

PATIENT INFORMATION  
HOME HEALTH CARE SERVICES





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# Our Mission

We are dedicated to planning, organizing and providing the complete care and personal assistance that allows patients to more easily recover in the comfort of their own homes.

# Our Vision

We want to become a preferred choice for home health services by continuously developing new methods to more easily, and personally, assist patients with their needs.

# Contact Us

To reach our customer service, billing or warehouse departments, please contact our Service Center:

Phone:

1-800-250-4468

Fax:

1-866-930-8001

Our regular business hours are Monday through Friday 8:00 am to 5:00 pm.

If you have equipment emergencies after regular business hours, call 1-800-250-4468 and press option 6 to be routed to our on call technician.

Corporate Office:

3403 W. Waters Avenue  
Tampa, Florida 33614

If you have patient care or safety concerns and have previously contacted Medicor's management team without resolution, you may contact the Joint Commission at 800-994-6610 or by e-mail at [complaint@jcaho.org](mailto:complaint@jcaho.org).







# Welcome

## Dear patients and families choosing Medicor Healthcare Home Health Agency:

We want to extend a very warm welcome to you, your family, and caregivers. During the period of time for which you have chosen us to care for you or your loved one, your medical treatment, safety and satisfaction are of the utmost importance to us. From start to finish, we will do our best to answer any questions you may have concerning your care and treatment. Please do not hesitate to ask us.

At Medicor Healthcare Home Health Agency, all of our staff are dedicated to promoting the physical and emotional well-being of our patients. We recognize that every human being has personal rights which must be respected and should not be violated.

Medicor Healthcare Home Health Agency, in compliance with Title VI of the Civil Rights Act of 1964, with Section 504 of the Rehabilitation Act of 1973 and with the Age Discrimination Act of 1975, does not discriminate on the basis of race, color, sex, national origin, age, or disability with regard to admission, access to treatment or employment. We will make every effort to comply with these and similar statutes.

We are committed to ensuring your rights and privileges as our 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 to explain your rights as a patient. Again, please feel free to ask us any questions you may have. It is our sincere commitment to you that we will provide you with excellent care.

**Our entire health care team wishes you a speedy and full recovery.**

# Home Care Overview

**Home Care provides skilled care as ordered by your physician. Skilled care is provided on an intermittent basis (visits) for patients confined to home due to illness or injury or who are recovering from surgery.**

## Services Provided Under the Direction and Orders Of Your Physician

- Nursing Care
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Medical Social Work
- Home Health Aide

## Criteria for Admission to Home Care

Patients are admitted to Home Care if they:

1. Have needs for intermittent care which is medically reasonable and necessary
2. Are under the direct care of a physician
3. Are homebound (depending on reimbursement)

## Hours Of Operation

**Monday through Friday from 8:00 a.m. to 5:00 p.m.**

(after hours, weekends, and holidays, please call (800) 250-4468)

Medicor Healthcare Home Health Agency has a registered nurse on-call 24 hours/day. We are not an emergency service. If you have an emergency, please call 911.

## Problem Solving / Grievance Procedure

Our goal is to assist you to return to your maximum level of functioning and best health condition possible for you. We are committed to assuring that your rights are protected. If you feel that our staff have failed to follow our policies or have in any way denied you your rights, please follow these steps without fear of discrimination or reprisal:

1. Notify the Home Care Office at **(800) 250-4468** and ask to speak to the Administrator or Director. We will do our best to resolve any and all issues that you may have. We are your partners in managing your care. Most problems can be solved at this level.
2. If you feel that your complaint is not resolved to your satisfaction, you may also contact the AHCA State Home Care Hotline at **(888) 419-3456** which receives complaints during regular business hours, 8:00 a.m. to 5:00 p.m., Eastern Standard Time (EST).

# Patient's Bill Of Rights

**The patient has the right to be informed of his or her rights. The HHA (Agency) must protect and promote the exercise of those rights.**

- 1. The HHA must provide the patient with a written notice of the patient's rights in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment.
- 2. The HHA must maintain documentation showing that it has complied with the requirements of this section.

## Exercise of Rights and Respect for Property and Person

- 1. The patient has the right to exercise his or her rights as a patient of the HHA.
- 2. The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent.
- 3. The patient has the right to have his or her property treated with respect.
- 4. The patient has the right to voice grievances regarding treatment of care that is (or fails to be) furnished, or regarding the lack of respect of property by anyone that is furnishing services on the behalf of the HHA and must not be subjected to discrimination or reprisal for doing so.
- 5. The HHA must investigate complaints made by the patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA, and must document both the existence of the complaint and the resolution of the complaint.

## Right To Be Informed and To Participate In Planning Care and Treatment

- 1. The patient has the right to be informed, in advance about the care to be furnished, and of any changes in the care to be furnished.
  - The HHA must advise the patient in advance of the disciplines that will furnish care and the frequency of the visits proposed to be furnished.
  - The HHA must advise the patient in advance of any change in the plan of care before the change is made.
- 2. The patient has the right to participate in the planning of the care.
  - The HHA must advise the patient in advance of the right to participate in the planning of care or treatment and in planning changes in the care or treatment.
  - The HHA complies with the requirements relating to maintaining written policies and procedures regarding advance directives. The HHA must inform and distribute written information to the patient, in advance, concerning it's policies and advance directives, including a description of applicable state law.

## Confidentiality of Medical Records

- 1. The patient has the right to confidentiality of the clinical records maintained by the HHA.
- 2. The HHA must advise the patient of the agency's policies and procedures regarding disclosure of clinical records. Patient's written consent is required for release of information not authorized by law.



