

Community resources:

Delaware State Health and Social Services

Division of Services for Aging and Adults with Physical Disabilities
Toll-Free: 1-800-223-9074
www.dhss.delaware.gov

In New Castle (administrative office):

1901 N. DuPont Highway
New Castle, DE 19720
Phone: 302-255-9390 Fax: (302) 255-4445

In Newark:

256 Chapman Road
Oxford Building, Suite 200
Newark, DE 19702
Phone: 302-391-3500 Fax: 302-391-3501
TDD: 302-391-3505

In Milford:

Milford State Service Center
18 N. Walnut St., First Floor
Milford, DE 19963
Phone: 302-424-7310 Fax: 302-422-1346
TDD: 302-422-1415

Booklet available: Guide to Services for Older Delawareans. Home care agencies and home medical equipment agencies and other important resources are listed in this book.



CHRISTIANA CARE
HEALTH SYSTEM

Visiting Nurse Association

One Reads Way, Suite 100
New Castle Corporate Commons
New Castle, Delaware 19720-1606
302-327-5200
www.christianacare.org/vna

Patient Guide

for Home Care Patients & Caregivers



Providing healing care at home since 1922.



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One Reads Way, Suite 100
New Castle Corporate Commons
New Castle, Delaware 19720-1606

New Castle County 302-327-5200
Kent/Sussex County 302-698-4300

302-327-5200

Dear patient:

Thank you for choosing Christiana Care Visiting Nurse Association (VNA) as your home care provider. VNA is a non-profit home healthcare agency that strives to improve patient health through patient-focused care where you are most comfortable, at home in your community.

Our goal is to help you and your family learn the skills necessary for you to recover or manage your health condition. Your doctor has ordered home healthcare services for you and developed a plan of care that will help you reach your goal.

This handbook will give you information about our services, your rights and responsibilities as a patient, what to do if there is an emergency, and important information about safety in your home. We encourage you to use the resources in this guide to improve your recovery.

Please know we strive to satisfy every patient and family under our care. We welcome your calls, comments or concerns about services you are receiving. We are available Monday through Friday, from 8:00 a.m. to 4:30 p.m. After hours, the on-call service/nurse is available to assist you. Thank you again for choosing VNA for your home care needs.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lynn C. Jones'.

Lynn C. Jones
President
Christiana Care Visiting Nurse Association

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How VNA can help you

Trust our experience

The Christiana Care Visiting Nurse Association (VNA) is a not-for-profit home health care organization and a member of the Christiana Care family of health services. As Delaware's largest and most experienced home care agency, we have been a leader in helping people recover and heal at home since 1921. Our comprehensive services enable you to quickly recuperate and regain independence where you live.

VNA is fully licensed, a member of the United Way, and certified by both Medicare and Medicaid. VNA is also accredited by The Joint Commission on Accreditation of Health Care Organizations (The Joint Commission) and received the Joint Commission's Gold Seal of Approval for home care services. This means VNA meets both state and national standards for care and services.

Healing care delivered to your door

Our health care professionals touch thousands of lives each day. Clinicians work with your physicians and specialists to help you successfully transition home and meet your recovery goals. VNA offers the following services:

- Skilled nursing care.
- Home health aides.
- Rehabilitative services (including physical, occupational and speech therapy).
- Medical social workers.
- Private duty nurses.
- Specialty programs including pediatric home care, cardiac care, wound care, cancer care, and specialized adult day care or Alzheimer's disease day treatment programs.

What about payment?

VNA accepts Medicare, Medicaid and most third party payers. VNA is Medicare and Medicaid certified and is a preferred provider for many managed care organizations. A VNA representative will inform you of any co-payments you may incur. If you do not have insurance or other financial resources, ask your nurse or therapist about VNA's Compassionate Care Fund.

Patient bill of rights

Home care consumers (patients) have a right to be notified in writing of their rights and obligations before start of treatment. The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent. Home care providers are obligated to protect and promote their patients' rights.

Patients have the right to:

- Receive quality health care in a reasonable, timely manner.
- Medically indicated treatment regardless of race, creed, sex, national origin, age, disability, veteran status, source of payment, sexual orientation or other prejudice.
- Be treated with dignity and to have their health, social and financial circumstances kept confidential.
- Participate in treatment planning and to be advised of changes to the plan of care.
- An interpreter or other aide, where possible, if you do not understand the predominant language of the community or have a communication deficit.
- Information needed to understand your condition, including expected and unexpected outcomes of service.
- Written notification of the care you will receive, who will provide the care and the frequency and duration of visits.
- Verbal notification of medical research or educational projects affecting your care or treatment. You have the right to refuse to participate in such activity.
- Be informed, before care is provided, about your right to make an advance directive and have it honored by VNA.
- Refuse service or request a change in caregiver without fear of reprisal or discrimination.
- Obtain a consultation or change providers at your request and expense.
- Be informed in writing of all charges for services provided by the home care provider; the amount covered by Medicare, Medicaid or another payer; and the amount, if any, for which the patient may be liable. This includes verbal and written notification of changes in charges within 15 working days of notification to the home care provider.
- Information and counseling regarding financial aid availability for health care.
- Expect information about your continuing health care needs and the means for addressing their requirements upon discharge of service. This includes referrals for appropriate follow-up when needed.
- Effective pain management.
- Be free from physical, verbal, sexual abuse, neglect or exploitation.

The administrative staff welcomes communication of concerns, complaints, conflicts and recommendations. As a VNA patient, you also have the right to:

- Call the VNA patient satisfaction representative at 302-327-5687 to ask questions, voice grievances or report unsatisfactory care without fear of discrimination. A member of our staff will respond in a reasonable and timely manner.
- Voice concerns before the Ethics Consultation Committee. Your health care provider will help you make these arrangements.
- Report an unresolved home care complaint to the state's home health hotline number at 1-800-942-7373 in Delaware/Pennsylvania, or 1-800-492-6005 in Maryland. The purpose of the hotline is to address complaints or questions not resolved through VNA.

Patients have the responsibility to:

- Remain under medical supervision as required by law and agency policy.
- Provide accurate and complete health information and report any changes.
- Follow the plan of care and participate in your care by asking questions and informing staff if you have concerns.
- Inform your health care provider if you have an advance directive, living will or power of attorney for health care and provide VNA a copy if admitted for service.
- Provide a reasonable environment for care. This includes:
 - Treating care providers with dignity and respect, without prejudice or discrimination.
 - Keep appointments and allow for safe and appropriate care.
 - Putting away all animals during visits.
 - Making arrangements for a family member or friend to help in your care when needed.
- Provide VNA with insurance and financial information necessary for processing and payment of charges.
- Inform VNA of any plans to enroll in any health maintenance organization (HMO), managed care or medicare advantage (MA) plan.
- Understand that caregivers are prohibited from accepting personal gifts or borrowing from patients.
- Understand and accept the consequences of not following the plan of care and respecting the organization's staff and property. When a patient's refusal to comply with the plan of care threatens to compromise the provider's commitment to quality care, VNA may be forced to refer patients to another source of care.

Take control of your health (speak up)

Your health is too important to worry about being embarrassed if you don't understand something that your home care professional tells you. Speak up if you have questions or concerns. If you don't understand, ask again. It's your body and you have a right to know.

Pay attention to ensure you receive the right treatment and medication by the right home care staff.

