as a Home Health Care Patient

Oasis Statement of Patient Privacy Rights

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974).

THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.

I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT.

Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the "Outcome and Assessment Information Set" (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Centers for Medicare & Medicaid Services (CMS, the federal Medicare & Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the federal Privacy Act of 1974 and the "Home Health Agency Outcome and Assessment Information Set" (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:

- support litigation involving the Centers for Medicare & Medicaid Services;
- support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant;
- study the effectiveness and quality of care provided by those home health agencies;
- survey and certification of Medicare and Medicaid home health agencies;
- provide for development, validation, and refinement of a Medicare prospective payment system;
- enable regulators to provide home health agencies with data for their internal quality improvement activities;
- support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and
- support constituent requests made to a Congressional representative.

III. ROUTINE USES

These "routine uses" specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information.

Disclosures of the information may be to:

1. the federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services;
2. contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. an agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State;
4. another Federal or State agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services' health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAs;
5. Quality Improvement Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care;
6. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

The home health agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.

NOTE: This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may request you or your representative to sign this statement to document that this statement was given to you. **Your signature is NOT required.** If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information that the Federal agency maintains in its HHA OASIS System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA OASIS System Manager.
TTY for the hearing and speech impaired: 1-877-486-2048.

SECTION III: Advanced Directives

Advance Directives

It is your right to decide about the medical care you will receive. You have the right to be informed of treatment options available before giving consent for medical treatment. You also have the right to accept, refuse or discontinue any treatment at any time.

All of us who provide you with health care services are responsible for following your wishes. However, there may be times when you may not be able to decide, or make your wishes known.

Many people want to decide ahead of time what kinds of treatment they want to keep them alive. Advance Directives let you make your wishes for treatment known in advance.

Our agency complies with the Advance Directives Act of 1999 which requires us to:

- Provide you with written information describing your rights to make decisions about your medical care;
- Document advance directives prominently in your medical record and inform all staff;
- Comply with requirements of State law and court decisions with respect to Advance Directives; and
- Provide care to you regardless of whether or not you have executed an Advance Directive.

An Advance Directive is a document written before a disabling illness. The Advance Directive states your choice about treatment and may name someone to make treatment choices if you cannot.

There are generally four types of advance directives:

A **Directive to Physician (Living Will)** is a legal document that allows you to make your wishes known concerning the provision, withdrawal or withholding of artificial life supporting treatment. This is executed in advance of the time when you may not be able to participate in those decisions due to your medical condition. It only goes into effect when you can no longer make decisions and you are certified in writing by your attending physician as suffering from a terminal or irreversible condition.

A **Medical Power of Attorney** is a legal document, which allows you to designate a particular person to make decisions regarding your medical care when you are not able to do so. This person should be someone you trust to carry out your wishes. It may also be canceled or changed at any time.

An **Out-of-Hospital Do-Not-Resuscitate Order** is a document, prepared and signed by your physician, which directs health care professionals acting in an out-of hospital setting, such as your home, not to initiate or continue a life-sustaining treatment. A diagnosis of a terminal condition is no longer required for the execution of the Out-of-Hospital Do-Not-Resuscitate Order.

Declaration for Mental Health Treatment is a document which allows an adult who is not incapacitated to list instructions for consent to or refusal of mental health treatment. It allows a competent person to proclaim their preference for mental health treatment with psychoactive medications, electroconvulsive or convulsive treatments, or emergency medical care should the person be declared incapacitated.

Effective Period: Properly signed and witnessed, the Directive to Physician, Medical Power of Attorney and/or Out-of-Hospital Do-Not-Resuscitate Order must be properly executed and witnessed by two competent adults.

SECTION III: Advanced Directives

Advance Directives (continued)

At least one of the witnesses must be a person who is not:

1. Designated by the declarant to make a treatment decision;
2. Related to the declarant by blood or marriage;
3. Entitled to any part of the declarant's estate after declarant's death;
4. The attending physician;
5. An employee of the attending physician;
6. An employee of a health care facility in which the declarant is a patient if the employee is: providing direct patient care to the declarant or is an officer, director, partner or business office employee of the facility or any parent organization of the facility; or
7. Who, at the time the advance directive is executed, has a claim against any part of the declarant's estate after the declarant's death.

The Declaration for Mental Health Treatment must be signed by the person, called the principal, in the presence of two or more subscribing witnesses. A witness may not be, at the time of execution:

1. The principal's health or residential care provider or an employee of that provider;
2. The operator or employee of the operator of a community health care facility providing care to the principal;
3. A person related to the principal by blood, marriage or adoption;
4. A person entitled to any part of the principals estate upon death; or
5. A person who has a claim against the estate of the principal.

If you executed a living will or durable power of attorney for health care before July 1, 1991, you may want to review it, since new laws have gone into effect which gives you more options and information. Even if you decide not to update it, the old documents are still legal.

We must document in your medical record whether or not you have executed an Advance Directive. We will abide by your Advance Directives. Care will be provided to you regardless of whether or not you have executed an Advance Directive. It is our policy to honor Advance Directive to the extent permitted by law and to support your right to actively participate in making health care decisions.

An ethics committee is available to serve in an advisory capacity when ethical issues, such as the withdrawal or withholding of life-sustaining treatments arise during the care of patients with or without an Advance Directive. Discussion shall involve the patient and/or designated representatives, the home care staff involved in the patient's care and the patient's physician.

Unless the physician has written the specific order "Do Not Resuscitate", it is our policy that every patient will receive cardiopulmonary resuscitation (CPR). If you do not wish to be resuscitated, you, your family, or person(s) holding your Medical Power of Attorney must request "Do Not Resuscitate" (CC/ DNR) orders from your physician. These orders are documented in your medical record and routinely reviewed; however, you may revoke your consent to such an order at any time. If CPR is initiated the agency policy is to call 911

SECTION III: Advanced Directives

Advance Directives (continued)

Procedures Agency Is Unable to Honor: The Agency recognizes each individual's right to make decisions concerning his/her care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives as permitted under law. The Agency will honor an individual's Advance Directive with the following exceptions:

1. The Agency will not honor a request to withhold comfort measures and/or pain management medications or treatments.
2. The Agency will not honor an Advance Directive of an individual who has been diagnosed as pregnant.