## Patient Liability for Payment

- 1. The patient has the right to be advised, before care is initiated, of the extent to which payment for the HHA services may be expected from Medicare or other sources and the extent to which payment may be required from the patient.
  - The extent to which payment may be expected from Medicare, Medicaid, or any other federally funded or aided program known to the HHA.
  - The charges for services that will not be covered by Medicare.
  - The charges that the individual may have to pay.
- 2. The patient has the right to be advised orally and in writing of any changes in billing information when they occur. The HHA must advise the patient of these changes orally and in writing as soon as possible, but no later than 30 calendar days from the date that the HHA becomes aware of the change.

## Right To Contact Toll-Free Hotline

The patient has the right to be advised of the availability of the toll-free hotline to the state. When the agency accepts the patient for treatment or care, the HHA must advise the patient in writing of the telephone number of the home health hotline established by the state, the hours of its operation, and that **the purpose of the hotline is to receive complaints or questions about local HHAs**. The patient also has the right to use this hotline to lodge complaints concerning the implementation of the advanced directives requirements.

**AHCA Hotline Number:** (888) 419-3456

**Hours of Operation:** 8:00 a.m. to 5:00 p.m. Monday through Friday

**Home Health Agency Number:** (800) 250-4468

**Home Health Agency Hours of Operation:** 8:00 a.m. to 5:00 p.m. Monday through Friday



# Patient / Caregiver Responsibilities

## The Patient / Caregiver Is Responsible For:

1. Notifying the home services provider if insurance coverage has changed in any way.
2. Notifying the home services provider(s) prior to any change in important information, such as the patient's residence, phone number, place of service or physician.
3. Reading their rights and responsibilities and preserving this information in an easily accessible place.
4. Giving accurate and complete information regarding the patient's past illnesses, hospitalization, medications, allergies and other pertinent data.
5. Being involved, as appropriate, in the development, evaluation, and revision of the patient's Plan of Care.
6. Discussing your pain relief options with your Health Care Professional and assisting in your pain management plan. Informing your Health Care Professional about pain and discussing any concerns you have about your pain management plan.
7. Following the treatment plan designed in connection with the patient's home services.
8. Notifying the appropriate home services provider(s) when changes occur in the treatment plan (e.g., hospitalization, prescription changes, etc.).
9. Any consequences if the patient refuses treatment or chooses not to follow a physician's and/or home services provider's instructions.
10. Requesting information about items not fully understood.
11. Registering grievances and/or complaints regarding the home services furnished with the staff member providing the home services or by calling the administrative offices of the Homecare Agency and speaking with a supervisor or administrator in charge of the services being provided.
12. Assisting in developing and maintaining a safe environment.
13. Informing the home services provider when the patient will not be available for a scheduled home visit or delivery.
14. Notifying the provider or visiting personnel when rented equipment is no longer needed, so that it may be picked up.
15. Notifying the patient's physician and/or other appropriate home services provider when the patient is not feeling well or when the patient or caregiver notices a change in the patient's physical symptoms.
16. Following through on alternatives and making other arrangements for care when the patient's level of care and/or treatment becomes inappropriate for home management.
17. Respecting the rights, dignity, and safety of any person visiting the home for purposes of furnishing home services and/or delivering equipment or medications (e.g., pets and other animals may need to be restrained).



# Patient Participation

**In order to participate effectively in their care and treatment, patients receiving home services should have access to appropriate information regarding the following matters:**

1. A financial benefit, if any, received by a referring organization when the patient is referred to another organization.
2. Alternative means and providers of care, including experimental and investigational studies, research, and/or clinical trials that offer a beneficial alternative to the patient's care or treatment.
3. Safety concerns and procedures with regard to the use of medicines or medical equipment furnished by Home Healthcare Services.
4. The right to examine and receive an explanation of the bill for service regardless of the source of payment.
5. The right to access the AHCA home health and hospice toll-free hotline. This hotline (888-419-3456) is available during regular business hours, 8:00 a.m. to 5:00 p.m. Eastern Standard Time (EST), to receive complaints and questions regarding home services.



# Criteria For Medicare Coverage

In order for a beneficiary to be eligible to receive covered home health services under Medicare, the following criteria are required:

1. Services must be **Medically Necessary and Reasonable**, or more specifically:
  - Care that is consistent with the symptoms or treatment of the patient's condition.
  - Care that is not greater than the level or amount that is necessary (For example: Home Care services versus out-patient services).
  - Care is not to be provided primarily for the convenience of the patient or family.
2. The physician must certify that the patient is Homebound. To qualify as homebound you must be unable to leave home without assistance due to considerable and taxing effort, or away from home only for short intervals, such as for a medical appointment.
3. The service must meet the **skilled care requirements for the professional services of a nurse or therapist**, or more specifically:
  - Instruction, teaching, and training that require the skills of a nurse or therapist.
  - Medical treatments or interventions that can only be performed by a skilled clinician.
  - Evaluation or assessment of an unstable medical condition.

# Appeal Process If Medicare Coverage Is Denied

You, the patient, have a right to an immediate independent medical review if you disagree with the decision to end coverage of home visits.

1. At least 2 visits prior, Medicor Healthcare Home Health Agency will notify you of the date of the last covered home visit.
2. If you, the patient, disagree with the decision or have questions, you must contact the Appeal Review representative at **1-800-MEDICARE**. The representative must be contacted no later than noon of the day before the last covered home visit.
3. Within 24 hours, the Appeal Review representatives will contact Medicor Healthcare Home Health Agency to review your medical records and also obtain information from your Insurance Company or Primary Care Physician to determine if Home Care services should continue.
4. The Appeal Review representative will notify you, the patient, of its decision as soon as possible, generally no later than the date of the last covered home care visit.