- Expect home care workers to introduce themselves when they enter your home and look for their identification badges.
- Make sure your home care professional confirms your identity before administering any medication or treatment.
- Tell your home care professional if you think you are about to receive the wrong medication or therapy, if you receive equipment you don't think you need, or if you think he or she has confused you with another patient.
- Make sure your home care organization has a 24-hour telephone number you can call with questions or complaints.
- Notice whether home care workers wash their hands. Don't be afraid to remind your caregiver to do this – hand washing is the best way to prevent the spread of infection.

Educate yourself about your diagnosis, treatment and services you will receive. You are the center of the health care team.

- Gather information about your condition. Good sources include your doctor, your home care organization, your library or respected websites and support groups.
- Write down important facts your doctor tells you about the home care services you will receive, so that you can look for additional information later. Ask your doctor for any written information you can keep.
- Read and understand all forms before you sign them. If you don't understand, ask your home care staff person to explain them.
- Ask for training for yourself or a responsible family member on proper use and care of any medical equipment such as a suction machine, oxygen or wheel chair used in your home. If you use oxygen, do not smoke or allow anyone to smoke near you while oxygen is in use.
- Understand that more treatments or medications are not always better. Ask your home care professional what a new treatment or medication is likely to achieve.

Ask a trusted family member or friend to be your advocate.

An advocate should:

- Be with you during home care visits to make sure you get the right medications, equipment and treatments.
- Ask questions you may not think of and help you remember the answers.
- Review consents for treatment with you to ensure you both understand exactly what you are agreeing to by signing.
- Know what to look for if your condition worsens and where to call for help.
- Understand your care preferences care and wishes concerning resuscitation and life support, and speak up for you if you cannot.

Know what medications you take and why you take them. Medication errors are the most common health care mistakes.

- Ask about the purpose of the medication and ask for written information about it including its brand and generic names. Ask about the side effects of the medication.
- If you do not recognize a medication, verify that it is for you. Ask about oral medications before swallowing, and read the contents of bags of intravenous (IV) fluids. If you're not well enough, ask your advocate to do this.
- If you are given an IV, ask the nurse how long it should take for the liquid to run out. Tell the nurse if it doesn't seem to be dripping properly (that it is too fast or too slow).
- Remind doctors and home care professionals about past drug allergies or negative reactions whenever you receive a new medication.
- If you take multiple medications, confirm with your doctor or pharmacist that it is safe to take your medications together. Be sure to include vitamins, herbal supplements and over-the-counter drugs.
- Make sure you can read the handwriting on any prescriptions written by your doctor. If you can't read it, the pharmacist may not be able to either.
- If you receive medications by mail, check the labels for the correct drug and dose.

Use a home care organization that adheres to established, state-of-the-art quality and safety standards, such as those provided by The Joint Commission.

- Ask about the home care organization's experience in treating your type of illness. What specialized care do they provide in helping patients get well?
- If you have more than one home care organization to choose from, ask your doctor which one offers the best care for you.
- Before you are discharged from home care services, ask about follow-up care and make sure that you understand all of the instructions.
- Go to Quality Check at www.jcaho.org to find out whether your home care organization is accredited by The Joint Commission.
- Patients may contact The Joint Commission to register complaints at 1-800-994-6610, fax 1-630-792-5636 or by e-mail: complaint@jointcommission.org

Advance directives

Only you have the right to decide what is best for your life. This section is about making plans before you get sick.

What is an advance directive?

An advance directive is a written document you complete before serious illness. This document states your choices for health care and/or names someone to make choices for you if you become unconscious or too ill to make decisions about your medical treatment. The best time to write an advance directive is when you are feeling well and can discuss your wishes with family, friends and clergy.

How do I write an advance directive?

Advance directives can be written in two ways:

- **Individual instructions (formerly known as living will)**

This written statement tells your family or health care provider what kind of medical care you want (or do not want) if you are unable to speak for yourself. It is called a living will because it is good while you are still living.

- **Power of attorney for health care**

This is a document that names another person you trust to speak for you. This person, known as your agent, will talk to your doctors about what medical care you want if you are too sick to speak for yourself.

How do I make individual instructions?

To make individual instructions you must:

- Be at least 18 years old and competent to make health care decisions
- Indicate in general terms what procedures or treatment you do or do not want including the use of a ventilator to breathe for you or feeding by tube, etc. It is a good idea to discuss these options with your doctor or clergy before choosing.

Note: Individual instructions stating your preference to refuse life support or to remove life support are only effective if you have a qualifying condition which is a terminal illness or permanent unconsciousness.

- Use the individual instructions form (available from the Delaware Division of Services for Aging and Adults with Physical Disabilities) or other forms that meet Delaware law. A lawyer can create the documents, but is not necessary.
- Give copies of the document to your doctors, family and clergy. Also, remember to bring a copy of your instructions with you when you are hospitalized. Keep the original copy in a safe place at home, not locked in a safe-deposit box that would be difficult for your family to retrieve.

How do I name a power of attorney for health care?

To name a power of attorney for health care you must:

- Be at least 18 years old and competent to make health care decisions
- Select the person you wish to appoint as agent. Discuss your wishes with that person to be sure he or she is comfortable with your preferences.
- Give copies of the document to the person you chose as your agent, as well as your doctors, family and clergy. Also, remember to bring a copy of your instructions with you when you are hospitalized. Keep the original copy in a safe place at home, not locked in a safe-deposit box that would be difficult for your family to retrieve.

Note: A durable power of attorney for health care can be prepared with or without a lawyer. Your agent can consent to or refuse tests and surgery on your behalf. However, your agent can only refuse life support or remove life support if you have a terminal illness or are permanently unconscious.

How do I know my individual instructions or power of attorney for health care are valid?

In order for your documents to be valid, you must sign them and have them witnessed by two individuals who are at least 18 years old and who:

- Are not members of your family (blood relative or by marriage or adoption).
- Will not inherit anything from you when you die.
- Do not have to pay for your care.
- Are not owners, operators or employees of the health care facility where you are a patient at the time your document is signed and witnessed.

Will the Christiana Care Visiting Nurse Association honor my advance directive?

You have the right to say “yes” or “no” to any treatment that is offered. It is our policy to honor your wishes regarding medical care through your advance directives as long as these directives comply with Delaware law. Regardless of your decision for treatment, you will receive the care necessary to keep you comfortable.

If you live in New Jersey, Pennsylvania or Maryland and usually come to Delaware for medical care, consider writing an advance directive that complies with Delaware law. State laws vary considerably on advance directives and there is no guarantee that your advance directive will be honored elsewhere. However, your advance directive from another state will be valid in Delaware to the extent it is consistent with Delaware law.

Do I have to write an advance directive?

No, it is up to you. Federal law requires home care agencies and other health care institutions to ask clients whether they have advance directives for medical care. If these documents exist, they go into your chart as a valuable resource to help your family and health care team make the choices you would want. If there is no directive, your doctor will ask a family member (known as a surrogate) to make health care decisions for you. If no family is available, a court appointed guardian may decide your care.

What if I change my mind?

You can change or revoke your advance directive at any time by destroying it, by making a new one, or by telling two people at the same time of your new wishes. Inform your doctor or other health care provider and any agent you have appointed of your decision to change or revoke your advance directive. If you are admitted to the hospital, the staff will ask for your most current advance directive.

How long do advanced directives last?

Advance directives do not expire in Delaware. They remain in effect until changed or revoked.

Will health care providers honor my preference as expressed in my Individual Instructions or through my appointed agent?