If other treatment decisions or directives are identified during the course of care that the Agency and/or the individual's physician are unwilling to honor, treatment will be provided until a reasonable opportunity to transfer the individual to another physician, facility, or agency has been afforded. The patient may voice Advance Directive Complaints at any time without reprisal or disruption in services to the following:

MA Department of Labor Standards Boston Charles F. Hurley Building 19 Staniford Street, 2nd Floor Boston, MA 02114 Telephone (617) 626-6960 Fax (617) 626-6965 www.mass.gov/dos Taunton Taunton Career Center Building 72 School Street Taunton, MA 02780 Call: (508) 616-0461 Haverhill 4 Summer Street, Room 212 Haverhill, MA 01830 Call: (978) 372-9797 Fax: (978) 372-9998	Joint Commission One Renaissance Blvd. Oakbrook Terrace, IL 60181 630-792-5800	Brockton Home Care Agency 71 Legion Parkway Suite 15 Brockton, MA 02301 (508) 219-0101	Medicare Hotline 1-800- <i>MEDICARE</i> (1-800-633- 4227)
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SECTION III: Advanced Directives

DECIDING ABOUT CPR

DO – NOT – RESUSCITATE [DNR] ORDERS

A Guide for Patients & Families

WHAT DO CPR AND DNR ORDERS MEAN?

CPR – Cardiopulmonary Resuscitation – refers to the medical procedures used to restart a person's heart and breathing when the person's heart stops beating. CPR may involve simple efforts such as mouth-to-mouth resuscitation and external chest compression.

Advanced CPR may involve electric shock, insertion of a tube to open the patient's airway, injection of medication into the heart and in extreme cases, open chest heart massage.

Do-Not-Resuscitate [DNR] Orders – tell medical professionals not to perform CPR. This means that doctors, nurses and emergency medical personnel will not start emergency CPR if your breathing or heartbeat stops.

DNR orders can be written for patients in a hospital or nursing home, or for patients at home.

Hospital DNR orders tell the medical staff not to revive the patient if cardiac arrest occurs.

If the patient is in a nursing home or at home, a DNR order tells the staff and emergency medical personnel not to perform CPR and not to transfer the patient to a hospital for CPR.

WHY ARE DNR ORDERS ISSUED?

While CPR can successfully restore heartbeat and breathing, success of the procedure depends on many factors, including the individual's overall medical condition. When patients are seriously ill or terminally ill, CPR may not work, or may only partially work, leaving the patient brain-damaged or in an even worse medical state than he or she was before his or her heart stopped. In cases such as these, some patients prefer not to receive CPR. Decisions such as this are highly personal and many individual factors contribute to any given individual's decision. Brockton Home Health Care Agency is committed to honoring your personal decision when it comes to whether or not to receive CPR.

CAN I REQUEST A DNR ORDER?

Yes, of course. All adult patients are allowed to request DNR orders if they are able to do so. If you are unable to tell your doctor that you want a DNR order written, a family member or close friend can decide for you.

IF I DECIDE TO HAVE A DNR ORDER, WILL IT AFFECT MY RIGHT TO REQUEST OR RECEIVE OTHER TREATMENTS?

No. A DNR order is only a decision about CPR. It does not affect your ability to request or receive other kinds of care.

ARE DNR ORDERS ETHICAL?

Although the decision to enact a DNR is highly personal, DNR orders are widely recognized by health care professionals, clergy, lawyers and others as medically and ethically appropriate under certain circumstances. For some patients, CPR poses more potential risks than potential benefits, and may be against an individual's wishes.

IS MY CONSENT REQUIRED FOR A DNR ORDER?

If you are able to consent, your doctor is not allowed to issue a DNR without speaking with you about it. In an emergency and if your wishes are unknown, the assumption is that all

SECTION III: Advanced Directives

DECIDING ABOUT CPR (continued)

patients would consent to CPR.

HOW CAN I MAKE MY WISHES ABOUT DNR KNOWN?

Adult patients may consent to a DNR order orally by speaking to a physician. They may also make their wishes known in writing in the form of a Living Will, provided two witnesses are present. In addition, by identifying a Health Care Proxy, you can appoint someone you trust to make decisions related to CPR on your behalf if you are unable to speak for yourself. Please remember that if you complete the “Five Wishes”, we will still need to obtain a doctor’s order for DNR.

Before making your final decision regarding whether or not you wish to receive CPR, you should talk to your doctor about your overall health and the risks and benefits CPR might pose for you. A comprehensive discussion such as this will ensure that your wishes will be known.

IF I REQUEST A DNR ORDER, DOES MY DOCTOR HAVE TO HONOR MY WISHES?

If you request a DNR order from your doctor, he or she must follow your wishes or: transfer your care to another doctor who will follow your wishes; or begin a formal process to settle the dispute if you are in a hospital or nursing home

If the dispute is not resolved within 72 hours, your doctor must enter the order or transfer you to the care of another doctor.

IF I AM NOT ABLE TO DECIDE ABOUT CPR FOR MYSELF, WHO WILL DECIDE FOR ME?

It takes two doctors to make the determination that you are unable to make decisions about CPR. If you are told that a decision has been made that you are not able to consent for a DNR, you have the right to object to this decision.

If you become unable to decide about CPR before telling your physician or someone else about your wishes, a DNR order can be written with the consent of someone you choose, by a family member, or by a close friend. The following list provides the order in which others will be able to make a CPR decision on your behalf:

- 1) the person chosen by you to make health care decisions on your behalf according to New York’s Health Care Proxy Law;
- 2) you court appointed guardian [if one exists]
- 3) your closest available relative [spouse, child, parent, sibling]
- 4) a close friend

HOW CAN I CHOOSE SOMEONE TO DECIDE FOR ME?

The Health Care Proxy Law allows adults to choose someone they trust to make health care decisions for them if they become unable to do so for themselves. Brockton Home Health Care Agency recommends that all patients complete a Five Wishes form to make their health care decisions clear.

It is important to note that completion of Five Wishes will identify the person you choose to make your wishes about CPR known. If you wish to have a DNR order in place, you must still inform your physician so he or she can write the DNR order.

SECTION III: Advanced Directives

Advance Directives (continued)

UNDER WHAT CIRCUMSTANCES CAN A FAMILY MEMBER OR CLOSE FRIEND DECIDE THAT A DNR ORDER SHOULD BE WRITTEN?