# Injuries In the Home

**If you are over age 65, your chances of obtaining a life-threatening injury from an accident are almost twice as likely as that of any other age group. By taking the right precautions, you can protect yourself and those around you and prevent serious injury.**

## Why is injury a common problem among older people?

During the aging process certain physical, mental, and emotional changes occur. What was considered a “minor” accident in your younger years may be serious now due to:

- Less physical strength
- Impaired eyesight
- Impaired hearing
- Slower physical reaction
- Poor balance and coordination
- Lower resistance to disease
- Slower healing
- Bones that are brittle
- Your particular illness or disease

# Home Safety

## General Safety

1. Stairways should have safe and sturdy railings or banisters.
2. Keep stairways, halls, and exits free of clutter such as shoes, tools, toys, etc.
3. Stair surfaces should be non-slip.
4. Throw rugs should have non-slip backing and should not be used in traffic areas.
5. Stairways and halls should be well lit.
6. Waxed and highly polished floors can be a hazard.
7. Use night lights in bedrooms, bathrooms, and hallways.
8. Do not block doorways with furniture.
9. Storage places for often-used items should be within easy reach.
10. Emergency phone numbers should be placed by the telephone.
11. Wipe up spilled liquids and grease right away. Clean up any dropped food particles right away.
12. Store all poison and dangerous chemicals, such as cleaning agents, separate from food items and out of reach of small children. All chemicals should be clearly labeled.
13. Wear shoes or slippers when up and about rather than going barefoot.
14. If shoes have laces, they should be well tied to prevent tripping.
15. Be alert to unsafe conditions.

## Bathroom Safety

1. Use rubber mats or non-slip strips on the floor of the bathtub or shower.
2. Do not use soap-holder handles or towel racks as a grab bar for support when getting in or out of the tub.
3. Avoid use of oil in the bath; this can make the tub slippery.
4. Make sure feet are dry before stepping onto tile floor.
5. Make sure water temperature is not too hot before getting into tub or shower.
6. Do not use electrical appliances in the bathtub or shower.

## Patient Care Safety

1. Bedrails should be raised and securely fastened when the patient is in bed.
2. Assure that the patient is safely positioned while seated in a chair. Use a safety belt if necessary.
3. If restraints are used, make sure that they do not interfere with circulation, are properly applied, do not cause irritation to the skin, are comfortable, and are removed frequently.
4. Make sure wheelchair locks are secured before getting in or out. Move footrest out of the way before trying to stand. Do not stand on footrests. Place feet firmly on the floor before trying to stand.
5. Clear room of extra equipment that might block a pathway, especially at night.
6. Keep electric heating pads at low-medium heat. Place the pad on or over the patient, rather than the patient on the pad.

## Fire Safety

1. Never cover a bright light with material to try to dim the light. Instead, use a smaller watt bulb or a night light.
2. Lighted matches and cigarettes should be completely extinguished before throwing them away.
3. Do not use shallow ash trays.
4. Do not smoke in bed.
5. Stoves should not be placed by curtained windows.
6. Turn pot handles toward back of stove.
7. Establish an evacuation plan.
8. Make sure long sleeves and loose parts of clothing are out of the way of the fire when cooking.
9. When heaters are in use, make sure room is well ventilated.
10. Smoke detectors should be placed on each level of the home and checked periodically for proper functioning, and change the batteries at least 2 times per year.
11. Call the local fire department if elderly or bed bound person is in the home.

## Electrical Safety

1. Plugs and sockets should fit firmly and require some force to insert and remove.
2. If children are present in the home, all unused outlets should have childproof caps inserted.
3. Unplug any plugs or outlets that form a connection which is warm to touch. Do not use them until they have been repaired or replaced.
4. Always grasp the plug to remove it from the outlet. Never pull the cord.
5. All electrical devices should be properly grounded unless they are double insulated.
6. Cheaters, which convert three-prong plugs into two prong plugs, should not be used.
7. Avoid using extension cords and never overload them.
8. Check cords for fraying bare wires or other defects, especially at the point where the cord attaches to the equipment.
9. Keep cords away from oil, grease, or any material that causes deterioration.
10. Never touch an electrical appliance and plumbing at the same time.
11. Never run a cord across the sink or across a wet floor.
12. Make sure circuits are not overloaded.
13. Disconnect equipment that sparks, stalls, blows a fuse or gives the slightest shock.
14. Report equipment malfunctions to your equipment supplier.
15. Repairs to wiring and circuits should be done by a qualified electrician only.

## In Case of Electrical Fire

1. Get everyone out of the area and report the fire.
2. If the fire is small enough, and you are physically able, pull the plug, turn off the switch or trip the circuit breaker of the piece of equipment causing the fire, and extinguish the fire with a “Class C” fire extinguisher made to put out electrical fires.
3. If the fire is larger than you are physically able to manage or threatens flammable materials, DO NOT attempt to fight the fire yourself.
4. Never use water on electrical fires.

## In Case of Electrical Shock

1. DO NOT touch the person. If you touch the victim with hands, you can get shocked as well.
2. Turn off the power or pull the plug to the machine, appliance, or equipment.
3. If you are unable to cut off the power, call the electric company.

## Oxygen Safety

1. Oxygen increases the flammability of other materials. Take precautions to prevent sparks in oxygen therapy areas.
2. Oxygen, including the tubing carrying the oxygen to your nose or mouth, MUST be at least 5 feet away from any source of heat or flame.
3. Do not use oil or grease of any kind on cylinder valves, gauges, regulators, or other fittings.
4. Use water-based lubricants to moisten your lips and nostrils. Never use oil-based products like petroleum jelly.
5. Do not smoke or allow others to smoke near you when using oxygen.
6. Post “Oxygen in Use” signs to display in front of the house and the room in which the oxygen is being stored.
7. Do not store oxygen equipment in unvented areas such as a closet or the trunk of your car.
8. Secure oxygen cylinders to a fixed object. Upright storage of cylinders requires a cylinder base or cart, and cylinders laying flat should be stored out of pathways.
9. Do not change the flow rate without consulting with your nurse or physician (oxygen is a prescription drug).