Generally, they will. However, sometimes a health care provider may be reluctant to follow your wishes because of moral or ethical concerns. If that happens, it is the health care provider's responsibility to tell you or your agent of their concern and to offer you the choice to transfer your care to another health care provider.

Will EMS (Emergency Medical Services) personnel honor my preference as expressed in my Individual Instructions or through my appointed agent?

EMS personnel require a pre-hospital advanced care directive (PACD) form be completed in order to honor an advance directive. Ask your nurse or call Delaware Health and Social Services at 1-800-223-9074 for information or to acquire a PACD form.

Is an advance directive valid during pregnancy?

Life supporting treatment cannot be withheld or withdrawn from a pregnant woman if it is probable that the fetus will develop to live birth with the use of those treatments.

Can I donate my organs to improve or save some one's life?

The Gift of Life Donor Program (1-800-366-6771) is an excellent resource for questions about organ donation. For information on eye donations, contact the Lions Eye Bank of Delaware Valley at 1-800-743-6667.

Do not resuscitate (DNR)

Christiana Care Visiting Nurse Association (VNA) is committed to preserving life and limiting pain and suffering, especially at the end of life. VNA recognizes your right to choose the care you receive. This section discusses your right to refuse CPR if you stop breathing or if your heart stops.

What is a DNR?

The do not resuscitate order (DNR) is a written doctor's order. It means that in the event of cardiac or respiratory arrest cardiopulmonary resuscitation (CPR) will not be started by the nurse, therapist or aide, and 911 will not be called.

Will I receive any treatment with a DNR?

Even when there is a DNR order, patients continue to receive comfort and support through other treatments. The physician's order may also include:

- Regular nursing visits to assess, treat and control pain through medication or other modalities, along with regular communication with your physician.
- Home health aide services to ensure a safe and comfortable environment through personal care, including bathing, skin care and oral hygiene.

Who should I tell about my DNR order?

Tell your family and those caring for you at home or in a nursing home that you do not wish to be resuscitated. They need to understand that if they call 911 or take you to the emergency room, emergency medical staff will begin CPR if needed. This decision also needs to be discussed with your physician to ensure your wishes are met. Pronouncement of death in the home may occur only if ordered by your physician.

What if I am in the hospital?

If you are hospitalized and have requested a DNR order, your doctor will write this order on your medical chart so that the staff caring for you will know your wishes.

What if I change my mind?

A do not resuscitate (DNR) order can be canceled at any time by telling your doctor or health care provider that you no longer want the order. The DNR order will be removed from your medical chart.

What if I have questions?

For questions about advance directives or DNR orders, call any of the following:

Source	Location	Phone
Patient Relations	Christiana Hospital	302-733-1340
	Wilmington Hospital	302-428-4608
Pastoral Care	Christiana Hospital	302-733-1280
	Wilmington Hospital	302-428-2780
State of Delaware Division of Services for Aging Adults with Physical Disabilities	New Castle County	302-255-9390 or
	Kent & Sussex Counties	1-800-223-9074

Disaster planning (emergency preparedness)

In an emergency there is seldom time to act. Planning ahead is a good way to protect yourself if disaster strikes. Use the tips below to create your own emergency plan.

Know your emergency resources:

- KYW Radio Station 1060 a.m.
- American Red Cross: (302) 656-6620 or (800) 777-6620.
- Delaware Division of Public Health: (302) 744-4700.
- Fire and Police: 911.

Create an emergency plan:

- Meet with family members to discuss how to respond in the event of a fire, severe weather, earthquake or other emergencies.
- Discuss how to handle power outages or personal injury.
- Draw a floor plan of your home. Mark two escape routes for each room.
- Keep emergency telephone numbers near your phone. Include one out-of-state family member or friend to call if separated during a disaster since it is often easier to call out-of-state during a disaster.
- Teach children how and when to call 911. Also teach them how to call the emergency contact person (family or friend) in the event of an emergency.
- Choose one emergency meeting place near your home in case of fire, and another outside your neighborhood in case disaster prevents your return home.
- Keep family records in a water and fire-proof container.
- Take a basic CPR or first aid course.

Gather disaster supplies:

- Drinking water – 1 gallon per person per day.
- Canned food and a manual can opener (soups, stews, baked beans, pasta, meat, tuna, vegetables and fruit).
- Dry goods (crackers, honey, peanut butter, syrup, jam, salt, pepper, sugar, instant coffee, tea).
- Clothing and footwear.
- Blankets or sleeping bags.
- Prescription medications and a first aid kit.
- A battery-powered radio, flashlight and extra batteries.
- An extra set of car keys and cash or credit cards.
- A list of family physicians or important health information including serial numbers for medical devices such as a pacemaker.
- Special items for children, elderly or disabled family members.
- Contact the closest hospital for emergency medicine and life-support equipment.

Home safety

At Christiana Care, we are concerned about your safety, especially if you are alone for all or part of a day. Remember, never allow strangers into your home. Be sure to ask Christiana Care employees to show you their photo ID. Below are other tips to assist you in planning for a safe environment.

General (This list applies to all rooms in your home)

- Be sure all hallway and stairway areas are brightly lit.
- Remove all clutter (boxes, stacks of magazines, toys, extra furniture).
- Get rid of all throw (scatter) rugs. Tack down loose or torn carpet.
- Use non skid backing on all area rugs including bathroom throw rugs.
- Use non slip wax on floors
- Apply yellow safety tape to the changes in surface levels (steps, thresholds) so they are easier to see.
- Be sure lighting is adequate. Install night lights or motion detector lights in commonly used areas (hallways, stairways, bathrooms, bedrooms).
- Develop a fire escape plan and install smoke detectors.
- Keep electrical and telephone cords out of walkways and away from water.
- Never overload outlets. Use electrical cords with proper wattage and remember frayed cords are a fire hazard.
- Be aware of pets that can get under your feet.
- Consider a personal emergency response system or cell phone.
- Keep important phone numbers close to all phones and a phone close to your bed for emergencies.
- Consult a professional before investing in medical equipment.
- Clean up spills and wet surfaces immediately.

Medications

- Take medicine as ordered. Understand how and when to take each medication.
- Never take more or less medication than ordered by your physician.
- If you receive Medicare, contact 1-800-MEDICARE (1-800-633-4223) for information about a prescription benefit card.
- Learn the purpose and possible side effects of any medications you take. Report side effects or symptoms to your doctor. Some medications may place you at a higher risk for falls (heart, blood pressure, sleeping and water pills).
- Store medication where children or confused adults cannot reach them.
- Keep your medicine list with you at all times. Place a copy close to your phone in case of an emergency.
- If you need to evacuate your home or have a fire drill in your building, take all medications with you. Having medications during an emergency is important.

Clothing

- Clean your eyeglass lenses frequently and keep fresh batteries in your hearing aid.
- Wear low or no-heel shoes that fit well. Wear sturdy slippers with non-skid soles. Try using shoes with elastic laces or velcro closures.
- Wear short garments or pants rather than long dresses or robes.
- Use assistive devices such as walkers, canes and wheelchairs as recommended. Medicare, Medicaid or other insurance may cover some of these items. Check with your insurance provider.

Activity

- If you experience lightheadedness due to low blood sugar or low blood pressure, eat soon after waking. Keep a drink or snack at your bedside.
- Change position slowly. Dangle your legs at the side of your bed or sofa for a moment before standing.
- Place items you use often within easy reach.
- Avoid climbing and reaching to access items on high shelves. Use a reacher or stable step stool with handrails. Do not stand on a chair.

