



SUMMIT
HOME CARE

PATIENT HANDBOOK

DO NOT DISCARD

START OF CARE DATE: _____

Access a copy of our electronic Start of Care packet & Emergency preparedness documents for you and your family by following the code below or visiting **www.summit-ortho.com/startofcare**



SCAN TO VIEW

Scan using your mobile phone or electronic device via your camera. Select the link that generates to be directed to the documents via the Summit Home Care Website.

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WELCOME & PHILOSOPHY

Summit Home Care extends a warm welcome to you, our patient, and to your family and friends. Your medical treatment, safety, and happiness are most important to us. We will do our best to answer any questions you may have concerning your care and treatment.

The mission of Summit Home Care is to serve the community by providing accessible, efficient, quality healthcare in an atmosphere of compassion. We are dedicated to promoting the physical and emotional well-being of our patients and all who come in contact with our agency. Because of this commitment, we strive to demonstrate our belief in the dignity and worth of each individual and respect your rights.

We are also committed to ensuring your rights and privileges as a healthcare patient. Many aspects of our services and procedures may be new to you. We have prepared this booklet to assist you in becoming better acquainted with us, to help you understand the home health care process, and explain your rights as a patient. If you have additional questions, please do not hesitate to ask us.

We subscribe to the philosophy that we are guests in your home, and we believe in treating you and your family with the utmost respect and dignity that comes with being an invited guest.

Through total quality management, we maintain our commitment to excellence and will accept nothing less from our staff. Selecting Summit Home Care needs is the "best medicine" for your recovery.

Our experience in providing the finest home health care in the area have earned us high marks with the most important people in the world- our satisfied patients.

Our entire health care team joins in wishing you a rapid recovery.

AGENCY OVERVIEW

POLICIES

This book contains general information regarding your rights and responsibilities as a patient. As state and federal regulations change, there may be additions or changes to this book as necessary. Our complete

policy and procedure manual regarding your care and treatment is available upon request for your viewing at the agency office at any time during normal business hours.

RIGHTS & RESPONSIBILITIES

As a home care patient, you have the right to be informed of your rights and responsibilities before the initiation of care/service. If/ when a patient has been judged incompetent, the patient's family or guardian may exercise these rights as described below. As they relate to:

PATIENT RIGHTS, you have the right:

1. To receive services appropriate to your needs and expect the home care organization to provide safe, professional care at the level of intensity needed, without unlawful restriction by reason of age, sex, race, color, creed, national origin, religion, or disability.
2. To have access to necessary professional services 24 hours a day, 7 days a week.
3. To have your pain management needs recognized and addressed as appropriate.
4. To be informed of services available.
5. To be informed of the ownership and control of the organization.
6. To be told on request if the organization's liability insurance will cover injuries to employees when they are in your home and if it will cover theft or property damage that occurs while you are being treated.
7. To receive information about scope of services that the HHA will provide and specific limitations on
8. those services.
9. To receive information about the care/services covered under the Medicare Home Health benefit.
10. To be able to identify visiting personnel members through proper identification.
11. To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
12. To voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
13. To have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
14. To choose a health care provider, including choosing an attending physician.
15. To be informed of anticipated outcomes of care/services and of any barriers in outcome achievement.

PATIENT CARE, you have the right:

1. To be involved in your care planning, including education of the same, from admission to discharge, and to be informed in a reasonable time of anticipated termination and/ or transfer of service.
2. To receive reasonable continuity of care.
3. To be informed of your rights and responsibilities in advance concerning care and treatment you will
4. receive, including any changes, the frequency of care/ service and by whom (disciplines) service will be provided.
5. To be informed of the nature and purpose of any technical procedure that will be performed, including information about the potential benefits and burdens as well as who will perform the procedure.
6. To receive care/ service from staff who are qualified through education and/ or experience to carry out the duties for which they are assigned.
7. To be referred to other agencies and /or organizations when appropriate and be informed of any financial benefit to the referring agency.

RESPECT AND CONFIDENTIALITY, you have the right:

1. To be treated with consideration, respect, and dignity, including the provision of privacy during care.
2. To have your property treated with respect.
3. To have staff communicate in a language or form you can reasonably to expected to understand and when possible, the organization assists with or may provide special devices, interpreters, or other aids to facilitate communication.
4. To maintain confidentiality or your clinical records in accordance with legal requirements and to anticipate the organization will release information only with your authorization or as required by law.
5. To be informed of the organization's policies and procedures for disclosure of your clinical record.

FINANCIAL ASPECTS OF CARE, you have the right to:

1. To be informed of the extent to which payment for the home care services may be expected from Medicare, Medicaid, or any other payor.
2. To be informed of charges not covered by Medicare and/ or responsibility for any payment(s) that you may have to make.
3. To receive this information orally and in writing before care is initiated and within 30 calendar days of the date the organization becomes aware of any changes.

SELF-DETERMINATION, you have the right:

1. To refuse all or part of your care/treatment to the extent permitted by law and to be informed of the expected consequences of said action.
2. To be informed in writing of rights under state law to formulate advance directives.
3. To have the organization comply with advance directives as permitted by state law and state requirements.
4. To be informed of the organization's policies and procedures for implementing advance directives.
5. To receive care whether or not you have an advance directive(s) in place, as well as not to be discriminated against whether or not you have executed an advance directive(s).
6. To be informed regarding the organization's policies for withholding of resuscitative services and the withdrawal of life - sustaining treatment, as appropriate.
7. To not participate in research or not receive experimental treatment unless you give documented voluntary informed consent.
8. To be informed of what to do in an emergency.
9. To participate in consideration of ethical issues that may arise in your care.

PATIENT RESPONSIBILITIES as a home care patient, you have the responsibility:

1. To provide complete and accurate information about illness, hospitalizations, medications, pain, and other matters pertinent to your health; any changes in address, phone, or insurance/payment information; and changes made to advance directives.
2. To inform the organization when you will not be able to keep your home care appointment.
3. To treat the staff with respect and consideration.
4. To participate in and follow your plan of care.
5. To provide a safe environment for care to be given.
6. To cooperate with staff and ask questions if you do not understand instruction or information given to you.
7. To assist the organization with billing and/ or payment issues to help with processing third party payment.
8. To inform the organization of any problems (including issues with following the plan of care), dissatisfaction with service or recommendations for improvement

CRITERIA FOR ADMISSIONS

Admission to this agency can only be made under the direction of a physician, based upon the patient's identified care needs, homebound status and the type of services required that we can provide directly or through coordination with other organizations. If we cannot meet your needs or your home environment will not support our services, we will not admit you or will not continue to provide services to you.