A family member or close friend can only consent to a DNR order on your behalf if you become unable to decide for yourself and you have not identified someone to decide on your behalf. Your family member or friend can consent to a DNR order on your behalf when:

- you are terminally ill; or
- you are permanently unconscious; or
- CPR will not work [would be medically futile]; or
- CPR would impose extraordinary risk to you due to your medical condition and the expected outcome of CPR

Anyone deciding for you must base the decision on your wishes, including your religious and moral beliefs, or, if your wishes are not known, on what is in your best interests.

WHAT IF MEMBERS OF MY FAMILY DISAGREE?

If you are in a hospital or nursing home, your family can ask for mediation about the disagreement. Your physician can ask for mediation if he or she is aware of disagreement among your family members. Identification of a Health Care Proxy while you are still able to make your wishes known prevents personal disagreements among your family, because the appointed person is obligated to carry out your wishes, regardless of their own feelings or the feelings of others.

WHAT IF I LOSE THE ABILITY TO MAKE DECISIONS ABOUT CPR AND DO NOT HAVE ANYONE WHO CAN DECIDE FOR ME?

In the event that you are unable to make decisions for yourself and there is no one to make them for you, a DNR order can be written on your behalf if two doctors decide that CPR would not likely work in your case or if a court approves a DNR order.

It is always best to make your wishes regarding CPR known in advance. Then you can be certain your wishes will be respected because judgment is not left up to others.

WHO CAN CONSENT TO A DNR ORDER FOR CHILDREN?

A child's parent, guardian can consent to have a DNR order entered. If the child is old enough to understand and decide about CPR, the child's consent is also required.

CAN I CHANGE MY MIND AFTER A DNR ORDER HAS BEEN WRITTEN?

Yes. You, or anyone who consented to a DNR order on your behalf, can have the DNR order removed by telling the doctor, nurse, or other health care professional of the decision.

SECTION III: Advanced Directives

Advance Directives (continued)

WHAT HAPPENS TO A DNR ORDER IF I AM TRANSFERRED FROM A NURSING HOME TO A HOSPITAL OR VICE VERSA?

Your existing DNR order will continue to be in effect until a new doctor examines you. At this time, the doctor can either determine to keep it in effect, or to cancel it. If the doctor decides to cancel your DNR order, you—or anyone who decided for you—can ask to have the DNR order entered again.

IF I AM AT HOME WITH A DNR ORDER, WHAT HAPPENS IF A FAMILY MEMBER OR FRIEND PANICS AND CALLS AN AMBULANCE TO RESUSCITATE ME?

If you have an existing DNR order and it is shown to emergency personnel, your wishes will be honored and they will not try to resuscitate you or take you to a hospital emergency room for CPR.

WHAT HAPPENS TO MY DNR ORDER IF I AM TRANSFERRED FROM A HOSPITAL OR NURSING HOME TO HOME CARE?

Any order issued for you in a hospital or nursing home setting will not apply at home. In order to have a DNR order at home, you, your Health Care Proxy, or a family member must specifically ask for a home DNR order. You can ask for this order before you leave the hospital or nursing home, but if you leave without one, you can request of your physician to write one for you at home.

Each year, home accidents are a major cause of injury and death, especially for people over 60. As we grow older, our bones may break more easily and we may become less steady on our feet. A simple fall that may have been a big deal 10 years earlier could result in a serious, disabling injury. Most accidents in the home can be prevented by the elimination of hazards. The checklist below can help you evaluate the level of safety in your home. Check each statement that applies to you and, or your home. Then review the unchecked boxes to determine what else you can do to make your home a safer place to live.

SECTION IV: Infection Control At Home

Infection Control Guidelines

The following instructions will help control the spread of infection and protect others from illness and/or injury.

Infections pose a risk to your health and well-being. It is important to take precautions to prevent the spread of infection in your home. When proper precautions are taken, the risk of one family member's illness spreading to others can be minimized. Practicing good personal hygiene and treating all blood and body fluids as if they are infectious helps to protect us, and those around us. By using the following guidelines, you can help control the spread of infection in your home:

KNOW THE SIGNS AND SYMPTOMS OF INFECTION

Contact your physician if you or someone in your household develop any of the following symptoms:

- ☐ Temperature over 100.5°F (for an adult), over 104.0°F (for a child over 3 months), over 100.4°F (for a child 12 weeks or younger), or chills
- ☐ Diarrhea, nausea, or vomiting
- ☐ Painful or frequent urination
- ☐ Swelling or redness around a wound or incision
- ☐ Drainage from a wound or incision
- ☐ General feeling of illness or fatigue
- ☐ Difficulty or labored breathing

Wash your hands frequently, especially before preparing food, before eating, after coughing or sneezing, after blowing your nose, after using the restroom and after handling any type of medical equipment, sharps, soiled laundry or contaminated materials.

PROPERLY CLEAN SPILLS IN THE HOME

Blood or body fluid spills are cleaned by putting on rubber gloves and absorbing the fluid with paper towels. After removing the fluid, use a cleaning solution of household bleach and water [1 part bleach to 10 parts water] to cover the area. Leave the solution on the spill area for ten minutes, and then wipe the area dry with clean paper towels. Put the used rubber gloves and soiled paper towels in a plastic bag and seal it. Then put this bag into a second bag and seal the second bag. Dispose of this bag in the regular household trash.

HANDLE DISPOSABLE ITEMS AND EQUIPMENT PROPERLY

Items which are not sharp—including dressings, bandages, plastic equipment, disposable diapers, adult disposable briefs, etc.—should be placed in a double waterproof [plastic] bag. Close the bags securely, and dispose of them in the regular trash. Please refer to page 34 for information on disposal of household waste. Hand-washing is the single most important step in controlling the spread of infection.

SECTION IV: Infection Control At Home

Infection Control Guidelines (continued)

CLEAN NON –DISPOSABLE ITEMS AND EQUIPMENT PROPERLY

Items which are not thrown away—including dishes, thermometers, commodes, walkers, wheelchairs, bath seats, suction machines, oxygen equipment, mattresses, etc.—should be cleaned immediately after use. Small items [except thermometers] should be washed in hot soapy water, rinsed and dried with clean towels. Household cleaners like disinfectants, germicidal liquids, or diluted bleach may be used to wipe off equipment.

Follow equipment cleaning instructions. If you have questions, ask your nurse or therapist.

Thermometers should be wiped with alcohol before and after each use, and stored in a clean, dry place.

Soiled laundry and linen should be washed separately from other household laundry in hot soapy water. Handle these items as little as possible to prevent spreading germs. Do not shake out soiled linens, as this will send the germs into the air. Use disposable gloves when handling soiled linen. Household liquid bleach should be added if contamination is present [1-part bleach to 10 parts water solution is recommended].