Smoke detectors

Why do I need smoke detectors?

Smoke detectors respond quickly to smoke from a fire. Studies by the National Fire Protection Association (NFPA) show that smoke detectors reduce the chance of dying in a home fire by nearly fifty percent when properly installed and maintained.

What type of smoke detector should I choose?

Local codes and laws require smoke detectors in new homes to be tied into your home's electric service, with a battery back-up power supply. In existing homes, battery operated smoke detectors are allowed.

Where do I put my smoke detectors?

Local codes and laws require smoke detectors in newly built homes to be installed on each story of the house and in every bedroom. The minimum for existing homes is one smoke detector outside each sleeping area, one on every story that has livable space and one in the basement.

Do smoke detectors require maintenance?

All smoke detectors come with an owner's manual describing maintenance and testing required by the homeowner. The national program "change your clock, change your battery" was created to remind us to service smoke detectors regularly.

Where can I buy smoke detectors?

Smoke detectors are available at any hardware store or home improvement center. If you choose electrical smoke detectors, have them installed by a licensed electrician. Regardless of the type selected, always purchase units with the Underwriters Laboratories (UL) label.

Where can I find more information?

For more information, contact your local fire company or office of the state fire marshall.

Adapting your home

It may be necessary to change the environment to make your home easier and safer to navigate. Below is a guide to help you evaluate your home for safety risks. Please note: All NO responses indicate a possible safety risk and should be corrected immediately.

Front/rear and garage entry

	Yes	No
Can you enter/exit your home without assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Are railings available for all sets of steps?	<input type="checkbox"/>	<input type="checkbox"/>
Are the sidewalks level and non-slip?	<input type="checkbox"/>	<input type="checkbox"/>
Are there light switches near the doors?	<input type="checkbox"/>	<input type="checkbox"/>
Can you reach the light switch?	<input type="checkbox"/>	<input type="checkbox"/>
Do the inside doors swing out over the steps?	<input type="checkbox"/>	<input type="checkbox"/>
Are shrubs trimmed away from the entrance?	<input type="checkbox"/>	<input type="checkbox"/>

Stairways

Are stairways clear of all hazards (shoes, toys, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
Are full length handrails in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
Are the stairways well lighted?	<input type="checkbox"/>	<input type="checkbox"/>
Are treads, risers and carpeting in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
Are light switches at the top and bottom of stairway?	<input type="checkbox"/>	<input type="checkbox"/>

Living room/family room

Can you walk safely over floor coverings?	<input type="checkbox"/>	<input type="checkbox"/>
Are door thresholds level?	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate clearance through the doors?	<input type="checkbox"/>	<input type="checkbox"/>
Can you operate the door handles and knobs?	<input type="checkbox"/>	<input type="checkbox"/>
Can you reach electrical switches and outlets?	<input type="checkbox"/>	<input type="checkbox"/>
Can you access the windows?	<input type="checkbox"/>	<input type="checkbox"/>
Are electrical cords removed from walkways?	<input type="checkbox"/>	<input type="checkbox"/>
Have scatter rugs been removed or secured?	<input type="checkbox"/>	<input type="checkbox"/>
Is your furniture arranged so you can move around it freely?	<input type="checkbox"/>	<input type="checkbox"/>
Can you get up from your sofa or chair safely and without assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Is furniture secure to the floor?	<input type="checkbox"/>	<input type="checkbox"/>

Tips

Entryway

Have a qualified individual install a ramp.

A single step should have a grab bar for support.

Stairway

Place a railing on both sides of stairways.

Living room and family room

Consider changing round door knobs to level handles.

Consider a chair with arms for added safety.

All cords should be placed along walls not under rugs or across traffic areas.

Use non-skid pads for furniture on hardwood floors.

Kitchen

Keep all pot handles turned inward on stove.

Place frequently-used items within easy reach.

Never stand on a chair to reach a high shelf.

Place milk in small pitchers so it is easier to carry.

Adapting your home

Kitchen

	Yes	No
Is there adequate space to move freely?	<input type="checkbox"/>	<input type="checkbox"/>
Are the stove burner controls in a safe position?	<input type="checkbox"/>	<input type="checkbox"/>
Can you open and close the oven safely?	<input type="checkbox"/>	<input type="checkbox"/>
Are oven mitts/potholders close by?	<input type="checkbox"/>	<input type="checkbox"/>
Are dishes/glasses/utensils close and easy to reach?	<input type="checkbox"/>	<input type="checkbox"/>
Can you manage your pots and pans?	<input type="checkbox"/>	<input type="checkbox"/>
Is the counter height accessible for you?	<input type="checkbox"/>	<input type="checkbox"/>
Is the counter free of clutter for best use?	<input type="checkbox"/>	<input type="checkbox"/>
Can you use the sink and faucets?	<input type="checkbox"/>	<input type="checkbox"/>
Is the table accessible and free of clutter?	<input type="checkbox"/>	<input type="checkbox"/>
Can you open/close the refrigerator?	<input type="checkbox"/>	<input type="checkbox"/>
Can you carry items to the table/counter/other room?	<input type="checkbox"/>	<input type="checkbox"/>

Bathroom

Is there room to get through the door?	<input type="checkbox"/>	<input type="checkbox"/>
Is there space to transfer on/off toilet?	<input type="checkbox"/>	<input type="checkbox"/>
Is the height of the toilet adequate?	<input type="checkbox"/>	<input type="checkbox"/>
Can you access the sink and faucet?	<input type="checkbox"/>	<input type="checkbox"/>
Is the mirror mounted at the right height?	<input type="checkbox"/>	<input type="checkbox"/>
Is there room to get in/out of the tub?	<input type="checkbox"/>	<input type="checkbox"/>
Are grab bars available?	<input type="checkbox"/>	<input type="checkbox"/>
Is the floor surface of the tub/shower nonskid?	<input type="checkbox"/>	<input type="checkbox"/>
Can you stand long enough to complete your shower?	<input type="checkbox"/>	<input type="checkbox"/>
Are items in the linen closet easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>

Bedroom

Is there room to get through the door?	<input type="checkbox"/>	<input type="checkbox"/>
Is there clearance around the bed?	<input type="checkbox"/>	<input type="checkbox"/>
Is the furniture arranged for free movement?	<input type="checkbox"/>	<input type="checkbox"/>
Is the closet accessible?	<input type="checkbox"/>	<input type="checkbox"/>
Can you access items in the drawers?	<input type="checkbox"/>	<input type="checkbox"/>
Can you get in/out of bed safely?	<input type="checkbox"/>	<input type="checkbox"/>
Is the bed secure?	<input type="checkbox"/>	<input type="checkbox"/>
Can you manage the bed covers once in bed?	<input type="checkbox"/>	<input type="checkbox"/>
Can you get to the toilet in the middle of the night?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a lamp/flashlight within reach of bed?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a sturdy armchair where you can sit to dress?	<input type="checkbox"/>	<input type="checkbox"/>

Laundry

Is the laundry area accessible?	<input type="checkbox"/>	<input type="checkbox"/>
Can you move clothes from washer to dryer safely?	<input type="checkbox"/>	<input type="checkbox"/>

Tips

Bathroom

- Leave bathroom door unlocked.
- Never use a towel bar for support.
- Consider a shower chair/hand held shower.
- Remove clutter from all surfaces.