SERVICES

No place like home

You're more comfortable. The surroundings are familiar. And you're closer to the people and things you cherish. So, if you or a loved one is recovering from an accident or surgery it just makes sense that you'd prefer to recover at home rather than in an institutional setting. Studies even suggest that recovery occurs quicker and more completely at home.

But you can't do it alone

We can help by providing a full range of home health care services, from basic assistance to multi-disciplines of medical care. And all our services are provided under the supervision of your doctor and RN case manager.

Our qualified staff will plan, coordinate, and provide care tailored to your needs. Our range of services include *Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Home Health Aide, Medical Social Worker, IV Therapy, Wound Care, and Medication Management.*

Care from the Heart

You can trust the Summit Home Care staff to always meet your highest standards. Before joining our team, each health care professional undergoes personal interview, as well as tests for medical knowledge, verification of professional licenses, and background checks by state and federal agencies. You can be assured that your Summit Home Care professional is qualified, experienced, and ready to serve you.

Our Range of Services

The *Skilled Nurse* is an *RN or LPN* with training and experience in providing care in the home. The nurse communicates frequently with your physician to update your plan of care. Services include an evaluation of patient's needs, performance of skilled nursing procedures, education of patient, family members and caregivers on disease processes, self-care techniques and prevention strategies,

Physical, Occupational and Speech Therapy services are provided by a licensed therapist or licensed therapy assistant under the direction of the physician, your therapist will provide specific information about the services and treatments you will receive.

Medical Social Worker provides short-term counseling services, referral to and coordination with community resources and assistance with living arrangements, finances, and long-range planning.

Home Health Aide services are delivered under the supervision of a registered nurse or licensed therapist. Our aides have experience and training in providing care in the home, an aide is assigned when there is a specific need for personal care on a part-time basis at home. Any duties the home health aide performs will be planned by you and the nurse and added to your plan of care. Typical duties include bathing, shampooing hair, changing bed linen, and assistance with other activities of daily living.

Supplies/Therapy: Medical supplies and therapy may be required to carry out your plan of care. All medically necessary therapy services or medical supplies must be coordinated with the home health agency while you are receiving Medicare covered home health services. If you arrange for these services or supplies on your own while under our plan of care, Medicare will not reimburse you or the other suppliers.

DME-Durable medical Equipment (walker, wheelchair, hospital bed, etc.) is covered separately and may be supplied by the home health agency or an outside Medicare-certified supplier of your choice.

Wound Care: Our nurses have specialized wound vac training and continuing education in wound care.

WEATHER

During the snow, ice, and flood season we will make every effort to continue home care visits. However, the safety of our staff must be considered. When roads are too dangerous to travel, our staff will, if possible, contact you by phone to let you know that they are able or unable to make your visit that day. (Refer to client classification of monitoring needs-reference I. II. III,)

EMERGENCY CARE PLAN

In the event of a problem, emergency, or natural disaster, we will implement our plan, which categorize patients according to the client's classification of monitoring needs. (I. II. III.)

- Keep a copy of your Emergency Care Plan with your emergency numbers available for reference (911 for many situations).
- Remember how to contact us during the day at the office number, listed on the front of your Start of Care folder. After business hours, you can reach the nurse by calling the after-hours phone number listed on the front of your Start of Care folder or on your copy of the emergency care plan.

SUMMIT HOME CARE

FAMILY EMERGENCY PREPAREDNESS PLAN

Family plan should address the following:

- Evacuation routes.
- Family communications
- Utility shut-off and safety
- Insurance and vital records
- Evacuation plan
- Caring for animals

Evacuation Routes

Draw a floor plan of your home. Use a blank sheet of paper for each floor. Mark two escape routes from each room. If you have children at home, make sure children understand the drawings. Post a copy of the drawings at eye level in each child's room. Establish a place to meet in the event of an emergency, such as a fire. Make sure to include this on the emergency plans card, see below. You should review your evacuation plan at least 2x yearly.

Family Communications

Your family will likely not be together when disaster happens, so you will want to plan how you will contact one another. Think about how you will communicate in different situations. Complete a contact card for each family member. Have family members keep these cards handy in a wallet, purse, backpack, etc. You may want to send one to school with each child to keep on file. Pick a friend or relative who lives out-of-state for household members to notify they are safe.

See attached example for emergency card/plan

Utility Shut-off and Safety

In the event of a disaster, you may be instructed to shut off the utility service at your home. Review where the shut off valve is located for water, gas and electrical.

Natural Gas

Natural gas leaks and explosions are responsible for a significant number of fires following disasters. It is vital that all household members know how to shut off natural gas.

If you smell gas or hear a blowing or hissing noise, open a window, and get everyone out quickly. Turn off the gas, using the outside main valve if you can, and call the gas company from a neighbor's home or from a cell phone once outside.

Because there are different gas shut-off procedures for different gas meter configurations, it is important to contact your local gas company for guidance on preparation and response regarding gas appliances and gas service to your home. When you learn the proper shut-off procedure for your meter, share the information with everyone in your household. **CAUTION** - If you turn off the gas for any reason, a qualified professional must turn it back on. NEVER attempt to turn the gas back on yourself.

Water

Water quickly becomes a precious resource following many disasters. It is vital that all household members learn how to shut off the water at the main house valve. Cracked lines may pollute the water supply to your house. It is wise to shut off your water until you hear from authorities that it is safe for drinking. The effects of gravity may drain the water in your hot water heater and toilet tanks unless you trap it in your house by shutting off the main house valve.

Preparing to Shut Off Water

- Locate the shut-off valve for the water line that enters your house
- Make sure this valve can be completely shut off
 - Your valve may be rusted open, or it may only partially close. Replace it if necessary.

- Label this valve with a tag for easy identification, and make sure all household members know where it is located.

Electrical

Electrical sparks have the potential of igniting natural gas if it is leaking. It is wise to teach all responsible household members where and how to shut off the electricity.

Preparing to Shut Off Electricity

- Locate your electricity circuit box.
- Teach all responsible household members how to shut off the electricity to the entire house.

Insurance and Vital Records

Obtain property, health, and life insurance if you do not have them. Review existing policies for the amount and extent of coverage to ensure that what you have in place is what is required for you and your family for all possible hazards.

If you live in a flood-prone area, consider purchasing flood insurance to reduce your risk of flood loss. Buying flood insurance to cover the value of a building and its contents will not only provide greater peace of mind but will speed the recovery if a flood occurs. You can call 1(888) FLOOD 29 to learn more about flood insurance.

Money

Consider saving money in an emergency savings account that could be used in any crisis. It is advisable to keep a small amount of cash or traveler's checks at home in a safe place where you can quickly access them in case of evacuation.