FOLLOW GOOD HOUSEKEEPING PRACTICES

Practicing special care in the bathroom and kitchen, [including ventilation, careful food preparation, and proper food storage and disposal], can also prevent infection.

IN THE BATHROOM

- Always keep liquid soap handy
- Change towels and washcloths frequently
- Provide paper towels for visitors
- Disinfect bath, shower and bath room floor with bleach and water solution or a commercial cleanser using rubber gloves
- Do not share personal items such as razors, tooth brushes, combs, hairbrushes, washcloths or towels

IN THE KITCHEN

- Watch expiration dates when purchasing perishables
- Do not use items if the freshness seal is broken
- Make sure your refrigerator and freezer are working properly
- Refrigerate leftovers properly
- Clean the inside of the refrigerator frequently
- Clean can openers after use
- Discard spoiled food
- Cook food thoroughly
- Wash fruit and vegetables well
- Use separate cutting boards, plates and utensils for raw and cooked food
- Keep work surfaces clean
- Use hot soapy water to wash dishes and utensils
- Do not share utensils or glasses

SECTION IV: Infection Control At Home

Hand Washing Steps:

Hand washing is the single most effective technique in the prevention of the spread of disease and infection. Hands should be washed thoroughly with soap and water before and after eating or food preparation, after using the bathroom, before and after performing medical procedures and immediately following contact with blood or other potentially infectious materials.

HANDWASHING

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/handwashing.html>

Wash hands with soap and water for at least 20 seconds. Use the cleanest water possible, for example from an improved source.* Use an alcohol-based hand rub that contains 60% alcohol if soap and water are not available.

1

Wet hands with water.

2

Apply enough soap to cover all hand surfaces.

3

Rub hands together and scrub everywhere.

4

Wash the front and back of your hands, in between your fingers, and under your nails.

5

Rinse hands with water.

6

Dry hands completely using a single-use towel or air dry.

WHEN TO WASH HANDS TO PREVENT COVID-19:

- **After** blowing your nose, coughing, or sneezing
- **After** being in a public place
- **Before** and **after** caring for someone who is sick

Remember to wash your hands after each of these activities to stay healthy:

- **Before, during, and after** preparing food
- **Before** eating food
- **After** changing diapers or cleaning up a child who has used the toilet
- **After** using the toilet or latrine
- **After** touching an animal, animal feed, or animal waste
- **After** touching garbage

*Water should be from an improved or protected water source. Learn more at <https://washdata.org>.

cdc.gov/coronavirus

CS 154181-01 PD 01/13/2020

SECTION IV: Infection Control At Home

Disposal of Medical Waste:



“Household wastes” are disposable items that have become soiled by bodily fluid while providing patient care. These wastes are disposed of in the regular garbage and are NEVER recycled.

Examples of household waste include, but are NOT LIMITED TO:

- Used hypodermic needles and syringes
- Used gauze bandages
- Used disposable paper items such as underpads, briefs, diapers, tissues, etc.
- Used disposal gloves

DISPOSABLE GLOVES SHOULD BE USED WHEN PROVIDING CARE AND/OR WHEN DISCARDING ITEMS SOILED WITH BODY FLUIDS

Items heavily contaminated with blood or body fluids contaminated with blood should be placed in a leak-proof heavy duty bag or tied securely at the neck and **double-bagged**. All bags should be appropriately labeled as biohazardous or color-coded and securely colored prior to removal from the home. The nurse will transport to the office or arrange for pick-up by a biohazardous waste disposal company.

BODY WASTE DISPOSAL	
DO'S	DONT'S
<p>DO keep a waste container near your bed, lined with two (2) plastic bags for the disposal of bandages or tissues containing urine, feces, etc.</p> <p>When finished, tie up both bags and dispose of them.</p>  <p>- or -</p> <p>DO dispose of feces, urine and vomitus into the toilet and then flush.</p>	<p>DO NOT throw bandages and paper items containing blood, urine, feces, directly into the household garbage.</p>  <p>DO NOT throw waste, such as feces, urine and vomitus directly into the garbage or sinks</p>

To dispose of anything soiled with blood, pour one part bleach and ten parts water (1:10) on the item prior to disposal.

SECTION IV: Infection Control At Home


Disposal of Medical Waste:

Liquids such as betadine and irrigating solutions may be flushed down the toilet.

Sharp items including hypodermic needles and syringes, scalpel blades, razor blades, disposable razors, lancets, scissors, knives, staples, IV stylets and rigid introducers are placed directly in a hard plastic or metal container with a screw-on or tightly secured lid. The lid should be reinforced with heavy-duty tape prior to discarding in regular trash. Sharps are not to be placed in any container planned for recycling or to be returned to a store. Glass or clear plastic containers are not to be use.

Used needles and syringes should not be recapped, bent or removed from disposable syringes or manipulated by hand.

NEEDLE DISPOSAL

DO'S	DONT'S
<p>DO place syringe with needles attached in a puncture-resistant metal container prior to disposal with residential waste, e.g. coffee can.</p> <p>Tape lid closed.</p> <p>DO save the container and keep the top on it at all times. When it is full, pour a solution of one part household bleach [often referred to as Clorox] and ten parts water [1:10] into the container and fill enough to cover the articles. Then place the top on the container and tape securely. Place the container into two [2] plastic bags; tie it securely and then throw it into the garbage. Always keep the container out of reach of children.</p>	<p>DO NOT recap needles or throw used hypodermic needles and syringes directly into the garbage. Someone might get stuck</p> 

Sanitation in the Home:

Linens soiled with infectious wastes should be placed directly into the washer and prewashed with cool water and 1 cup bleach.

Dishes should be washed in a dishwasher or soaked and cleaned in hot, soapy water.

SECTION V: Safety

Family Disaster Plan

Families should be prepared for all hazards that affect their area and themselves. NOAA's National Weather Service, the Federal Emergency Management Agency, and the American Red Cross urge each family to develop a family disaster plan. Where will your family be when disaster strikes? They could be anywhere-at work, at school, or in the car. How will you find each other? Will you know if your children are safe? Disasters may force you to evacuate your neighborhood or confine you to your home. What would you do if basic services-water, gas, electricity or telephones- were cut off?