Bedroom

- Keep a bell at your bedside to call for help.
- Close doors and drawers after use.
- Place frequently used clothing in top drawers of dresser for easier access.

Laundry

- Consider moving your washer/dryer out of basement.
- Consider using a laundry bag with a shoulder strap rather than basket.

Need additional information on how to make your home safe?

If you feel additional information or an expert opinion is needed you may be eligible for an in-home safety evaluation by a physical or occupational therapist. Please contact Christiana Care Visiting Nurse Association at 1-888-VNA-0001.

Infection control

Infection occurs when a disease-causing bacteria, virus, fungus or germ begins living in or on a person. Germs are spread by touching body fluids (blood, vomit, urine, stool) or other objects with germs on them (toys, clothing, bedding). Skin-to-skin contact, coughing and sneezing, and mosquitoes and pets also spread germs. Use the tips below to reduce your chance of spreading infection.

5 ways to reduce infection in your home

1. Wash your hands before and after giving care; after you cough, sneeze or use the toilet; or after contact with blood or body fluids. To wash hands effectively:
 - Use soap, warm water and lots of friction.
 - Lather and scrub hands and wrists for 15 seconds, paying special attention to nail and finger areas.
 - Rinse and dry hands thoroughly.
 - Use a paper towel to turn off faucet.
2. Keep your environment clean. This includes kitchen, bathrooms, counters, floors and refrigerators. Follow these guidelines:
 - Provide each person their own toothbrush, towel and wash cloth.
 - Wash dishes and laundry used by an infected person in warm soapy water. Allow to air dry if possible.
 - Cover coughs and sneezes with a tissue. Place used tissues in the trash.
 - Line trash cans with plastic bags. Double-bag an ill person's trash.
3. Minimize your risk:
 - Cook food thoroughly
 - Clean cutting boards and work surfaces so raw meats and eggs do not touch other foods. Wash hands after handling raw meats and eggs.
 - Do not share drinking glasses or eat by dipping food out of a common dish.
 - If you use well water, have the water tested annually. Kits can be obtained through the Delaware Division of Public Health.
4. Use precautions when caring for pets:
 - Keep litter boxes, bird cages and aquariums clean.
 - Wash hands after contact with animals or their habitats.
5. Use gloves correctly:
 - Only wear gloves once (do not try to wash and save).
 - Change gloves and wash hands after each contact with an ill person such as changing a diaper or emptying a urinal.
 - Wear clean, non-sterile gloves when touching sores or wounds; body fluids such as urine, stool; or items covered with blood or body fluids.

Needle and lancet safety

If you receive medicine by injection, it is important to handle used needles and lancets properly to avoid infecting yourself or someone else with germs or serious diseases. Protect your family and friends with the following tips.

Safe handling

- Never hand a used needle or lancet to another person. Instead, place the needle or lancet on a flat surface for the other person to pick up.
- Never walk holding a used needle or lancet.
- Never reach into a needle disposal container.

Disposal

- Place used needles, syringes and lancets in a hard plastic or metal container with a tightly secured lid. Coffee cans or empty detergent or bleach containers work well. Do not use soda or milk bottles because the needles or lancets can poke holes in thin plastic. Also avoid glass or cardboard containers.
- Store in a safe place, away from children.
- Throw the bottle in the trash when it is 75% filled. Screw on the lid tightly, tape the lid and then throw away in the trash.

Storage

- Store new needles and lancets away from water which may cause moisture and germs to soak into the package. If the package gets wet, throw it away.
- Put new needles and lancets in a safe place away from children and others.

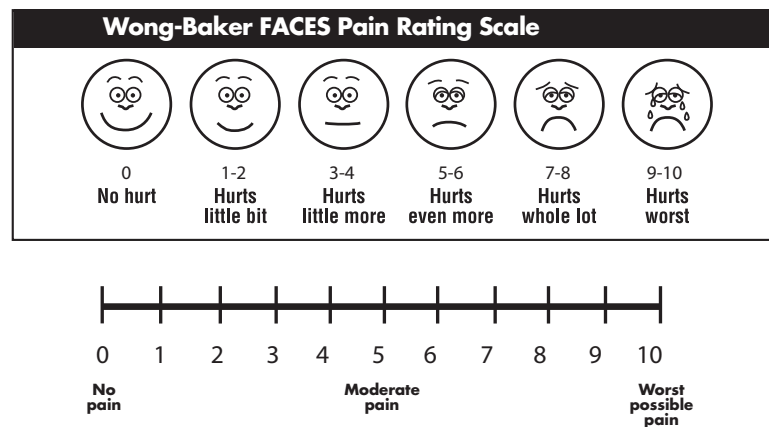
Pain management

Christiana Care VNA considers the treatment of pain an important part of your care. The following will help you understand your care plan for pain prevention and control.

Patients have the responsibility to:

- **Ask** your nurse what to expect regarding pain and pain management.
- **Discuss** pain relief options with your nurse.
- **Work** with your nurse to develop a pain management plan.
- **Ask** for pain relief when pain first begins.
- **Help** your nurse assess your pain.
- **Tell** the nurse if your pain is not relieved.
- **Report** concerns about taking pain medication to your nurse.

Your nurse/therapist will use a number scale to measure your pain level. On this scale, 0 means no pain and 10 means the worst possible pain. A 2 or 3 would be mild pain, but 7 or higher is severe pain. Pain may cause restlessness, restless sleep or no sleep. Changes in appetite and facial expression are also expected.



- You are responsible for your pain medicine – keep it in a safe, low-traffic area.
- Please call your doctor at once if you are not on a bowel regime while on narcotics.
- All pain medicine must be filled within three days of the date on the prescription.
- Contact your doctor when you have three days of medicine left to obtain a new prescription and have it filled. Note: Many pain medications cannot be refilled by phone.

Complementary medicines may also effectively relieve pain, especially chronic pain. Some other techniques include changing body position, deep breathing, massage, relaxation techniques, listening to music and appropriate use of cold or heat (see chart on the next page). For additional questions, ask your nurse, doctor or local/hospital pharmacist.

Goleman, D. Ph.D. & J. Gurin, editors. *Mind/Body Medicine, "Relaxation & Beyond,"* pp. 233-385 (Benson, H. & Cabot-Zinn, J.), Consumers Union, 1993.

Moyers, W. *Healing & the Mind*, Doubleday Publishing Group, 1997, pp. 177-239.

Pelletier, K. *Mind as Healer, Mind as Slayer*, Delacourt Press, 1997, pp. 40-114.

Use of cold in relieving pain

Cold may relieve the following types of pain, and it often works better than heat:

- Muscle aches or spasms, such as neck or low back pain.
- Joint pain.
- Headache.
- Surgical incision.
- Itching.

Precautions:

- Do not use cold over areas of poor circulation or skin being treated with radiation therapy.
- Do not use cold if pain increases.
Note: moisture increases the intensity of cold.
- Remove cold pack if skin becomes numb to avoid freezing your skin.

Equipment for cold can include:

- Ice bag or gel pack.
- Ice and water in a plastic bag.
- A bag of frozen peas or corn kernels. (hit the bag on the countertop to break up the vegetables and mold to your skin).
- Slush pack (freeze 1/3 alcohol and 2/3 water in a sealed plastic container such as a plastic bag).
- Towel soaked in water and ice chips.
- Flexible cold pack made with a damp cloth or towel, folded, sealed in a plastic bag and placed in the freezer.