Caring for Pets

Animals also are affected by disasters. Use the guidelines below to prepare a plan for caring for pets.

Guidelines for Pets Plan for pet disaster needs by:

- Identifying shelter
- Gathering pet supplies
- Ensuring your pet has proper ID and up-to-date veterinarian records
- Providing a pet carrier and leash

Take the following steps to prepare to shelter your pet:

- Call your local emergency management office, animal shelter, or animal control office to get advice and information.
- Keep veterinary records to prove vaccinations are current.
- Find out which local hotels and motels allow pets and where pet boarding facilities are located. Be sure to research some outside your local area in case local facilities close.
- Know that, except for service animals, pets are not typically permitted in emergency shelters as they may affect the health and safety of other occupants.

Evacuation: More Common than You Realize

Ask local authorities about emergency evacuation routes and maps.

ALWAYS:

IF TIME PERMITS:

Keep a full tank of gas in your car if an evacuation seems likely. Gas stations may be closed during emergencies and unable to pump gas during power outages. Plan to take one car per family to reduce congestion and delay.	Gather your disaster supplies kit.
Make transportation arrangements with friends or your local government if you do not own a car.	Wear sturdy shoes and clothing that provides some protection, such as long pants, long-sleeved shirts, and a cap.
Listen to a battery-powered radio if the internet is unavailable and follow local evacuation instructions.	Secure your home: <ul style="list-style-type: none">○ Close and lock doors and windows.○ Unplug electrical equipment, such as electronics and televisions, and small○ appliances, such as toasters and○ microwaves.○ Leave freezers and refrigerators plugged in unless there is a risk of flooding.
Gather your family and go if you are instructed to evacuate immediately.	Let others know where you are going.
Leave early enough to avoid being trapped by severe weather.	
Follow recommended evacuation routes. Do not take shortcuts; they may be blocked.	
Be alert for washed-out roads and bridges. Do not drive into flooded areas.	
Stay away from downed power lines.	

Emergency Kits and Locations

Since you do not know where you will be when an emergency occurs, you will want to prepare supplies for home, work, and vehicles.

Home

Your disaster supplies kit should contain essential food, water, and supplies for at least three days. Keep this kit in a designated place and have it ready in case you have to leave your home quickly. Make sure all family members know where the kit is kept. Additionally, you may want to consider having supplies for sheltering for up to two weeks.

Work

This kit should be in one container, and ready to “grab and go” in case you are evacuated from your workplace. Make sure you have food and water in the kit. Also, be sure to have comfortable walking shoes at your workplace in case an evacuation requires walking long distances.

Car

In case you are stranded, keep a kit of emergency supplies in your car. This kit should contain food, water, first aid supplies, flares, jumper cables, and seasonal supplies.

Practicing and Maintaining Your Plan

Once you have developed your plan, you need to practice and maintain it. For example, ask questions to make sure your family remembers meeting places, phone numbers, and safety rules. Conduct drills such as drop, cover, and hold on for earthquakes. Test fire alarms. Replace and update disaster supplies. This should be done 2x yearly.

For additional Information on emergency preparedness go to the following web sites.

http://www.fema.gov/pdf/areyouready/basic_preparedness.pdf

<https://www.columbus.gov/publichealth/programs/Emergency-Preparedness/Emergency-Preparedness-Resources-and-Links/>

<https://www.hamiltoncountyohioema.org/emergency-operations-plan/>

<https://www.indy.gov/activity/community-emergency-response-team-cert>

SUMMIT HOME CARE
PATIENT EVACUATION CHECKLIST

PATIENT'S NECESSARY ITEMS

_____ Medications: A two-week supply of all medications as ordered by your doctor

_____ Portable oxygen (if required)

_____ Home health home folder which includes written orders regarding medical care including a list of medicines

_____ Important papers, valid ID with current address

_____ Special dietary foods (non-perishable), with manual can opener

_____ Personal hygiene items

_____ Extra eyeglasses or contacts, hearing aid, denture needs

_____ Extra clothing

_____ Wheelchair, walker, cane, etc. (if needed)

_____ Lightweight folding chair

_____ Flashlight and batteries

_____ Medical supplies currently being used

CHARGES

The Cost of care

In most cases, home health care is paid for by insurance companies, whether; you're covered by a private insurer or government program. Summit Home Care will provide you with an analysis of your benefits by verifying the extent of your home care service coverage.

We accept payment for services from Medicare, Medicaid, Worker's Compensation, private insurance, or private pay. For most services, there is no cost to you if you are an eligible beneficiary of Medicare or Medicaid, some insurers may limit the number and type of home care visits that they will pay for and may require pre-certification. We will inform you, your family, caregiver or guardian of all charges and methods of payment before of upon admission.

Our agency will bill Medicare and Medicaid for our services on your behalf. We will accept Medicare assigned payment as a payment in full for the services we provide as long as you meet the qualifying requirements, and the services are covered by the Medicare program. If services are ordered which are not covered by Medicare or Medicaid programs, you will be notified by the agency before these services are provided so that you can make other financial arrangements for the necessary care.

We think you'll agree that the cost of home care is overshadowed by its advantages. After all, there is no place like home. For more information on any of our services, call us at our office.

Please notify the agency **immediately** if you decide to enroll in a Medicare or private HMO (Health Maintenance Organization) or Hospice, Medicare may not pay for the services we are providing if you are enrolled in an HMO or Hospice.

If you are receiving Medicare benefits, you may receive a Medicare Summary Notice (MSN) after we have submitted a final claim for services. The MSN lists services and charges billed to Medicare on your behalf and the amount Medicare paid. **This is NOT a bill.**

MEDICARE GUIDELINES USED TO ESTABLISH COVERAGE

The following items are required for Medicare to pay for your home health care services:

Homebound- this means that due to your illness or injury it takes a considerable taxing effort for you to leave your home and your absences are infrequent of relatively short duration. You can still be considered homebound if you leave home to attend a religious service, to receive health care treatment, including regular absences to participate in therapeutic, psychosocial, or medical treatment in a state licensed/certified and/or accredited adult day-care program, or attend unique infrequent special events (family reunion, funeral, graduation, etc.)

If you had a **recent** illness or injury (or a worsening condition) which requires Skilled Nursing Care on an intermittent basis (other than solely venipunctures), or physical therapy, speech-language pathology or have a continuing need for occupational therapy.

You are an **eligible Medicare beneficiary and under the care of a doctor** who has ordered

the treatment of services we are providing. If the services are not reasonable of medically necessary and specifically ordered by your doctor, Medicare will not pay for those services.