Follow these Basic Steps to Develop a Family Disaster Plan

- I. Gather information about hazards. Contact your local National Weather Service office, emergency management office or civil defense office, and your local American Red Cross chapter. Find out what type of disasters could occur and how you should respond. Learn your community's warning signals and evacuation plans.
- II. Meet with your family to create a plan. Discuss the information you have gathered. Pick two places to meet: (1) a spot right outside your home for an emergency, such as fire, and (2) a place away from your neighborhood in case you can not return home. Choose an out-of-state friend as your "family check-in contact" for everyone to call if the family gets separated. Discuss what you would do if advised to evacuate.
- III. Implement your plan. (1) Post emergency telephone numbers by phones; (2) Install safety features in your house, such as smoke detectors and fire extinguishers; (3) Inspect your home for potential hazards, such as items that can move, fall, break, or catch on fire, and correct them; (4) Have your family learn basic safety measures, such as CPR and first aid, how to use a fire extinguisher, and how and when to turn off the water, gas, and electricity in your home; (5) Teach children how and when to call 9-1-1 or your local Emergency Medical Services number; (6) keep enough supplies in you home to meet your needs for at least three days. Assemble a disaster supplies kit with items you may need in case of an evacuation. Store these supplies in sturdy easy-to-carry containers, such as backpacks or duffle bags. Keep important family documents in a waterproof container. Keep a smaller disaster supplies kit in the trunk of your car. A Disaster Supplies Kit should include:
 - A three-day supply of water (one gallon per person per day) and food that will not spoil
 - One change of clothing and footwear per person
 - One blanket or sleeping bag per person
 - A first-aid kit, including prescription medicines
 - Emergency tools, including a battery-powered NOAA Weather radio and a portable radio, flashlight, and plenty of extra batteries
 - An extra set of car keys and cash
 - Special items for infant, elderly, or disabled family member.Practice and maintain your plan. Ask questions to make sure your family remembers meeting places, telephone numbers, and safety rules.
- IV. Conduct drills. Test your smoke detectors monthly and change the batteries at least once a year. Test and recharge your fire extinguishers(s) according to manufacturer's instructions. Replace stored water and food every six months.

SECTION V: Safety

GENERAL HOME SAFETY

- Install proper locks and keep doors locked. Ask visitors to identify themselves before opening the door. Open the door only if you know the person, or if you are expecting that person
- Be cautious with sharp objects
- Mark glass doors and windows with decals
- Emergency phone numbers are clearly visible near each telephone
- Outside doors are kept locked at all times
- Temperature and ventilation in the home is adequate
- There are two ways to get out of the house that are not blocked
- There is a fire and safety plan in place
- There is at least one fire extinguisher and it is in working order
- There is at least one smoke detector and carbon monoxide detector on each floor of the home. One smoke detector should be near sleeping area. Batteries are replaced regularly
- Combustible items are clearly marked and stored in covered containers away from heat sources or flames
- The heating system is checked and cleaned regularly by qualified individuals.
- Space heaters, if necessary, are maintained and used according to the manufacturer's specifications
- There is adequate lighting around the house; all burnt out bulbs are immediately replaced
- Electrical appliances and cords are clean and in good condition
- There are no electrical cords stretched across walkways. If extension cords are used, they are placed against a wall so no one can trip over them
- Carpeting and rugs are not worn out
- Throw rugs have a nonskid backing
- Medications and medical supplies are labeled, stored safely in a cool/dry place and kept out of children's reach
- Valuables that may be easily stolen are kept out of sight

Stairs:

- Install handrails and always use them.
- Place a strip of bright tape on the top and bottom step on each staircase. Place non-skid threads on steps.

SECTION V: Safety

EMERGENCY PREPAREDNESS

It is advisable to maintain a disaster supply kit in your home with the following items: o A battery operated radio

- Flash lights
- Extra batteries
- First aid supplies
- Blankets
- Extra clothing
- Stock of canned food with a can opener
- Bottled water
- A list of emergency contact numbers
- A list of all of your medications, including their dosages

FIRE PREVENTION & SAFETY

- Do not smoke in bed or allow smoking when oxygen equipment is being used
- Oxygen Safety: In the presence of oxygen, there must be: No smoking No open flames No flammable materials No heating pads
- Have a plan for exiting the house in the event of a fire. Plan two exits; If your exit is through the ground floor window, make sure it opens easily
- Do not use elevators in a fire emergency
- Keep hallways clean
- Always keep the fire department number posted for easy viewing at all times o Fire extinguishers should be checked frequently
- Smoke detectors should be checked frequently; batteries should be changed once a year
- Make an escape plan; then practice it.
- Keep at least one fire extinguisher; check the charge often.
- Be aware that nylon catches fire.
- Do not every smoke in bed!
- Be very careful with space heaters; do not tip them!
- Make sure your electrical wiring is not frayed and is free of shorts.
- Keep electrical appliances away from water and unplug after use.
- Have smoke detectors properly located; check battery monthly.
- Store flammables properly.
- Turn off oven and stove; clearly mark controls on stove.
- Be cautious around any open flame heater or fireplace.
- Do not use lighted matches or lighters around any suspected natural gas leaks.
- Take your time when moving around; do not rush! If your doctor has ordered a walker or cane, use it at all times
- If your doctor has ordered hearing aids or glasses, wear them while you are awake
- Request help when you need to get up from your chair or bed, or when doing activities that you know you cannot do alone

FALLS PREVENTION (continued)

- Know your own limitations! Discuss your concerns with the staff and your family
- Take a few moments to sit at the edge of the bed or chair before standing to reduce dizziness
- Turn the lights on as you enter rooms and hallways—or use nightlights in hallways. Adequate lighting will decrease the likelihood that you will fall
- Keep the items that you use most often at arm's reach [i.e. TV remote, light, telephone, water, etc.] Unnecessary bending and reaching could lead to a fall
- Keep your living space free of clutter. Scatter rugs, excessive furniture, electrical cords in walkways and the like create trip hazards
- Keep the floor where you walk dry and not waxed
- Wear supportive shoes and make sure your clothes fit well and do not restrict movement
- Know which of your medications may make you feel drowsy. If you are not sure, ask your doctor or nurse

KITCHEN SAFETY

- Stove and sink areas are well lit
- Adequate counter space is available to keep from unnecessary lifting or carrying
- The stove and other areas of open flame are kept clear of curtains, dishtowels, potholders, and/or plastic utensils to reduce fire hazard
- Pan handles are turned away from the front of the stove and the other burners
- You do not wear clothing with long, loose sleeves when cooking
- Cleaners and other chemicals are out of reach and/or locked to prevent children and/or confused individuals from accessing them
- Kitchen appliances are turned off when not being used
- A step-stool, with a hand rail that you can hold onto, is kept in the kitchen

LIVING AREA SAFETY

- Chairs and couches are sturdy and secure; they will not easily slide across the floor unexpectedly
- Hallways are well lit and do not contain trip hazards
- Steps are in good condition and do not contain clutter
- Hand rails are sturdy and securely fastened to the wall

BEDROOM SAFETY

- There is a lamp within easy reach of your bed
- There is a phone within easy reach of your bed
- Night lights are used to brighten the way to the bathroom at night
- If there are side rails on the bed, they are kept up

SECTION V: Safety

BATHROOM SAFETY:

- Grab bars are installed on the walls by the bathtub and toilet
- Bathtub or shower has a non-skid mat or strips in the standing area
- There are no radios, TVs, heaters, or other electrical appliances near the bathtub, shower.