## Medication Safety

1. Medicines should be clearly labeled.
2. Take exactly the amount of the drug prescribed by your doctor and follow the dosage as closely as possible.
3. Ask your doctor or pharmacist about side effects that may occur, special rules for storage, and foods or beverages (if any) to avoid.
4. Always call your doctor promptly if you notice unusual reactions.
5. Never take drugs prescribed for another person.
6. Make reasonable efforts or safely store medications out of the reach of children.
7. Discard or destroy prescription medications when the illness is over or if the date on the container has expired unless directed otherwise by your health care professional.
8. Keep a record of the drugs you are currently taking, including prescription, non-prescription, and home remedies. This is important information that must be shared with you doctor, pharmacist, and other health care providers.
9. Always tell your doctor or pharmacist about past problems you have had with medications.

## Hypodermic Needle and Syringe Safety

Dispose of used needles carefully! Hypodermic needles and syringes (sharps) used outside of a medical facility must be handled as follows:

1. Avoid recapping needles.
2. Place used needles directly in a puncture resistant container such as a plastic detergent bottle, empty bleach bottle, or heavy duty plastic container.
3. Tightly seal the container.
4. Place in household trash.
5. Never use a glass container for needle disposal.





# Infection Control

**Avoiding contagious diseases like the common cold, strep throat, and the flu is important to everyone. Here are five easy things you can do to fight the spread of infection.**

## **1. Clean Your Hands**

- Use soap and warm water. Rub your hands vigorously for at least 15 seconds. Rub your palms, fingernails, in between your fingers, and the backs of your hands.
- If your hands do not look dirty, clean them with alcohol-based hand sanitizers. Rub the sanitizer all over your hands, especially under your nails and between your fingers, until your hands are dry.
- Clean your hands before touching or eating food. Clean them after you use the bathroom, take out the trash, change a diaper, visit someone who is ill, or play with a pet.

## **2. Make Sure Health Care Providers Clean Their Hands Or Wear Gloves**

- Doctors, nurses, dentists, and other health care providers come into contact with lots of bacteria and viruses. So before they treat you, ask them if they've cleaned their hands.
- Health care providers should wear clean gloves when they perform tasks such as taking throat cultures, pulling teeth, taking blood, touching wounds or body fluids, and examining your mouth or private parts. Don't be afraid to ask them if they should wear gloves.

## **3. Cover Your Mouth And Nose**

Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel 3 feet or more! Cover your mouth and nose to prevent the spread of infection to others.

- Use a tissue! Keep tissues handy at home, at work, and in your pocket. Be sure to throw away used tissues and clean your hands after coughing or sneezing.
- If you don't have a tissue, cover your mouth and nose with the bend of your elbow or hands. If you use your hands, clean them right away.

## **4. If You Are Sick, Avoid Close Contact With Others**

- If you are sick, stay away from other people or stay home. Don't shake hands or touch others.
- When you go for medical treatment, call ahead and ask if there's anything you can do to avoid infecting people in the waiting room.

## **5. Get Shots To Avoid Disease And Fight The Spread Of Infection**

Make sure that your vaccinations are current – even for adults. Check with your doctor about shots you may need. Vaccinations are available to prevent diseases such as Chicken Pox, Mumps, Measles, Diphtheria, Tetanus, Hepatitis, Shingles, Meningitis, Flu (also known as influenza), Whooping Cough (also known as Pertussis), German Measles (also known as Rubella), Pneumonia (*Streptococcus Pneumoniae*) and Human Papillomavirus (HPV).



# Home Fire Evacuation

## At The First Sign Of Fire

- Exit the home by the shortest route that is not blocked by smoke and/or fire. Stay low to the floor since the air there is cleaner and cooler.
- Do not go back for anything and do not stop for anything along the way.
- Do not try to get dressed or gather possessions.
- Determine at least two ways out of each room in your home by making a floor plan before fire strikes. Make sure that all family members know the evacuation route and know how to operate each window and door within your home/apartment.
- Practice your escape plan and conduct the drills as realistic as possible: hold some at night, practice crawling under smoke, etc.
- If your clothing catches fire, do not run. STOP, DROP, AND ROLL, covering your face with your hands. Running will fan the flames and intensify the fire.

## Things To Consider When Planning Your Escape Route

Taking a few simple precautions can prevent fires caused by cigarettes:

- Windows and doors should be properly maintained so that you can exit through them quickly. Make sure they have locks and everyone within the home/apartment can open them, even in the dark. Know how to operate each window and door within your home/apartment.
- Have a working fire extinguisher and a working smoke detector.
- Check your smoke alarm (or have it checked) on a monthly basis.
- If you live in a high-rise building, never use the elevator – always use the stairs.

## For Cigarette Smokers

- Do not leave lit cigarettes, cigars, or pipes unattended.
- When putting out a lit cigarette, make sure it is completely extinguished.
- Never smoke while in bed.
- Avoid smoking when tired or while consuming alcohol.
- Keep matches and lighters away from children.
- Have a functional alarm on each floor level in your home.
- If you are on oxygen or a ventilator, check to make sure you are registered with your local fire department and hospitals.





# Save Lives: Be Prepared

- Designate someone to check on you if an emergency situation occurs. This could be a neighbor or family member.
- Determine an evacuation route and have several alternatives.
- Arrange for a friend or relative in another town to be a communication contact for extended family.
- Make a habit of watching daily weather forecasts to always be aware of changing conditions.
- Locate the main utility switches and assign someone to turn them off in an emergency.
- Have a flashlight and extra batteries nearby for power outages. Keep extra blankets available in case of heat failure.
- Keep a back-up supply of medications and rotate them often so they do not expire.
- If you have oxygen or other medical equipment, keep a back-up source in case of disaster.
- Have a list of emergency phone numbers available, including your medical equipment supplier(s).