Care is provided on an **intermittent basis**. This means Medicare will not pay for our health care staff to stay with you for an extended period of time. We will only visit you for the length of time it takes to provide the specific treatment ordered by your doctor.

If all these requirements are met, Medicare will also pay for medically necessary Occupational Therapists, Medical Social Services, Home Health Aides, and medical supplies.

PATIENT SATISFACTION

You, our customer, are very important to us. Please ask questions if something is unclear regarding our services, the care you receive, or fail to receive. Our agency completes customer care calls. Your answers help us improve our services and ensure that we meet your needs and expectations. At the conclusion of your care, you will receive a patient satisfaction survey regarding your care. Please complete the survey and return immediately. **If we did not, for any reason, earn top scores on the survey, please contact our office to let us know how we could have improved your experience.**

PLANS FOR CARE, TREATMENT & SERVICES

We involve you, your caregiver or designee, key professionals, and other staff members in developing your individualized plan of care, treatment, and services. Your plan is based upon identified problems, needs, and goals, physician orders for medications, care, treatments and services, timeframes, your environment, and your personal wishes whenever possible. The plan is designed to increase your ability to care for yourself. Effective pain management is an important part of your treatment.

This plan may include the following interventions and goals:

- Nursing Care
- Personal Care
- ERS
- Medication Management
- Rehabilitation Therapy
- Discharge Planning

The plan is reviewed and updated as needed, based on you changing needs. We encourage your participation and will provide the necessary medical information to assist you. You have the right to refuse any medication or treatment procedure. However, such refusal may require us to obtain a written statement releasing the agency from all responsibility resulting from such action. Should this happen, we would encourage you to discuss the matter with your physician for advice and guidance.

We fully recognize your right to dignity and individuality, including privacy in your treatment and in the care of your personal needs. We will notify you if an additional individual needs to

be present for your visit for reasons of safety, education, or supervision. We do not participate in any experimental research connected with patient care except under the direction of your physician and with your written consent. There must be a willing, able, and available caregiver to be responsible for your care between agency visits. This person can be you, a family member, a friend, or a paid caregiver.

MEDICAL RECORDS

Your medical record is maintained by our staff to document physician orders, assessments, progress notes and treatments. Your records are kept strictly confidential by our staff and are protected against loss, destruction, tampering or unauthorized use. Our Notice of Privacy Practices describes how your protected health information may be used by us or disclosed to others, as well as how you may have access to this information.

DISCHARGE, TRANSFER & REFERRAL

Discharge, transfer, or referral from this agency may result from several types of situations including the following:

- Treatment goals are achieved
- The level of care you need changes
- Agency resources are no longer adequate to meet your needs
- Situations may develop affecting your welfare or the safety of our staff
- Failure to follow the attending physician's orders
- Non-payment of charges
- Failure to meet Medicare and other insurance coverage guidelines.

You will be given advanced notice of a transfer to another agency or discharge, except in case of an emergency. If you should be transferred or discharged to another organization, we will provide the information necessary for your continued care, including pain management. All transfers or discharges will be documented in the patient's chart. When a discharge occurs, an assessment will be done, and instructions provided for any needed ongoing care or treatment. We will coordinate your referral to available community resources as needed, if elected to transfer from another agency Medicare requires us to coordinate the transfer.

PROBLEM SOLVING PROCEDURE

Our goal is to assist you in returning to your maximum level of functioning and to provide all services possible to help you stay at home in your usual and customary surroundings, We are committed to assuring that your rights are protected, If you feel that our staff has failed to follow our policies or has in any way denied you your rights, please follow these steps without fear of discrimination or reprisal.

- Notify the Clinical Director at the office line, most problems can be solved at this level.
- You may also contact the Ohio state's health care toll-free number at 614-466-3543
The hotline is available 24hrs. a day and receives complaints and questions about

local home care providers, Calls will be answered personally from 8:00am to 4:30pm Monday-Friday, after 4:30pm on holidays and weekends, an automated answering machine will take messages, when leaving a message please include your name, address, area code, and telephone number.

STATEMENT OF PATIENT PRIVACY RIGHTS

HOME HEALTH AGENCY

OASIS (Outcome and Assessment Information Set)

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:
 - you get quality health care, and
 - 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 as 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 Center for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Center 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 Privacy Act Statement for CONTACT INFORMATION.

If you want a more detailed description of your privacy rights, see the Privacy Act Statement

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 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 Center 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)



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.

Authority for collection of your information, including your social security number, and whether you are required to provide information for this assessment. Section 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 towards 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 of Medicare and Medicaid Services (CMS, the federal Medicare and 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.

Principle 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 and Medicaid Services
- Support regulatory, reimbursement, and policy functions performed within the Centers for Medicare and 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
- routine uses

These "routine uses" specify the circumstances when the Centers for Medicare and 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:

- The federal Department of Justice for litigation involving the Centers for Medicare and Medicaid Services
- Contractors or consultants working for the Centers for Medicare and 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
- 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
- Another federal or state agency to contribute to the accuracy of the Centers of Medicare and Medicaid Services health insurance operations and/or to support State agencies in the evaluations and monitoring of care provided by HHAs
- Quality Improvement Organizations, to perform Title XI or Title XVII functions relating to assessing and improving home health agency quality of care
- An individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance or health, or payment related projects
- A congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained
- **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 service.**

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 signs the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of the statement.

CONTACT INFORMATION if you want to ask the Centers for Medicare and Medicaid Services to see, review, copy or correct your personal health information that the Federal agency maintains in its HHA OASIS Systems 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

ADVANCE DIRECTIVES

Advanced Directive laws enable patients to specify whether-under certain circumstances-they would want their lives prolonged.

Patients, of course, have the right to accept or refuse medical care while they have the capacity to make such decisions. The Living Will serves as a statement by the patient of his or her desires concerning the giving or withholding of life sustaining treatment when the patient has lost the capacity to make health care decisions and is in (1) a terminal or (2) permanently unconscious state.

In no event may comfort care- measures that would relieve pain and suffering- be discontinued. Also, if a patient is pregnant, the law prohibits any measures that would endanger the life of the fetus unless the fetus is not expected to be born alive.

What are my rights regarding medical treatment decisions?

You have the right to make your own medical treatment decisions. If you do not want certain treatments, you have the right to tell your doctor you do not want them.

Most patients can express their wishes to their doctor, but some who are seriously injured, or unconscious cannot. However, you have the right to make your wishes known before such a situation occurs.

What if I am too sick to decide or unable to communicate my wishes?

Sometimes people cannot tell their doctor about the kind of care they want because they become too sick and unable to communicate. By law, there are different forms you have the right to fill out that tells your doctors what you want done if you are unable to communicate your wishes.