BURN PREVENTION:

- Always check hot water for temperature; label hot and cold faucets.
- Keep pot handles turned to the back of the stove.
- Keep flammable towels away from the stove.
- Open lids away from you to avoid steam burns.
- Use heating pads with caution:
 - Use only on low (unless Doctor/Nurse states otherwise)
 - Check area frequently for redness
 - Do not apply directly to skin.
 -

MEDICAL EQUIPMENT SAFETY:

- The company that supplies your medical equipment should instruct you in the safe use of each item.
- If you have question or need assistance with any item, please ask your nurse!
- If a piece of equipment breaks or seems not to work correctly, notify the company that brought the item to you immediately!
- Do not use an item unless you are sure it is working properly.
- Never smoke when Oxygen is in use.

COLD WEATHER SAFETY:

- Avoid icy sidewalks and porch steps.
- Always cover head, hands and feet if you are going out.
- Use warm blankets, clothes and socks.

SECTION V: Safety

Patient Individualized Emergency Plan

Patient's Name: _____

MRN #: _____

DOB _____

☐ Male

☐ Female

Primary Phone: _____ Alternate Phone: _____

Address: _____

Emergency Contact name: _____

Relationship: _____ Phone: _____ Alternate Phone: _____

Address: _____

Patient instructions: Identify a safe place and how to prepare the home to minimize damage. In the event of an emergency or disaster, take your emergency supply kit to your safe place and notify your out-of-home emergency contact of your location and condition. Contact emergency officials by calling 911 if you are injured.

Safe space in home: ☐ Tornado: ☐ Flood/Hurricane: ☐ Earthquake:

Safe meeting place in neighborhood: ☐ N/A or _____

Safe meeting place outside of neighborhood: ☐ N/A or: _____

Fire safety/exits: _____

Other: _____

In the event of a widespread emergency or disaster, you will be contacted for medical attention based on your priority level:

☐ Level I-Within 24 hours

☐ Level II-Within 24-48 hours

☐ Level III-Within 48-72 hours

If evacuation is needed, notify Brockton Home Health Care Agency, LLC and see instructions below.

To facilitate appropriate care, transportation and/or evacuation the patient plans to:

☐ Remain in the home

☐ Evacuate to home of family member or friend with assistance of family and/or caregiver.

Name _____ Address _____ Phone: _____

☐ Evacuate with assistance. Brockton Home Care Agency may arrange for non-emergency transportation, contact the patient's out-of-home emergency contact and help to locate an available:

☐ Motel/hotel:

☐ Shelter:

☐ Special needs shelter

☐ Non-emergency inpatient admission

SECTION V: Safety

Patient Individualized Emergency Plan

☐ Evacuate with assistance of emergency officials. **Call 911 for emergency transportation.**

Select all special needs:

Patient has restricted mobility: (select level of mobility):

☐ Bedbound

☐ Chair/wheelchair bound

Ambulatory with assistance: ☐ Maximum ☐ Moderate ☐ Minimum

Patient requires lifesaving equipment: (select all that apply)

☐ Insulin requiring diabetic. Insulin administered by: ☐ Injection ☐ Pump (type)_____

Insulin type, dose and frequency:_____

☐ **Oxygen** at ___liters/min via: ☐ Nasal Cannula ☐ Mask ☐ Tracheal ☐ Liquid ☐ Concentrator
☐ Cylinder

☐ Requires oxygen continuously ☐ Requires oxygen intermittently: hours per day:_____

☐ Portable oxygen cylinder available ☐ Portable battery-operated oxygen concentrator available

☐ No portable oxygen available

Ventilator dependent: (Type)_____

Ventilator settings: Respiratory rate:_____ Tidal volume: _____ FiO₂_____ PEEP:_____

☐ Ventilator is portable with back-up battery ☐ Ventilator is **not** portable

☐ CPAP:_____ cm H₂O

☐ BiPAP: ☐ IPAP:_____ cmH₂O ☐ EPAP_____ cmH₂O

☐ BiPAP ST: ☐ IPAP:_____ cmH₂O ☐ EPAP_____ cmH₂O

☐ Suction Machine: ☐ Suction machine is portable with back-up battery ☐ Suction machine is not portable

☐ Infusion pump: ☐ Infusion pump is portable with back-up battery ☐ Infusion pump is not portable

☐ Enteral pump: ☐ Enteral pump is portable with back-up battery ☐ Enteral pump is not portable

☐ Apnea monitor: ☐ apnea monitor is portable with back-up battery ☐ Apnea monitor is not portable

☐ Other medical needs:_____

☐ Wound care:_____

☐ Intravenous medications:_____

SECTION V: Safety

Patient Individualized Emergency Plan (continued)

- ☐ Tube Feeding: _____
- ☐ Other: _____
- ☐ Other special needs: _____
- ☐ Communication barriers: _____ ☐ Language barrier: _____
- ☐ Intellectual disability: _____ ☐ Special diet: _____
- ☐ Other: _____

Clinician Printed Name/ Title

Signature

Date/Time

Patient or Legal Representative Signature

SECTION V: Safety

Emergency Information

Complete this form and **ATTACH IT TO YOUR FRIDGE**. This information could help save your life in an emergency.

NAME _____

ADDRESS _____

DATE OF BIRTH _____ PHONE NUMBER _____

SEX _____ RELIGION _____ BIRTH PLACE _____

HAIR COLOUR _____ EYE COLOUR _____

ANY DISTINGUISHING FEATURES

DOCTOR'S NAME _____ PHONE NUMBER _____

SPECIAL MEDICAL CONDITIONS/ALLERGIES

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME _____ PHONE _____

NAME #2 _____ PHONE _____

ANY ADDITIONAL INFORMATION (INCLUDING PETS REQUIRING CARE)

Please contact Brockton Home Health Care Agency as we may be able to provide additional medical information.