# Preparing for Emergencies

## Emergency Plan Mission Statement

The Emergency Management Plan is designed to ensure continuity of services and patient safety during periods of emergency operations. It will also provide direction pertaining to communication, transportation and patient care concerns.

For clarification, “emergency” can mean an incident of fire, flood, hazardous materials incident, tornado, hurricane, severe weather/winter storm, earthquake, communications failure, civil disturbance or any other “emergency” situation. The word “disaster” has been left out of this document because it lends itself to a preconceived notion of a large scale, usually “natural disaster”. Each event must be addressed within the context of the impact it has on the individual and the community.

Remember, the first step in an emergency situation is to ensure everyone’s safety. After everyone is safe contact “911”, or follow the proper notification processes.

## Local Emergencies

**Fire:** Residents should follow fire evacuation plans and practice the “RACE” procedures. “RACE” stands for Rescue, Alarm, Contain and Extinguish. Individuals should alert everyone in the building at any point a fire is discovered and should leave the premises immediately. Fire department notification should follow. Shut all doors before leaving to assist in containing the fire. Lastly, if the fire is small and you are comfortable operating a fire extinguisher, you may attempt to extinguish the fire. You should not re-enter the structure until it has been deemed safe for entry. **Note:** All oxygen patients should ensure “No Smoking” signs are posted and are visible from the road to notify emergency personnel of the presence of oxygen in the dwelling.

**Hazardous Material Incident:** In the event of a hazardous material incident, individuals should follow directions given by emergency management personnel.

**Communications/Utility Failures:** All power failures and telephone difficulties should be reported to the proper agency for repair as soon as they are identified.

**Civil Disturbance:** In the event of civil unrest, individuals should stay in their homes unless it is necessary to travel outside. Keep all doors and windows locked.

**Flood:** In the event of localized or large scale flooding, individuals should refrain from entering any area under water or in a potential flood area. Practice safety precautions at all times. Medicor cannot service customers residing in flood areas until the area has been deemed safe for entry. If communications are disrupted, follow the communication emergency procedures above.

**Severe Weather/Winter Storm:** In the event of severe weather, everyone should seek shelter until such time it is safe to resume regular functions. If driving, you should pull off the road to a safe area and wait for the storm to pass. If communications/utilities are disrupted, follow the communication emergency procedures above.

**Hurricane:** All Medicor customers are required to have an evacuation plan in effect and to update it annually. In case of emergency, individuals should know where they are and where to evacuate if a storm threatens the area. All vehicles should be filled with fuel when a hurricane warning is issued. Once a hurricane warning is issued, Medicor employees will begin contacting all home oxygen patients to ensure the patients have evacuation plans prepared and have ample supply of emergency oxygen. Our service technicians will cease all duties other than ensuring our customers are supplied with emergency oxygen. Individuals should take care of their families first and provide secure lodging until such time as the storm has passed and the “all clear” has been given. During the storm, Medicor will not be completing any deliveries or emergency calls – all such calls should be routed to local “911”. After the “all clear” has been given and it is safe to travel, Medicor will begin contacting our customers to determine if further oxygen supplies are necessary due to power outages. If communications/ utilities are disrupted follow the communication emergency procedures above.

**Tornado:** Tornadoes usually strike without much warning. When a tornado watch or warning is issued, individuals should seek shelter in a safe area until such time as the threat passes. If communications/utilities are disrupted, follow the communication emergency procedures above.

**Earthquake:** In case of an earthquake, individuals should seek safe shelter until such time as it is safe to emerge. If communications/utilities are disrupted, follow the communication emergency procedures above.

There are many potential emergency situations not listed in this plan. In the event of any unlisted emergency, individuals should always practice personal safety first and follow directions given by emergency management personnel. At no time should anyone risk their own personal safety.

The time to prepare for an emergency is now. Everyone should have a full emergency/evacuation plan in place. You should know **(1)** where you are going in the event of an emergency evacuation; **(2)** how you will get there (arrange transportation); **(3)** to think about your pets, as most shelters will not accept pets; **(4)** it is always a good idea to have extra food, water, batteries and medications on hand as a precaution for any possible emergency situation.

# Emergency Provisions

**Wherever you decide to seek refuge during an evacuation or other emergency, at a friend or a relative’s home, a motel/hotel, an emergency public shelter, you must take provisions with you. The following suggested items will make your temporary stay more comfortable.**

- Canned goods and non-perishable foods
- Drinking water in a non-breakable container (1 gallon per person per day)
- Special dietary food (if required)
- Identification, valuable papers, and photos
- Personal hygiene items (soap, deodorant, tooth-brush, toothpaste, aspirin, antacid, etc.)
- Utensils, such as manual can-opener, disposable plates, cups, forks, knives, spoons, etc.
- Prescription medicines and written prescription for refills
- Specific medical information
- Road maps
- Carrying container for items
- Books, magazines, cards, toys, and games for adults and children
- Infant care items such as formula, food, and disposable diapers
- Battery operated radio
- Flashlight or lantern
- First aid kit
- Spare batteries
- Personal aids (eyeglasses, hearing aids, prosthetic devices)
- Change of clothing (including rain wear)
- Sleeping bag or blanket, sheet, and pillow



# Home Health Services Emergency Procedures

**Our Home Health Agency staff can educate you and your caregiver on how to manage care temporarily should the staff be unable to visit due to a disaster or emergency situation. Patients who are dependent on equipment will be provided with backup battery power and educated regarding battery use and time. A patient with a battery backup should notify local utilities to request priority service in case of an emergency. Oxygen patients will be provided with emergency use tanks from their DME supplier and instructed on their use.**