Application of cold:

- Cover ice pack with a pillowcase or one or more towels.
- Keep the cold sensation at a comfortable level. Think cool, not cold.
- Apply to painful area for 10-20 minutes (longer if does not cause irritation).
- If you cannot reach the area that hurts, apply the cold pack to the:
 - Opposite side of body corresponding to the pain (i.e., left leg if right leg hurts).
 - Above the pain (i.e., over upper arm if lower arm hurts).
 - Below the pain (i.e., over lower arm if upper arm hurts).

Note: Alternating heat and cold every few seconds or minutes is effective even with severe pain.

From McCaffery M, Pasero C: Pain: Clinical manual, p. 410. Copyright© 1999, Mosby, Inc. Permission allowed for duplication and use in clinical practice.

Use of heat in relieving pain

Heat may relieve the following types of pain:

- Muscle aches or spasms, such as neck or low back pain.
- Joint pain.
- Rectal pain.

Precautions:

- Do not use heat if pain increases.
Note: Moisture increases the intensity of heat.
- Do not use heat over skin where menthol ointment or an oily substance has been used.
- Do not use over an area that is bleeding or recently injured.

Equipment for heat can include:

- Hot water bottle.
- Electric heating pad.
- Hot moist compresses (i.e., towel).
- Immersion in water (i.e., tub, basin, whirlpool).
- Retention of body heat with plastic wrap (i.e., Saran Wrap, plastic dry cleaner bag taped to itself). Do not tape directly on skin. Wash and dry skin well before and after use of Saran Wrap. A sock or piece of close-fitting clothing may be used to keep Saran Wrap on. May leave on for 4-6 hours.

Application of heat:

- Cover heat source with a pillowcase or one or more towels.
- Keep it at a comfortably warm intensity. Think warm, not hot.
- Do not fall asleep with an electric heating pad.
- Apply to painful area for 10-20 minutes (longer if it does not cause irritation).
- If you can't reach the hurt area, apply the heat pack to any or all of the following sites:
 - Opposite side of body corresponding to the pain (i.e., left leg if right leg hurts).
 - Above the pain (i.e., over upper arm if lower arm hurts).
 - Below the pain (i.e., over lower arm if upper arm hurts).

Christiana Care Visiting Nurse Association

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Date: April 14, 2003

If you have any questions about this notice, please contact Christiana Care Health System's privacy officer.

Our promise

We know that medical information about you and your health is private. We do our best to protect medical information about you. We make a record of the care and treatment you receive at the agency. We need this record to give you good care and to follow certain rules and laws. This notice applies to all of the records of your care in the agency. Your personal doctor may have different policies or notices regarding the use and sharing of your medical information created in the doctor's office or clinic. This notice will tell you about the ways we may use and give out medical information about you. It will also tell you about your rights and certain rules and laws we have to follow for the use and sharing of medical information.

Confidentiality

VNA does not release any medical information unless you tell us in writing that we can. By signing a consent to release information statement, you allow us to discuss your condition with physicians, health care professionals, insurance representatives and health care providers involved in your care.

The U.S. Department of Health and Human Services (Health Care Financing Administration) requires that all home health agencies collect standardized assessment information on admission, every two months during service and at discharge. The Outcome and Assessment Information Set (OASIS) is used to monitor and evaluate care provided by home health agencies. This information is confidential under the Federal Privacy Act and is disclosed only to authorized agencies listed on the consent form.

Who will follow this notice:

- All disciplines of the agency.
- Any doctor who contributes information to your medical record.
- Any volunteer we allow to help with filing of information.
- All employees, staff and agency personnel.
- All of these people follow these rules and may share medical information with each other for treatment, payment or running of the agency.

The law requires we must:

- Make sure that your information is kept private;
- Tell you about the rules and laws we must follow; and
- Do what this notice says.

How we may use and disclose medical information about you.

Listed below are some examples of how we may share your medical information:

- **To take care of you.** We may use your medical information to give you care or services. We may give your medical information to doctors, doctors in training, nurses, therapists, aides, students or other agency personnel involved in your care. We may also share your medical information to plan and manage care with a third party and those who will care for you after your discharge from VNA.
- **To get paid.** We may use and give out medical information about your care/services so that we can be paid by you, your insurance company or a third party. For example: We may tell your insurance company/payer source about care and services you are going to receive so that we can get approval or determine whether your plan will cover the care and services.
- **To run the agency.** We may use and give out medical information about you to run the agency and make sure that all of our patients receive good care. We may use your medical information to review care and services and evaluate staff. We may combine medical information from many patients. This helps us decide when certain care and services are needed and not needed. Your medical information may be used to plan improvements in care and services. We may combine your medical information with information from other agencies. This helps us compare how we are doing and see where we can make improvements. For example: Information on Home Health Agency Outcome and Assessment Information Set (OASIS) is collected on admission, resumption of care, transfer and discharge and is transmitted to strategic healthcare programs. We may remove information that identifies you from sets of medical information so others may use it to study health care and healthcare delivery. We may share your medical information with companies that provide business services for us. If so, we will have a written agreement requiring this company to protect the privacy of your medical information.
- **Options for care.** We may use and give out medical information about you to tell you about or recommend possible care/service options available.
- **Health-related benefits and services.** We may use and give out medical information about you to tell you about services that may be of interest to you.
- **Fundraising activities.** Christiana Care may contact you to ask for a donation or support of any Christiana Care program. Christiana Care reserves the right to access only certain information (name, address, telephone number, e-mail address, dates of service, insurance status, age and gender) for any individual using Christiana Care's clinical and medical services. We may also give this information to Christiana Care Foundation for the same purpose. The funds raised will be used to increase and improve the services and programs in the community. If you do not wish to be contacted for fund-raising efforts, please contact, in writing, the Christiana Care Foundation, P. O. Box 1668, Wilmington, DE 19899.
- **Family and friends.** We may release medical information about you to a friend or family member whom you have identified to be informed about your care and services. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for your care. In addition, we may give out medical information about you to an agency helping in a disaster relief effort so that your family can be contacted about your condition, status and location.

- **Research.** In most cases, we will ask for your written approval before using your medical information or sharing it with others in order to conduct research. However, we may use and give your health information without your approval:
 - After we have gone through a special process and can assure your privacy rights will not be broken.
 - To share with people within our own facility who are preparing a research project or trying to get patients involved in research.

In the event of death, we may share health information with people who are doing research as long as they agree not to remove from our agency any information that identifies a person.

- **As required by law.** We will give out information about you when required to do so by federal, state, or local law.
- **To help avoid a serious threat to health or safety.** We may use and give out medical information about you to help avoid threat to your health and safety or the health and safety of the public or another person.

Special Situations

- **Organ and tissue donation.** We may give out medical information about you to agencies that handle getting organ(s), eye, tissue transplantation or to an organ donation bank that stores organs.
- **U. S. military and veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may release medical information about foreign military personnel to the appropriate foreign military authority. We may use and give out to the Department of Veterans Affairs medical information about you to find out if you can get certain benefits.
- **Workers' compensation.** We may release medical information about you for workers' compensation or similar programs.
- **Public health risks.** We may give out medical information about you for the following reasons:
 - For public health activities such as reporting disease outbreaks;
 - To report deaths;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of medications/products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for getting or giving someone else a disease or condition;
 - To notify the appropriate government authority if we believe a person has been the victim of abuse, neglect or domestic violence.
- **Health oversight activities.** These activities are necessary for the government to monitor the healthcare system, government programs and make sure agencies are following civil rights laws. We may give out medical information to a health oversight agency for reasons allowed by law. These oversight activities include audits, investigations, inspections and licensure.