Brockton Home Care Agency
71 Legion Parkway Suite 15
(508) 219-0101

EMERGENCY TELEPHONE NUMBER

In case of a medical emergency, you should contact emergency medical services by telephone at:
911

POISON CONTROL

1-800-222-1222

Instruction Guide for Patients: Oxygen Therapy

What Is Oxygen Therapy?

Oxygen therapy supplies extra oxygen to help fuel brain and muscle cells and ease the workload of the heart. Oxygen therapy may help you breathe better and will also help you to feel better and improve memory, sleep, mood and alertness.

Oxygen Must Be Prescribed By Your Doctor

Oxygen is a medication and must be taken as prescribed by your doctor. The oxygen flow rate must never be changed from that which your doctor prescribed. Your doctor is the only one who can prescribe any changes in the oxygen flow rate. Oxygen may be ordered for you during sleep, during exercise or continuously.

Specific oxygen instructions for me are _____

Is Your Home Safe for Oxygen Use?

While oxygen by itself does not cause fires, it can cause a fire to spread faster. This can result in serious burns and injuries to you and/or your loved ones. It can cause serious damage to you or your neighbors' homes.

Answer these simple questions to see if you are at a higher risk for dangerous fires:

Do you or anyone else smoke in your home? Where?

- ☐ Are there other fire risks in your home? Open flames, candles, appliances that cause shocks?
- ☐ Does your home have smoke detectors that work? Have the batteries been replaced recently?
- ☐ Does your home have a working fire extinguisher? Do you know how to operate it?

Think Safety First!

- ☐ Do not smoke or allow others to smoke in the room where oxygen is used or stored.
- ☐ Keep oxygen equipment away from radiators, heat ducts or any other sources of heat.
- ☐ Stay at least ten feet away from gas stoves, lighted fireplaces, candles, or other sources of heat or open flame. Do not use an electric razor or hair dryers/blowers (it's a possible source of sparks.)
- ☐ Do not use flammable products such as aerosol sprays, oil-based lubricants or lotions (such as Vaseline or Chap Stick), rubbing alcohol, nail polish remover or paint thinners.
- ☐ Do not use polyester/nylon bed linens or clothing. These can create static electricity which can possibly start a fire.
- ☐ Keep your oxygen tank in a stand to prevent tipping, or placed on its side on the floor. Oxygen must be kept in a well-ventilated area in your home, not in a closed closet. Placement under a bed could be

SECTION VI: Patient Education

Instruction Guide for Patients: Oxygen Therapy (continued)

acceptable provided there are no bed coverings that occlude airflow and no heat source under the bed. It should not be stored under an electric bed or in outdoor areas such as an open porch or deck.

When traveling, keep oxygen on its side in the back seat, never in the trunk of your car

- ☐ Extended length oxygen tubing poses a tripping hazard. Extra care must be taken while walking.
- ☐ Keep an all-purpose fire extinguisher at home. Install a smoke detector and test it at least twice a year. Have a well-rehearsed evacuation plan in the event of a fire. Tell the fire department that you keep oxygen at home. It is important to post an “Oxygen in Use” sign provided by your oxygen supplier.
- ☐ In the event of fire, turn your oxygen off immediately and leave your home.
- ☐ Never attempt to repair or lubricate equipment yourself, and never allow untrained people to adjust your equipment.

Tips for Safe Use of Oxygen Equipment

- ☐ Wash your hands for at least 15 seconds before handling your equipment.
- ☐ Keep oxygen tubing uncovered from bedding and free from other objects.
- ☐ Prevent skin irritation from tubing. Tuck gauze pads behind your ears and against your cheeks. If you have persistent redness under your nose, call your doctor.
- ☐ Only use a water-based lubricant to moisten your lips or nostrils. Never use an oil-based product such as petroleum jelly (Vaseline) or lip balm (Chap Stick).
- ☐ Turn the oxygen off when not in use.
- ☐ Consider a Personal Emergency Response System if you live alone or are at home alone for any length of time.
- ☐ Let your local fire department and utility company know that you have oxygen in your home.

PSEG Customer Assistance Center: (800) 490-0025

www.psegliny.com Critical Care Fax 631-844-3635

National Grid/Gas Emergency: (800) 490-0045

- ☐ Order more oxygen from your supplier **at least 3 days before** you'll need it.

My oxygen supplier is: _____

Phone: _____

Notes and Questions for my doctor or nurse:

Instruction Guide for Patients: Oxygen Therapy (continued)

There are important safety factors to keep in mind when using oxygen. Oxygen is a safe gas and is non-flammable; however, it supports combustion. Materials burn more readily in an oxygen-enriched environment. Also follow the instructions from your oxygen supply company regarding safe usage. Never change the flow rate on your oxygen from what your doctor prescribed.



- If you wear oxygen while sleeping, consider using 100 percent cotton bedding which is less likely to cause static electricity.

Keep Away from Heat and Flame

- Don't smoke and don't allow others to smoke near you. Post "No Smoking" and "No Open Flames" signs in and outside your home to remind people not to smoke.
- Keep sources of heat and flame at least five feet away from where your oxygen unit is being used or stored.
- Don't use oxygen while cooking with gas.
- Don't use any electrical appliances such as hair dryers, curling irons, heating pads and electric razors while wearing oxygen.
- Always have a fire extinguisher nearby.

Don't Use Aerosols, Vapor Rubs or Oils

- Don't use aerosol sprays such as air fresheners or hairspray near the oxygen unit. Aerosols are very flammable.
- Avoid flammable creams and lotions such as vapor rubs, petroleum jelly or oil-based hand lotion. Use water-based products instead.
- Never oil the oxygen unit, and don't use it with oily or greasy hands.
- Don't use alcohol-based hand sanitizers, unless you thoroughly rub them into your skin and let your hands dry completely before handling oxygen equipment.