## **In The Event Of an Emergency Or Natural Disaster:**

- Upon admission, each patient is assigned a risk category code. This code assignment determines agency response priority in case of a disaster or emergency.
- We will activate an emergency management plan in an effort to prevent extended and unnecessary interruptions of services to those in need.
- If you are a patient receiving home health services when a natural disaster or emergency occurs, you will be prioritized and contacted at the earliest possible opportunity.
- If you were directly involved in the emergency situation or natural disaster, please call or have someone else call to advise us of your condition and needs.
- If a medical emergency exists, dial 911 or the appropriate emergency number for your area.
- If telephone communications are disrupted, please listen for public service announcements on the radio or TV. Try to always have a battery-powered radio available should electricity be disrupted.
- Please be aware that every effort will be made to contact you as soon as possible following any type of emergency of which we are aware. This may be by phone, public service announcement, or visit to your home utilizing emergency vehicles. If you have to relocate due to the emergency situation, contact us with your new location and phone number as soon as you are able.

**Remember that your home service provider will be making efforts to contact you during any emergency situation. Try to leave your phone line free if possible.**





# Crutches, Canes, and Walkers

**If you ever break a bone in your leg or foot, have a surgical procedure on your lower limb, or suffer a stroke, you may need to use crutches, a cane, or a walker. In the beginning, everything you do may seem difficult, but with a few tips and some practice, you will gain confidence and learn to use your walking aid safely.**

## Crutches

If an injury or surgical procedure requires you to keep your weight off your leg or foot, you may have to use crutches.

Here are some helpful tips to remember when using crutches:

- The top of your crutches should reach to 1-1 1/2 inches below your armpits while you stand up straight.
- The handgrips of the crutches should be even with the top of your hip line.
- Your elbows should bend a bit when you use the handgrips.
- Hold the top of the crutches tightly to your sides, and use your hands to absorb the weight.
- Don't let the tops of the crutches press into your armpits.

### Walking with Crutches:

- Lean forward slightly and put your crutches about one foot ahead of you.
- Begin your step as if you were going to use the injured foot or leg, but shift your weight to the crutches instead of the injured foot.
- Swing your body forward between the crutches.
- Finish the step normally with your non-injured leg. When the non-injured leg is on the ground, move your crutches ahead in preparation for the next step.
- Keep focused on where you are walking, not on your feet.

### Sitting with Crutches:

- Back up to a sturdy chair.
- Put your injured foot in front of you and both crutches in one hand.
- Use the other hand to feel for the seat of your chair.
- Slowly lower yourself into it.
- Lean your crutches upside down in a handy location. (Crutches tend to fall over when they stand on their tips.)
- To stand up, inch yourself to the front of the chair.
- Hold both crutches in the hand on your good leg side.
- Push yourself up and stand on the good leg.

### Stairs and Crutches:

- To walk up and down stairs with crutches, you need to be both strong and flexible.
- Facing the stairway, hold the handrail with one hand and tuck both crutches under your armpit on the other side.

- When you're going up, lead with your good foot, keeping the injured foot raised behind you.
- When you're going down, hold your injured foot up in front, and hop down each stair on your good foot.
- Take it one step at a time.
- You may want someone to help you, at least at first.
- If you're facing a stairway with no handrails, use the crutches under both arms and hop up or down each step on your good leg, using more strength.
- An easier way is to sit on the stairs and inch yourself up and down each step.
- Start by sitting on the lowest stair with your injured leg out in front.
- Hold both crutches flat against the stairs in your opposite hand.
- Scoot your bottom up to the next step, using your free hand and good leg for support.
- Face the same direction when you go down the stairs this way.

## Canes

You may find it helpful to use a cane if you have a small problem with balance or instability, a minor weakness in your leg or trunk, an injury or pain. Here are some helpful tips to remember when using a cane:

- If you are elderly, a single point cane may also help you to keep living independently.
- The top of your cane should reach to the crease in your wrist when you stand up straight.
- Your elbow should bend a bit when you hold your cane.
- Hold the cane in the hand opposite the side that needs support.