- **Lawsuits and disputes.** If you are involved in a lawsuit or a dispute, we may share medical information about you if we get a court or administrative order. We may also share your medical information in response to a subpoena, discovery request or other lawful process. Every effort will be made to tell you about the request or to obtain an order protecting the information.
- **Law enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or find a suspect, fugitive, material witness or missing person;
 - To report a crime; the location of the crime or victims; or to identify or locate the person who committed the crime.
- **Coroners, medical examiners, and funeral directors.** We may release medical information to a coroner or medical examiner. This may be needed, for example, to identify a person who has died or find out the reason they died.
- **National security and intelligence activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Protective services for the President and others.** We may give out medical information about you to certain federal officials so they can protect the President, other authorized persons or foreign heads of state to conduct special investigations.
- **Prisoners.** If you are a prisoner of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) for the safety and security of the correctional institution; or (4) to obtain payment for services provided to you.

Your rights regarding medical information about you.

You have the following rights regarding your medical information:

- **Right to inspect and copy.** You have the right to look at and get a copy of your medical information for as long as we keep your records. This includes medical and billing records. To read or get a copy of your health information, please submit your request in writing to VNA medical records department. If you request a copy of your information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request.

We will respond to your request within 30 days if the information is located in our office and within 60 days if it is located off-site. We will notify you in writing if more time is needed. This notification will explain the reason for the delay and when you can expect to have a final answer.

Under certain circumstances, your request to read or obtain a copy of your information may be denied. If we deny part of your request, we will provide complete access to the remaining parts. If we deny part or all of your request, we will provide a written denial explaining our reasons for doing so, and your right to have the decision reviewed. This letter will tell you how to file a complaint with the U. S. Department of Health and Human Services.

- **Right to amend/correct.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend or correct the information. You have the right to request an amendment/correction for as long as the information is kept by VNA. To request an amendment, your request and reason for your request must be made in writing to the privacy officer. We may deny your request for an amendment if it is not in writing or does not include a reason. We may deny your request if you ask us to amend information that:
 - Was not made or kept by VNA.
 - Was created by a person who is no longer available to VNA.
 - Is not part of the information which you would be permitted to read and copy.
 - Is accurate and complete.
- **Right to an accounting of disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the people and places with which we have shared your medical information. This does not include people who work for the agency or your insurance company. To request an accounting of disclosures, your request must be made in writing to the Privacy officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (paper or electronically). The first list you ask for within a 12 month period will be free. If you want more lists, we may charge you for the costs of providing the list. We will tell you of the cost and get your approval before we make copies.
- **Right to ask for limits.** You have the right to ask us to limit the medical information we use or give out about you for treatment, payment or healthcare operations. You also have the right to ask us to limit the medical information we give out about you to others involved in your care, such as a family member or friend. We may not be able to agree to your request if the information is needed to provide you emergency care. To ask for limits, you must send your request in writing to the privacy officer. Your request must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- **Home health agency outcome and assessment information Set (OASIS).** You have the right to have your personal healthcare information kept confidential, the right to refuse any questions, and the right to review any personal health information. If you request a restriction, the nurse/therapist will ask you to sign an OASIS Restriction Form.
- **Right to confidential communications.** You have the right to ask us to get information to you by using a different address. We must try to do as you asked if it is reasonable. You do not have to tell us the reason. You must provide this address when you are referred to our services. If you decide at a later time that you would like information sent to a different address, tell your nurse or therapist.
- **Right to a paper copy of this notice.** You will receive a copy of this notice at the time of admission to VNA services.

Changes to This notice

- **We can change this notice.** If this notice is changed, it will apply to information we already have about you as well as information we receive in the future. This Notice is effective as of the date identified on the first page.

COMPLAINTS: You will not be treated any differently for filing a complaint.

If you think your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U. S. Department of Health and Human Services. Complaints to Christiana Care must be submitted in writing to the client satisfaction representative and must provide enough detail to allow us to look into this matter.

The U. S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DE 20201
202-619-0257
Toll Free: 1-877-696-6775

Christiana Care Visiting Nurse Association
Client Satisfaction Representative
One Reads Way, Suite 100
New Castle, DE 19720
302-327-5687

Other uses of medical information

Other uses and reasons for sharing medical information not covered by this notice or the law will be made only with your written permission. If you give us permission to use or share your medical information, you may take back that permission, in writing, at any time. If you take back your permission, we will no longer use or share medical information about you for the reasons covered by your written approval. We are unable to take back any information we have already shared with your permission. We will also keep all records of the care we have provided.

How to contact us

If you have any questions about this policy or if you need to make a request to the privacy officer, please write to us at:

Christiana Care
c/o Privacy Officer
P. O. Box 1668
Wilmington, DE 19899

Important information about your medicare home healthcare benefits

It is important for you to understand that home healthcare services provided by your Medicare benefits are intended to help you recover from an acute (serious, one-time) health condition, such as recovering from a broken limb. Medicare home healthcare benefits are not intended to provide long-term, custodial care.

According to Medicare guidelines for home healthcare, you must meet the following conditions in order to receive services:

- Home healthcare services must be ordered by your physician and a plan of care signed by your physician every 60 days. The physician should be willing to oversee and modify your plan of care as necessary.
- Home healthcare services must be reasonable and medically necessary, as determined by your physician, to the treatment of your illness and/or injury. Medicare will not cover custodial care (ongoing, long-term care similar to the care received in a convalescent home).
- You must need a skilled primary service such as **nursing, physical therapy or speech therapy. Occupational therapy** can qualify as a skilled service in some circumstances.
- Skilled services must be provided on an intermittent or periodic basis. The care provided is expected to be short-term and rehabilitative. Single visits and full-time skilled care is not covered under Medicare. **Again, full-time care would be considered long-term care. Medicare is not intended to provide long-term home healthcare benefits.**
- Guidelines for payment of home medical equipment are specific to the equipment ordered. VNA is not a durable medical equipment provider. VNA will work with the equipment vendor of your choice.

You must be homebound and this must be documented in your medical record. Medicare's definition of homebound includes:

- Inability to leave your home except with considerable and taxing effort. You would not be considered homebound by Medicare if you currently drive a car.
- Absences from home must be infrequent and for a short period of time, usually to receive medical treatment.
- Inability to leave home except with the aid of a supportive device and/or the assistance of another person.

Your length of service from VNA and the services covered are determined by your specific medical needs. You will be discharged from service by VNA when your nurse/therapist and your doctor agree that:

- You are no longer homebound.
- You no longer require a skilled home care service.
- You do not meet the other Medicare qualifications for home care.
- You no longer wish to be provided home care services by VNA, or you do not meet Medicare qualifications for home care and choose not to continue your service on a private pay basis.
- You no longer need or use medical equipment.

Your responsibilities

- You must have a physician who will coordinate your care and services provided by VNA.
- You must qualify for Medicare, that is, have a valid Medicare card. Qualifications for home care are different for Medicare managed care programs.
- You need to understand, participate in and comply with the plan of care developed between you and your nurse and signed by your physician.
- You must understand the goals of your plan of care and your anticipated discharge from home care.
- You and/or your family must assume responsibility for all the care you need.
- You must be homebound. Medicare's definition of homebound is very specific.