SECTION VI: Patient Education

Instruction Guide for Patients: Oxygen Therapy (continued)

Using Oxygen Safely

Store Oxygen Safely

- Keep your liquid oxygen unit upright at all times, never on its side.
- Don't store your oxygen in an enclosed space, like a closet or trunk.
- Be careful not to trip over the tubing. Never cut your tubing or use more than a 50-foot long piece.
- Never use an extension cord to plug in your concentrator or plug anything else into the same outlet.
- Turn off your oxygen when you're not using it. Don't set the cannula or mask on the bed or a chair if the oxygen is turned on.
- Keep oxygen concentrators several inches away from walls or curtains and never place anything over your concentrator.

Be Prepared

- Have a functioning fire extinguisher and smoke alarms close by at all times.
- Losing access to oxygen can be very dangerous if you need oxygen continually. Make sure to have backup equipment (normally a large oxygen tank) and tell your power company that you have life sustaining equipment in your home.
- Consider buying a backup generator in the event of power outages.
- Monitor the gauges on your oxygen equipment and give your oxygen supplier plenty of time to deliver refills.

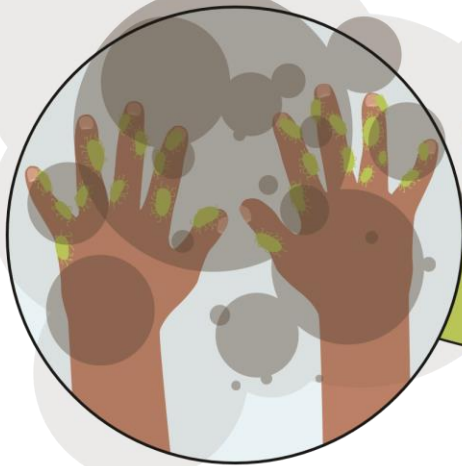


BHHA Home Care Agency, LLC

Patient's Name:

MR#:

Wash Your Hands!



Dirty!



Wet



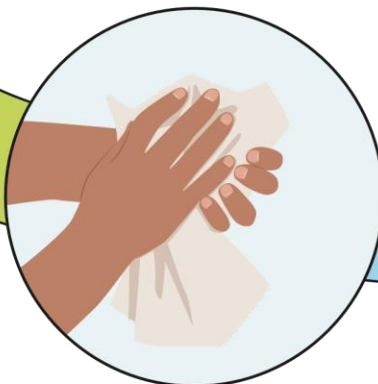
Get Soap



Scrub



Rinse



Dry



Clean!



Centers for Disease
Control and Prevention
National Center for Emerging
and Zoonotic Infectious Diseases

02301 Phone: (508) 219-4101 | Fax: (508) 281-2030 | (Email) info@brocktonhha.com
www.cdc.gov/handwashing

BHHA Home Care Agency, LLC

Patient's Name:

MR#:

When You Are Sick

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>



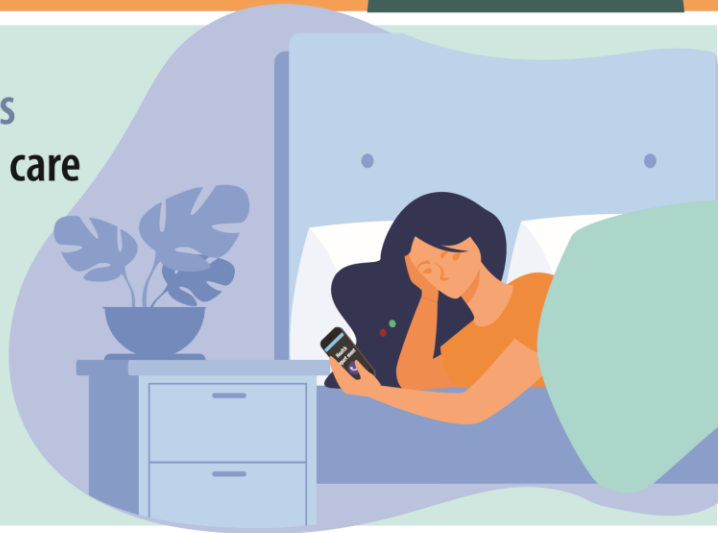
To prevent the spread of COVID-19

- Wear a mask.
- Stay at least 6 feet apart from others.
- Wash your hands often.
- Cover your coughs and sneezes.
- Clean high-touch surfaces every day.



If you are sick follow these steps Stay home except to get medical care

- Wear a mask.
- Stay at least 6 feet apart from others.
- Wash your hands often.
- Cover your coughs and sneezes.
- Clean high-touch surfaces every day.



Stay separate from other people and pets in your home

- Stay in a specific room as much as possible.
- Stay away from other people and pets in your home.
- If possible, you should use a separate bathroom.
- If you need to be around other people or animals in or outside of the home, wear a mask.



322968-A_5/13/2021

cdc.gov/coronavirus

BHHA Home Care Agency, LLC

Patient's Name:

MR#:

When You Are Sick



Do not share personal household items

Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.



Monitor your symptoms

Symptoms of COVID-19 include fever, cough, shortness of breath and more.

Follow instructions from your healthcare provider and local health department.



the waste basket.



When to seek emergency medical attention

If someone is having

- Trouble breathing.
- Persistent pain or pressure in the chest.
- Inability to wake or stay awake.
- Pale, gray, or blue-colored skin, lips, or nail beds depending on skin tone.

Seek emergency medical care immediately. Call 911 or call ahead to your local emergency facility
Notify the operator that you are seeking care for someone who has or may have COVID-19.

BHHA Home Care Agency, LLC

Patient's Name:

MR#:

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as
1 in 4
PEOPLE*



receiving prescription opioids long term in a primary care setting struggles with addiction.

* Findings from one study

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



American Hospital
Association®

CS264107C May 9, 2016

BHHA Home Care Agency, LLC

Patient's Name:

MR#:

KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- ☐ Pain relievers such as acetaminophen, ibuprofen, and naproxen
- ☐ Some medications that are also used for depression or seizures
- ☐ Physical therapy and exercise
- ☐ Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- ☐ Never take opioids in greater amounts or more often than prescribed.
- ☐ Follow up with your primary health care provider within ____ days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- ☐ Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- ☐ Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- ☐ Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- ☐ Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- ☐ If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.



Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

BHHA Home Care Agency, LLC

Patient's Name:

MR#:

PREVENT MEDICATION ACCIDENTS

1. Store medications out of sight and reach of:

Children and teens



Visitors



Pets



2. Place unused medications in a bag and bring to a pharmacy.



3. For locations that accept returns:



1-844-535-8889



healthsteward.ca

Ask a healthcare provider if you have questions.



Download from <https://www.ismp-canada.org/download/OpioidStewardship/storage-disposal-information.pdf>