### Walking with a Cane:

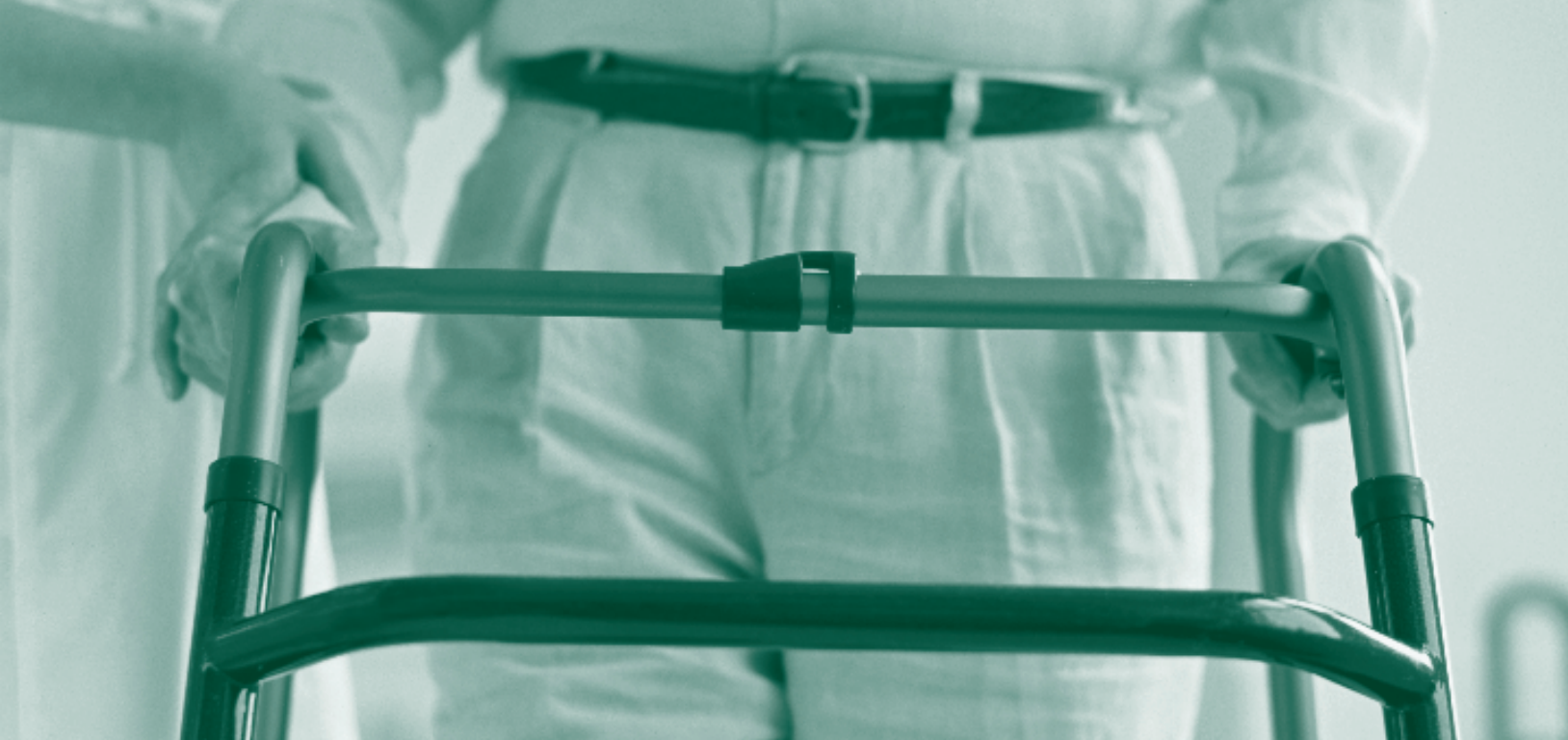
- The cane and your injured leg should swing and strike the ground at the same time.
- To start, position your cane about one small stride ahead and step off on your injured leg. Finish the step with your normal leg.
- To climb stairs, grasp the handrail (if possible) and step up on your good leg first, with your cane in the hand opposite the injured leg. Then, step up on the injured leg.
- To come down stairs, put your cane on the step first, followed by your injured leg. Finally, place your good leg, which carries your body weight, on the step.

## Walkers

If you've had total knee or hip joint replacement surgery, or you have another significant problem, you may need a walker to provide more balance than you can get with crutches or a cane. Here are some helpful tips to remember when using a walker:

- A pickup walker with four solid prongs on the bottom may give you the most stability. It lets you keep all or some of your weight off your lower body as you take your steps.
- You use your arms to support some of the weight.
- The top of your walker should match the crease in your wrist when you stand up straight.
- Don't hurry when you use a walker.
- As your strength and endurance get better, you may gradually be able to carry more weight in your legs.





**Walking with a Walker:**

- First, put your walker about one step ahead of you, making sure the legs of your walker are level to the ground.
- With both hands, grip the top of the walker for support and walk into it, stepping off on your injured leg.
- Touch the heel of this (injured leg) foot to the ground first.
- Then flatten the foot.
- Finally lift the toes off the ground as you complete your step with your good leg.
- Don’t step all the way to the front bar of your walker.
- Take small steps when you turn.

**Sitting with a Walker:**

- Back up until your legs touch the chair.
- Reach back to feel the seat before you sit.

**Getting Up From a Chair with a Walker:**

- Push yourself up and grasp the walker’s grips.
- Make sure the rubber tips on your walker’s legs stay in good shape.
- Never try to climb stairs or use an escalator with your walker.

**Other General Guidelines for Using Walking Aids**

- Remove scatter rugs, electrical cords, spills, and anything else that may cause you to fall.
- In the bathroom, use non-slip bath mats, grab bars, a raised toilet seat, and a shower tub seat.
- Simplify your household to keep the items you need handy and everything else out of the way.
- Use a backpack, fanny pack, apron, or briefcase to help you carry things around.

# Pain Management

**Pain or discomfort can be expected after an illness, injury, or surgery. Each of us feels pain differently, and our response to pain can vary from person to person. Some people may feel anxious, while others may feel irritable or even tired.**

**We care about your pain and want to help you control it. When your pain is well managed, you may feel better, sleep better, move better, and recover faster. Asking about your pain is as important to us as measuring your pulse, temperature, and blood pressure because pain often causes people to stop doing things they want or need to do. We will ask about your pain at every visit.**

**Determining Your Level of Pain**

We will ask you to pick a number between 0 and 10 to describe how strong your pain is. This helps us understand how you feel and progress in your pain relief.



We will also ask you:

- How does your pain feel?  
*“My neck is aching, my knee is throbbing.”*
- How often does the pain occur?  
*“Off and on, only in the morning, when I walk, constantly, when I sit or stand too long.”*
- How long does the pain last?  
*“For one hour after I wake up, until I walk around, for 30 minutes after I take my medication.”*
- What makes the pain better or worse?  
*“Walking, sitting, coughing, doing exercise, medication.”*
- What medications are you taking? Are you having any side effects?  
*“Constipation, dizziness, dry mouth, itching, sleepiness, upset stomach.”*
- What else helps relieve your pain?  
*“Massage, watching TV, heat or cold.”*

**If your pain level stays the same or gets worse, let us know. We will work with your doctor to try to relieve it as quickly as possible.**



# Privacy Notice

## From Medicor Healthcare Home Health Agency

**Our Home Health Agency is committed to protecting medical information about you. We maintain a record of all care and services you receive from us. This notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.**

### **We Are Required By Law To:**

- Protect your medical information.
- Give you this notice describing our legal duties and privacy practices with respect to your medical information.
- Follow the terms of the notice that is currently in effect.