What kinds of forms are available?

There are different forms you can use to make your wishes known:

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

This form allows you to appoint any adult relative or friend you trust to speak for you as your agent to make all health care decisions for you, should you become terminally ill and unable to communicate, or temporarily or permanently unable to make decisions for yourself. Be sure to talk to that person about your wishes of what you want and don't want. Then write then down on your durable power of attorney form.

LIVING WILL

This form allows you to give advance written directions about all your health care decisions when you are terminally ill and unable to communicate or in a permanently unconscious state. These documents are referred to as advance directives because they are signed in advance to let your doctor and others know your wishes concerning medical treatment.

Do I have to fill out these forms before I get medical care?

No. As a competent adult, you do not need to have a written document to communicate with your doctors. Additionally, no person or health care provider can require you to fill out either of these forms. Completing one or both of these forms is a voluntary action on your part.

Who can fill out these forms?

Anyone at least 18 years old who can make their own decisions can fill out these forms.

Do I need a lawyer?

No. you do not need a lawyer to fill them out. You may choose to discuss these matters with an attorney, but there is no requirement to do so.

Do my health care providers have to follow my instructions?

Yes, if your directions comply with state law. However, Ohio law includes a conscience clause in case your health care provider is unable to follow your directions because they are in conflict with the caregiver's conscience. In this case, you can be transferred to another health care provider who will comply with your wishes,

If I have a Durable Power of Attorney, do I need a Living Will too?

Many people will want to have both documents because they can address different aspects of your medical care. A Living Will gives your instruction directly to your doctors and a Durable Power of Attorney appoints another person you have chosen to make health care decisions for you.

This information is believed to be correct, but it is not a substitute for competent legal advice and counsel. legal

counsel should be consulted for definitive answers to legal questions and interpretations of the law.

DO NOT RESUSCITATE ORDER

State regulations offer a Do Not Resuscitate (DNR) Comfort Care and Comfort Care Arrest Protocol as developed by the Ohio Department of health. A DNR order means a directive issued by a physician or, under certain circumstances a certified nurse practitioner or clinical nurse specialist, identifies a person and specifies that CPR should not be administered to the person so identified. CPR means cardiopulmonary resuscitation or a component of cardiopulmonary resuscitation, but it does not include clearing a person's airways for a purpose other than as a component of CPR.

The DNR Comfort Care and Comfort Care Arrest Protocol list the specific circumstances and actions that paramedics, emergency medical technicians, physicians or nurses will take when attending to a DNR Comfort Care or Comfort Care Arrest patient. The protocol also list what specific actions will not be implemented. You should talk to you doctor about the DNR Comfort Care and Comfort Care Arrest order and Protocol options.

Our agency complies with the Patient Self-Determination Act of 1990 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 records and inform all staff
- Comply with requirements of State Law and court decisions with respect to advance directives
- Provide care to you regardless of whether or not you have executed an advance directive

SAFETY

Home accidents are a major cause of injury and death, especially for those over 60. As people grow older, they may be less agile and their bones tend to break more easily, a simple fall can result in a disabling injury. All patients need to take special precautions to ensure a safe living environment.

GENERAL SAFETY

- Emergency phone numbers are posted by each telephone
- Outside doors are kept locked at all times, do not open the door to an unfamiliar face, ask for identification and call someone to verify who they say they are
- Door-to-door salesmen are not let into your home, they are asked to come back when a friend or a family member will be with you
- Valuables that may be easily stolen are kept out of sight
- Telephone and television solicitations are not accepted, "If it sounds too good to be true, it probably is."
- Household maintenance (painting, roofing, etc.) is scheduled with a reputable company. Have a friend or family member assist you

ELECTRICAL SAFETY

- Electrical appliances and cords are clean, in good condition and not exposed to liquids.
- Electrical equipment bears the underwriters tabs (UL) label.
- An adequate number of outlets are in each room where needed There are no outlets with several plugs being used,
- Electrical outlets are grounded
- Lighting throughout household is adequate
- Burned out lights are replaced

PREVENTING FALLS

- Stairways and halls are well lit
- Night-lights are used in the bathroom, halls, and passageways
- A flashlight with good batteries or a lamp is within easy reach of you bed
- Throw rugs are removed or have a nonskid backing and are not placed in traffic areas
- All clutter is cleared from the house, especially from pathways
- Electrical and telephone cord are placed along the walls- not under rugs-and away from traffic areas and do not cross pathways
- There are no step stools without handrails
- Handrails are used on stairs and securely fastened
- Grab bars are installed by the shower, tub, or toilet
- Shower stool or non-skid strips are attached to the bottom of tub/shower
- Elevated toilet seats and stools are used, if needed
- Spills are cleaned up immediately
- Outside walks are kept clear of snow and ice in the winter
- Outside steps and entrances are well lit
- You are aware of any medications being taken which may cause dizziness or unsteadiness
- Alcoholic beverages are limited to no more than two per day
- When in a seated or lying down position, stand up slowly
- A cane can be used for extra stability
- Steps have a non-skid strip of carpeting is securely fastened and is free from holes and fraying
- Light switches are located at the top and bottom of stairways and at both ends of long hallways
- Doors do not swing out over stair steps
- Clearance in the stairways provides adequate head room
- Porches, balconies, terraces and other elevations or depression are protected by railings or otherwise protected

KITCHEN SAFETY

- Stove and sink areas are well lighted

- Curtains are kept away from the stove and other open flame areas
- An exhaust hood with filters is present which discharges directly to the outside. The fan is turned on when cooking
- Adequate counter space is available to keep from lifting or carrying
- Counter space is kept clean and uncluttered
- Pan handles are turned away from burners and the edge of the stove
- Hot pan holders are kept near the stove
- Microwave oven is operated only when food is in it
- Heavy items are not stored above your easy reach
- Cooking on high heat with oils and fat is avoided
- Clothing with loose sleeves is not worn when cooking
- Refrigeration and proper storage are used to avoid food poisoning
- Perishable foods are kept refrigerated and periodically checked for freshness
- Kitchen appliances are turned off when they are not being used

BATHROOM SAFETY

- Bathtub or shower has a non-skid mat or strips in the standing area
- Bathtub or shower doors are glazed with safety glass or plastic
- Grab bars are installed on the walls by the bathtub and toilet
- Towel bars and the soap dish in the shower are made of durable materials and are firmly installed. do not use them as grab bars
- Electrical appliances (radio, TV, heater, etc.) are away from the bathtub/shower area
- The water heater thermostat is set below 120 degrees F to prevent accidental scalding
- Night lights are used to brighten the way to the bathroom at night