**The following sections describe different ways that we may use and disclose your medical information. Some information, such as certain drug and alcohol information, HIV information and mental health information, is entitled to special restrictions.**

### **For Treatment:**

To provide you with medical treatment or services, we may need to use or disclose information about you to personnel involved in your treatment. For example, the nurse will need to inform your therapist, aide or other team members about your pain levels or medication use so that they may effectively care for you.

### **For Payment:**

We may use and disclose your medical information to bill and receive payment for the treatment that you received. For example, we may use or disclose your medical information to your insurance company about a service you received from the Homecare Agency, so that your insurance company can pay us or reimburse you for the service.

### **For Healthcare Operations:**

The Homecare Agency can use and disclose medical information about you for our agency's operations. For example, we may use or disclose medical information about you to evaluate our staff's performance in caring for you.

### **We may use and disclose medical information about you without your authorization:**

- When there is an emergency.
- When we are required by law to use or disclose certain information.
- When it is needed for public health activities.
- When reporting information about victims of abuse, neglect, or domestic violence.
- When disclosing information for the purpose of health oversight activities.
- When disclosing information for judicial and administrative proceedings.
- When disclosing or using information for organ and tissue donations purposes.
- When disclosing information for research purposes.
- When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat.

### **We may use or disclose your health information for any of the purposes described below unless you object to or otherwise restrict a particular release (you may direct your objections or restrictions in writing):**

- To contact you and remind you about an appointment for treatment or medical care.
- To provide you with information about or recommendations of possible treatment options or alternatives that may interest you.
- To contact you to provide information about Home Health Agency sponsored activities, including fund raising, programs and events. We would only use contact information such as your name, address, phone number and dates you received treatment or services from us.
- To release your health information to a friend and/or family member who is involved in your care.
- To disclose health information about you to a public or private entity that is authorized, by law or its charter, to assist in disaster relief efforts (for example: the American Red Cross).



You have the following rights regarding medical information we maintain about you:

- **Right to copy and inspect or receive a copy of your medical information.** There may be exceptions to this right. For example, psychotherapy notes, information collected for certain legal proceedings and health information restricted by law. We may require you to submit your request in writing and may charge you a reasonable fee for copying your records. We may deny access, under certain circumstances, such as if we believe it may endanger you or someone else. You may request that we designate a licensed health care professional to review the denial.
- **Right to request a disclosure.** You may request that we disclose your medical information for reasons not provided in this notice. For example you may want your lawyer to have a copy of your medical record. These requests must be in writing to Homecare Agency.
- **Right to request an amendment or addendum** if you feel that medical information we have about you is incorrect or incomplete. We will require that you submit your request in writing and explain why the amendment is needed. If we accept your request we will notify you and we will amend your records. We cannot take out what is in the record, we add the amendment as you submitted to the record. With your assistance, we will notify others who have the incorrect or incomplete health information. If we deny your request, we will give you a written explanation of why we did not make the amendment and explain your rights. Your request may be denied if the health information:
  1. was not created by the Home Health Agency.
  2. is not part of the medical and billing records kept by or for the Home Health Agency.
  3. is not part of the information which you would be permitted to inspect and copy.
  4. is determined by us to be accurate and complete.
- **Right to an accounting of disclosures** that we have made of your medical record since April 14, 2003. This list will not include disclosures made to carry out treatment, billing and health care operations, to you or your personal representative, for a permitted use or disclosure, to parties you authorize to receive your health information, to your family members or other relatives or friends, who are involved in your care, or who otherwise need to be notified of your location, general condition or death. The list will also not include disclosure for national security or intelligence purposes, or to correctional institutions or law enforcement officials. You must provide in writing the time period for which you want to receive the accounting. The first accounting you request in a 12 month period will be free. We may charge you for responding to any additional requests in that same time period.
- **Right to request restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. Contact us for information about making such a request.
- **Right to request confidential communications.** You have the right to request that we communicate with you about medical matters in a certain way. For example, you may wish us to see you at an alternative address, or submit bills to an alternative address. We will honor reasonable request, if you provide us with valid alternative address.
- **Right to receive this written notice.**

If you provide us written authorization to use or disclose your health information, you can change your mind and revoke your authorization at any time, as long as you revoke your authorization in writing. If you revoke your authorization, we will no longer use or disclose the information, but we will not be able to take back any disclosures that we have already made.

For further information on our Home Health Agency’s health information practices, or if you have a question or complaint, please contact our Privacy Officer at **(800) 250-4468**.

# Home Health Agency Outcome and Assessment Information Set (OASIS) Privacy Statement

## For Patients with Medicare or Medicaid Coverage

**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 and 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 contact information on page 32). If you want a more detailed description of your privacy rights, please refer to the “Privacy Act Statement - Healthcare Records” section on page 31.

**This is a Medicare & Medicaid Approved Notice.**



# Privacy Act Statement

## Healthcare 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 use your healthcare 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) 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. 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: A support litigation involving the Centers for Medicare & Medicaid Services; A support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant; A study the effectiveness and quality of care provided by those home health agencies; A survey and certification of Medicare and Medicaid home health agencies; A provide for development, validation, and refinement of a Medicare prospective payment system; A enable regulators to provide home health agencies with data for their internal quality improvement activities; A 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; A 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 or 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.

For the hearing and speech impaired, call TTY at **1-877-486-2048**.



## For Patients without 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.**



## Notes

[illegible]



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HEALTHCARE

**1-800-250-4468**  
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