HAZARDOUS ITEMS AND POISONS

- Care is used in storage of hazardous items. They are stored only in their original containers
- You know how to contact your poison control team
- Products that contain chlorine or bleach are not mixed with other chemicals
- The risk of insecticides is understood. They are only bought for immediate need and excess is stored or disposed of properly
- Hazardous items, cleaners and chemicals are kept out of the reach of children and confused or impaired adults
- Household trash is disposed of in a covered waste receptacle outside the home

MEDICATION SAFETY

- Medications are never taken that are prescribed to someone else.
- All your medications (including prescriptions, over the counter, vitamins, herbals) are written down and the list shown to your doctor or pharmacist to keep from combining drugs inappropriately. If there are any changes, they are added to the list immediately
- You know the name of each of your medicines; why you are taking it; how to take it; what foods to avoid or other things to avoid while taking it; and its potential side effects

- Medication allergies and any medication side effects are reported to your healthcare provider
- Medications are taken exactly as instructed. If the medication looks different than you expected, ask your health care provider or pharmacist about it
- Alcohol is NOT used when you are taking medicine
- Medicines are not stopped or changed without your doctor's approval, even if you are feeling better
- A chart or container system (egg carton or med-planner) is used to help you remember what kind, how much, and when you take the medicine
- Your medicine is taken with a light on so you can read the label
- Medicine labels (including warnings) are read carefully, and medicines are kept in original containers
- Medications are stored safely in a cool/dry place according to instructions on the label
- If you miss one dose, you do NOT double the next dose later
- Old medications are disposed of safely by flushing them down the toilet or disposed of as directed
- Medicines are kept away from children and confused adults

Summit Home Care staff will teach you many things about your medicines. If you have questions, please write them down so we can be sure to answer them for you. We will teach you what any new or changed medicine look like, the name, dose, intended use and expected actions, storage, routine, contradictions, and side effects of the medicines, as well as what to do if you miss a dose or take the wrong dose.

MEDICAL EQUIPMENT/ OXYGEN

- Manufacturer's instructions for specialized medical equipment are kept with or near the equipment
- Routine and preventive maintenance is performed according to the manufacturer's instructions
- Phone numbers are available in the home to obtain service in case of equipment problems or equipment failure
- Backup equipment is available is indicated
- Manufacturer's instructions are followed for providing a proper environment for specialized medical equipment
- Adequate electrical power is provided for medical equipment such as ventilators, oxygen concentrators and other equipment
- Equipment batteries are checked regularly by a qualified service person
- All oxygen equipment is kept away from open flame
- There is NO smoking around oxygen
- Oxygen is not allowed to freeze or overheat
- If you have electrically powered equipment such as oxygen or ventilator, you are registered with your local utility company

FIRE SAFETY PRECAUTIONS

- All family members and caregivers are familiar with emergency 911 procedures

- Fire department is notified if a disabled person is in the home
- There is NO smoking in bed or when oxygen equipment is being used
- The heating system is checked and cleaned regularly by someone qualified to do maintenance. Space heaters, if used, are maintained, and used according to the manufacturer's specifications
- There are exits from all areas of the house. You know your fire escape routes and have two planned exits. If you exit is through the ground floor window it opens easily
- If you live in an apartment building, you know the exit stair's location
- Elevators are not used in fire emergency. A fire drill/ safety plan is prepared
- The fire departments number is always posted for easy viewing at all times
- Fire extinguishers are checked and installed when you change your clocks for daylight savings time in spring and fall
- Smoke detectors are in place in hallways and near sleeping areas,
- Smoke alarm batteries are checked and installed when you change your clocks for daylight savings in the spring and fall
- If your fire escape is cut off, remain calm, close the door, and seal the cracks to hold back smoke, Signal for help at the window
- A bedbound patient can be evacuated to a safe area by placing him/her on sturdy blanket and pulling/dragging the patient out of the home,
- Remember, life safety is first, but if the fire is contained and small, you may be able to use your fire extinguisher until the fire department arrives.

POWER OUTAGE

- In case of a power outage, if you require assistance and our agency phone lines are down do the following:
 - If you are in a crisis or have an emergency situation, call 911 or go to the nearest hospital emergency room
 - If it is not an emergency, call your closest relative or neighbor
- Our agency will get in touch with you as soon as possible

NATURAL HAZARDS

FLOODS

- Be aware of flood hazards, especially if you live in a low-lying area, near water or downstream from a dam.
- If local authorities issue a flood watch, prepare to evacuate. Secure your home, turn off utilities, do not touch electrical equipment if you are wet or standing near water
- Do not walk-through moving water. Use a stick or cane to check firmness of the ground in front of you if covered in water

TORNADO

- If a tornado has been sighted or there is a tornado warning on the television, go to your shelter immediately. Stay away from windows, door, and outside walls
- If in a house or building- go to basement or storm cellar. If no basement, go to interior room on the lower level (closets, interior hallways)
- If the patient is bed bound, move the patient's bed as far away from windows as possible, cover the patient with heavy blankets or pillows being sure to protect the head and face. Then go to a safe area.
- If in a vehicle, trailer, or mobile home-get out immediately and go to a more substantial structure.
- If there is no shelter nearby-lie flat in the nearest ditch, ravine or culvert with your hands shielding your head.

LIGHTNING

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

WINTER STORMS

Heavy snowfall and extreme cold can immobilize an entire region. Even areas which normally experience mild winters can be hit with a major snowstorm or extreme cold. The results can range from isolation due to blocked roads and downed power lines to the havoc of cars and trucks sliding on icy highways.

- Gather emergency supplies-battery powered radio, food that doesn't require cooking, your medication, extra blankets, extra water, rock salt to melt ice on walkways and sand to improve traction, flashlights, battery powered lamps and extra batteries (candles are a fire hazard), make sure you have enough heating fuel; regular fuel source may be cut off
- Dress for the season-wear several layers of loose-fitting, light weight, warm clothing rather than one layer of heavy clothing. The outer layer garments should be tightly woven and water repellent, mittens are warmer than gloves, wear a hat (most body heat is lost through the top of the head)

INFECTION CONTROL AT HOME

Cleanliness and good hygiene help prevent infection. "Contaminated materials" such as bandages, dressing, or surgical gloves can spread infection, and harm the environment. If not disposed of properly, these items can injure trash handlers, family members and others who could come in contact with them.

Certain illnesses and treatments (chemotherapy, dialysis, AIDS, diabetes, burns) can make people more susceptible to infection. Your nurse will instruct you on the use of protective clothing (gowns/gloves) if they are necessary. Notify your physician and/or home care staff if you develop any of the following signs and symptoms of infection:

- Pain/tenderness/ redness/ or swelling of a body part
- Inflamed skin/ rash/ sores/ ulcers
- Pus (green/yellow drainage)
- Painful urination
- Confusion
- Nausea/ vomiting/ diarrhea
- Fever or chills
- Sore throat/ cough
- Increased tiredness/ weakness

You can help control infection by following these guidelines:

WASH YOUR HANDS

Before and after giving any care to the patient (even if wearing gloves), before handling or eating food, and after using the toilet, handling soiled linens, touching pets, coughing, sneezing, or blowing nose.

Hand washing needs to be done frequently and correctly: Remove jewelry, use warm water and soap (liquid soap is best), hold your hands down so water flows away from your arms, scrub for at least 10-15 seconds (30 seconds is recommended), making sure you clean under your nails and between fingers, dry hands with a clean paper towel, then turn water off with paper towel.

*Washing your hands is the single most important step in controlling the spread of infection

DISPOSABLE ITEMS & EQUIPMENT

(Items which are not sharp- paper cups, tissues, dressing, soiled bandages, plastic equipment, urinary/suction catheters, disposable diapers, plastic tubing, medical gloves, etc.)

Store medical supplies in a clean/dry area, dispose of used items in waterproof (plastic) bags, and fasten securely and dispose of bag in the trash.

NON-DIPOSABLE ITEMS & EQUIPMENT

(Items which are not thrown away- soiled laundry, dishes, thermometers, commode, walkers, wheelchairs, bath seats, suction machines, oxygen equipment, mattresses, etc.)

- Solid Laundry- should be washed apart from other household laundry in hot soapy water. Handle these items as little as possible to avoid spreading germs. Household liquid bleach should be added if viral contamination is present (1 part bleach to 10 parts water solution)

- Equipment-utilized by the patient should be cleaned immediately after use. Small items should be washed in hot soapy water, rinsed, and dried with clean towels. Household cleaners such as
- disinfectant, germicidal liquids or diluted bleach may be used to wipe off equipment.
- Thermometers- should be wiped with alcohol before and after each use. Store in a clean, dry place. Liquids- may be discarded in the toilet and the container cleaned with hot soapy water, rinsed with boiling water, and allowed to dry.

SHARP OBJECTS

(Items what are sharp- needles, syringes¹ lancets, scissors, knives, staples, glass tubes or bottles, IV catheters, razor blades, disposable razors, etc.)

Placed used sharp objects directly into a clean rigid container with a screw-on or tightly secured lid. Use a

hard plastic or metal container. Before discarding a container, reinforce the lid with heavy-duty tape. Never overfill the containers or recap needles once used. DO NOT use glass or clear plastic containers and never put "sharps" in containers that will be recycled or returned to a store. Seal the container with tape and place in the trash can or dispose of according to area regulations.

SPILLS IN THE HOME

(Blood and other body fluids}

Blood/ body fluids spills are cleaned by putting on gloves and wiping fluid with paper towels. Use a cleaning solution of household bleach and water (1 cup bleach of 10 cups water) to wipe the area again. Double bag used paper towels and dispose of in the trash

ON-CALL GUIDELINES

A licensed nurse is on-call at our agency at all times and is available after regular office hours. If you have a change in condition, please contact the office during regular office hours if possible so we can determine if a visit needs to be made and communicate with your physician if necessary. However, **we are available after regular office hours for urgent conditions only.** We do not carry medications with us and cannot give anything unless ordered by the physician. The following is a list of some reasons for which you may need to contact our agency after regular hours.

CHEST PAINS: Chest pain requires that you need to be seen by your physician either in the office or emergency room for diagnostic studies

TEMPERATURES: Elevations in temperatures above 100 should be called in and instructions may be given over the telephone, or a home visit may be necessary

RESPIRATORY DISTRESS: Severe respiratory distress usually requires evaluation by your physician. You may be instructed in ways to ease shortness of breath, proper use of respiratory aids or oxygen if these are ordered by your physician.

CATHETER: Catheters are not an emergency unless you are unable to urinate. Usually someone can wait 6-8 hours a night without a catheter if they are not taking liquids. If the catheter does not drain or comes out and you are unable to urinate, you may need to call. You will be taught either to irrigate or to remove the catheter if it becomes stopped up. If it is leaking or comes out, pad yourself well with adsorbent cloths and call early in the morning so someone can be scheduled to visit you.

FEEDING TUBE: If the feeding tube comes out partially, do not attempt to reinsert or remove it. Call the on-call nurse. If it comes out completely and you had a feeding at supper time, you can usually wait until the next morning unless you are a diabetic. Call the on-call nurse for direction. Also, if you receive medication through the tube, you should call for assistance.

FALLS OR INJURIES: Notify the on-call nurse or call 911

Routine supplies or equipment cannot be delivered after regular office hours. And questions you may have concerning these guidelines can be answered by you nurse or by calling the office during regular office hours.

DIABETES FOOT ASSESSMENT/RISK SCREENING SUMMARY

RISK FACTORS	YES	NO
1. Foot ulcer (a wound that took >2 weeks to heal) now or in the past		
2. Loss of sensation at any one site (determined after testing the 4 sites: great toe, first, third, and fifth metatarsal heads using the 10 gram/5.07monofilament)		
3. Callus present on soles of feet or toes or abnormal foot shape (claw, or hammer toe, bunion, obvious bony prominence, Charcot's foot or joint)		
4. Pedal pulses (dorsalis pedis or posterior tibial) not palpable by nurse and positive history of lower limb pain on exertion that is relieved with rest.		
5. Client unable to see the bottom of feet and/or unable to reach the bottom of feet and does not have someone who has been taught to perform appropriate foot care/inspection.		
6. Poor fitting footwear (shoes too narrow or short, no toe protection, rough or worn interior, uneven wear on sole or heel)		
7. Client has not received foot care education before		
8. Client does not check condition of feet most days. Ask "How do you know if you have a reddened area or other problem with your feet?" or "How often do you check your feet?"		
9. Client does not report foot problems to health care providers. Ask" What would you do if you found a blister on your foot?"		
10. Client does not take steps to reduce risk of injury. Ask if client walks bare foot out or indoors, checks for foreign objects in shoes before wearing them, checks water temperature before entering a bath etc.		

- If the answer is NO to all items 1-4 the client is at: **LOWER RISK**
- If the answer is YES to any items 1-4 the client is at: **HIGHER RISK**
- If the answer is YES to any items 5-10, this indicates an opportunity to enhance self-care knowledge and behavior: **SELF-CARE KNOWLEDGE DEFICIT**

CARE TIPS FOR THE FEET

Did you know that having diabetes puts you at risk of developing complications such as foot ulcers?

Managing your blood sugar is important for health feet. See your healthcare provider- Get complete diabetes education!



YEARLY EXAM NEEDED!

Have a health professional examine your feet at least once a year.

Find out if you have lower or higher risk feet.

RISK FACTORS

- A previous foot ulcer
- Loss of normal feeling in your feet
- Abnormal shaped foot, including calluses and bunions
- Poor circulation to your feet

Protect your feet! Follow these simple guidelines:

1. Check your feet daily
 - a. Look for red areas, blisters, or any open area
 - b. See your doctor or foot specialist right away if you find a problem!
2. Protect your feet-always wear shoes!
 - a. Wear shoes that fit well, support your foot and are not too tight
 - b. Do not wear shoes that cause reddened or sore areas
 - c. See a specialist for footwear advice if you have a higher risk foot
3. Keep your skin clean and soft
 - a. Wash your feet regularly but do not soak them
 - b. Dry well between your toes. Check that the water is not too hot before putting your feet in it
 - c. Use unscented creams, do not put cream between the toes
4. Don't hurt yourself with nail clippers or razors
 - a. Cut your nails straight across. Get help to cut your nails, if needed
 - b. Don't cut calluses, see a local foot care clinic. Many are covered by the Ontario Health Insurance Plan (OHIP)

FOOD AND DRUG INTERACTIONS

Circle areas that are potential interactions

TAKE 1 HOUR BEFORE OR 2 HOURS AFTER MEAL		TAKE WITH MEALS	
Ampicillin	(Various Brands)	Amoxicillin/Clavulanate	Augmentin
Astermizole	Hismanal	Benzotropine	Cogentin
Azithromycin	Zithromax	Carbamazepine	Tegretol, Epitol
Captopril	Capoten	Cefpodoxime	Vantin
Didanosine (ddl)	Videx	Cefuroxime	Ceftin
Indinavir	Crixivan	Dexamethasone	Decadron
Isoniazid (INH)	Laniazid	Erythromycin	(Various Brands)
Loracarbef	Lorabid	Ganciclovir	Cytovene
Mercaptopurine (6MTP)	Purinethol	Ibuprofen	Motrin, Advil
Methotrexate (MTX)	Rheumatex	Iron Preparations	(Various Brands)
Norfloxacin	Noroxin	Itraconazole	Sporonox
Ofloxacin	Floxin	Lithium	(Various Brands)
Rifampin	Rifadin, Rimactane	Nitrofurantoin	Furadantin, Macrochantin
Tetracycline	(Various Brands)	*Phenytoin	*Dilantin
Zafirlukast	Accolate	Potassium supplements	(Various Brands)
Zalcitabine (ddC)	Havid	Prednisone/prednisolone	Deltasone, Prelone
Zidovudine (AZT)	Ritonovir	Ritonavir	Norvie
DO NOT TAKE WITH MILK OR ANTACIDS		Saquinavir	Invirase
Ciprofloxacin	Cipro	Theophylline	Slo-Bid, TheoDur, etc.
Doxycycline	Various Brands	Valproic Acid	Depakene, Depakote
Norfloxacin	Noroxin	TAKE 30 MINUTES to 2 HOURS BEFORE BREAKFAST	
Ofloxacin	Floxin	Alendronate	Fasamax
Tetracycline	Various Brands	AVOID TAKING WITH GRAPEFRUIT JUICE	
TAKE 30 MINUTES TO 1 HOUR BEFORE MEALS		Astermizole	Hismanal
Cisapride	Propulsid	Cyclosporine	Sandimmune, Neoral
Metaclopramide	Reglan	Terfenadine	Seldane
Sucralfate	Carafate		
ANTICOAGULANT-WARFARIN (COUMADIN)		POTASSIUM LOSING DIURETIC- FUROSEMIDE (LASIX)	
No Alcohol. Keep vitamin K intake consistent. Avoid vitamin supplements containing vitamin K. If you have not been eating food high in vitamin K, do not add more than 2-3 servings per week.		This diuretic increases the loss of potassium in the urine. If you have not been prescribed a potassium supplement, they foods high in potassium below should be included frequently in your diet. Consult your physician before making marked changes in your diet.	
Asparagus	Green Beans	Apricots	Corn Prune Juice
Beef Liver	Green Peas	Artichokes	Figs, Dried Potatoes
Broccoli	Green Tea	Bananas	Fish Spinach
Brussel Sprouts	Kale	Beans-white, red, lima	Kiwi Squash
Cabbage	Lettuce	Beef	Melon Tomatoes
Cauliflower	Potatoes	Beet Greens	Milk, Buttermilk Yogurt
Cheese	Spinach	Black-eyed Peas	Molasses Peaches
Collard/Turnip Greens	Soybean Oil	Bran Cereals	Oranges, OJ Clams
POTASSIUM SPARING DIURETIC			
Aldactone, Dyazide, Maxide, Midamore-Monitor Potassium, avoid salt substitutes; may need to limit high Potassium food (OJ, Banana) The potential for this food/drug interaction is decreased if patient is on concurrent potassium losing diuretic therapy.		*Best if taken on an empty stomach ** Oral tube feeding with Osmolite or Isocal may interfere with absorption. Stop tube feeding 2 hours before and 2 hours after Dilantin.	

CONSENTS

As part of the admission process, we ask for your consent to treat you, release information relative to your care, and allow us to collect payments directly from your insurer. You or your legal representative must sign the **Admission Service Agreement** before we can admit you.

CONSENT FOR TREATMENT & SERVICES: We require your permission before we can treat you. The treatments that we provide will be prescribed by your doctor and carried out by professional health care staff. Without you or your representative's consent, we cannot treat you.

You may refuse treatment at any time. If you decide to refuse treatment, we may ask you for a written statement releasing us from all responsibility resulting from such action.

CONSENT TO PHOTOGRAPH: If we take photographs of you for use in treatment or for other purposes, you allow us to use the pictures.

AUTHORIZATION FOR PAYMENT: We will directly bill your insurer for the services which we provide to you. You authorize us to collect payments on your behalf.

RELEASE OF INFORMATION: Your medical record is strictly confidential and protected by federal law. We may release protected health information as explained in our Notice of Privacy Practices in order to carry out treatment, payment and/or health care operations. Protected health information may be received or released by various means including telephone, mail, fax, etc. Patient outcome data (OASIS) will be collected and may be electronically transmitted to the State for use by Medicare.

ADVANCE DIRECTIVES: You must tell us if you have a living will or a durable power of attorney for health care so that we may obtain a copy to allow us to follow your directives. We will provide you care whether or not you have executed either of these documents but having an advance directive may have an impact on the type of care provided during an emergency.