Christiana Care VNA is a Medicare-certified home healthcare agency. As part of our Medicare certification, no co-insurance or deductibles will be billed under your Medicare home healthcare benefit. Ask your nurse or therapist if you have questions about Medicare qualifications.

New Castle County

One Read's Way, Suite 100
New Castle, DE 19720
302-327-5200
1-888-VNA-0001

Kent & Sussex County

2116 S. DuPont Hwy., Suite 2
Camden, DE 19934
302-698-4300 (Kent) 302-855-9700 (Sussex)
1-800-290-2800

www.christianacare.org/vna

Christiana Care is a private not-for-profit regional health care system and relies in part on the generosity of individuals, foundation and corporations to fulfill its mission.

Emergency care plan: What to do in an emergency

It is important to be prepared in an emergency. Knowing what to do can save your life. Use the following guide to decide who to call and when to seek medical attention.

- Dial 911 for emergency medical situations.
- VNA has a 24-hour answering service and a registered nurse is on call 24 hours a day, 7 days a week. For emergencies or service related problems call 302-327-5200 (New Castle); 302-698-4300 (Kent); or (302) 855-9700 (Sussex).

Condition	Call VNA or physician	Call 911
Heart failure	<ul style="list-style-type: none"> • Increased shortness of breath, especially when you lie flat. • Increased fatigue/weakness. • Dry, nagging cough. • Coughing at night. • Weight gain of 2 pounds in a day OR 3-5 pounds in a week. • Feet, ankles, legs, stomach swell more than usual (shoes or pants may feel tight). • Dizziness/lightheadedness when you rise. • Nausea or lack of appetite. • Irregular or rapid heartbeat. 	<ul style="list-style-type: none"> • Severe shortness of breath.
Chest pain (Angina)	<ul style="list-style-type: none"> • Chest pain or tightness relieved by rest or medication. 	<ul style="list-style-type: none"> • Unrelieved chest pain, pressure or tightness after treatment with nitroglycerin. • Pain that goes away and comes back. • Discomfort in areas of the upper body (can include one or both arms, the back, the neck, the jaw or the stomach). • Chest discomfort which is associated with shortness of breath, sweating or nausea.
COPD (Emphysema) (Asthma)	<ul style="list-style-type: none"> • Increased shortness of breath. • A cough that becomes worse. • Change in color, thickness, odor or amount of phlegm/sputum. • If you become restless or agitated. • Increased fatigue. • Loss of appetite or weight loss. • Fever (oral temperature >100.5°F). 	<ul style="list-style-type: none"> • Severe shortness of breath or wheezing that does not respond to bronchodilator treatments. • Change in the color of your skin to gray or blue or if you become blue around the lips. • Confusion.

Condition	Call VNA or physician	Call 911
High blood pressure Stroke	<ul style="list-style-type: none"> • Repeated blood pressure readings outside your normal range. • Symptoms including headache, nose bleeds, blurred vision, ear ringing, lightheadedness or palpitations. 	<ul style="list-style-type: none"> • Sudden numbness or weakness in the face, arm or leg especially on one side of the body. • Sudden confusion, trouble speaking or understanding. • Sudden trouble seeing in one or both eyes. • Sudden trouble walking, dizziness, loss of balance or coordination. • Sudden, severe headache with no known cause.
Blood thinner or bleeding problem	<ul style="list-style-type: none"> • Black and dark or blood-tinged stool. • Vomiting blood. • Bleeding at a surgical site. • Bleeding gums. • Bruising. • Blood in urine. 	<ul style="list-style-type: none"> • Uncontrolled bleeding.
Wounds	<ul style="list-style-type: none"> • Change in the amount, color or odor of wound drainage. • Increase in pain at wound site. • Increase in redness/warmth at wound site. • Fever/chills. 	
Diabetes (high blood sugar)	<ul style="list-style-type: none"> • Increased thirst. • Frequent urination. • Increased hunger. • Blurred vision. • Fatigue. • Dry, itchy skin. • Repeated blood sugars above 200. 	<ul style="list-style-type: none"> • Nausea and vomiting. • Shortness of breath. • Fruity breath. • Blood sugar greater than 400.
Diabetes (low blood sugar)	<ul style="list-style-type: none"> • Shakiness or dizziness. • Sweating. • Fast heartbeat. • Hunger or irritability. • Headache or changes in vision. • Confusion or difficulty paying attention. <p><i>Test blood sugars first (if possible) then treat with sugar (3 glucose tablets OR 1 ½ glasses of juice or 5-6 pieces of candy). If blood sugar is still low and symptoms do not go away, eat a light snack such as ½ peanut butter or meat sandwich and ½ glass of milk. (Repeat if blood sugar remains <70.)</i></p>	<ul style="list-style-type: none"> • Unconsciousness. • Unable to treat low blood sugar at home. • Seizures.

Condition	Call VNA or physician	Call 911
Falls	<ul style="list-style-type: none"> • Falls without serious injury. 	<ul style="list-style-type: none"> • Falls with suspected injury such as fracture or a wound.
Urinary infection	<ul style="list-style-type: none"> • Change in mental status. • Frequent urge to urinate/unable to urinate. • Passing frequent, small amounts of urine. • Blood in urine or cloudy, strong smell. • Low back pain. • Possible fever, chills. • Nausea. 	
Catheter malfunction	<ul style="list-style-type: none"> • Catheter is leaking/plugged/dislodged. 	
Other	<ul style="list-style-type: none"> • New symptoms. • Healthcare concerns. 	<ul style="list-style-type: none"> • Unable to wake patient. • Severe or prolonged pain.

Incident weather

In case of a natural disaster (hurricane, snowstorm), your case manager will contact you. VNA prioritizes care to meet the most critical needs of our patients and to protect the safety of our staff. If you receive nursing, therapy or home health aide services, someone will contact you about when you can expect a visit. You can prepare by:

- Checking your supply and contacting your home medical equipment representative if you use oxygen and your supply runs low.
- Backing up any electrically powered equipment.
- Keeping prescriptions filled so you have medications available.
- Having a back-up plan for care in case staff is unable to visit in an emergency.

Special instructions

Equipment: Contact your home medical equipment company for equipment concerns:

Other: Special instructions related to your condition include:

Patient name: _____ ID#: _____ ADM#: _____

PATIENT CONSENT

Consent for Treatment:

I hereby give my permission for authorized personnel to perform all necessary procedures and treatments as prescribed by my physician for the delivery of home care services. I understand that I am responsible to develop a back-up care plan in the event VNA staff is not available in an emergency.

Consent to Bill (Patient Guide Table of Contents):

I authorize direct payment of insurance benefits to Christiana Care Visiting Nurse Association (VNA). I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I agree to pay the agency all charges not covered by my insurance policy or policies, including deductibles and/or co-payments.

Notice of Privacy Practices (Patient Guide Table of Contents):

Christiana Care VNA is required by law to notify you of its privacy practices and maintain the privacy of medical information that identifies you.

Do you want friend(s)/family member(s) informed of your treatment, condition or progress:

No Yes – If yes, whom do you designate? _____

Notice of Privacy Practices Outcome and Assessment Information Set (OASIS) (Patient Guide Table of Contents):

Christiana Care VNA is required by law to notify you of your privacy rights. You have the right to:

- Know why we need to ask you questions.
- Have your personal health care information kept confidential.
- Refuse to answer questions.
- Look at your personal health information.

Release of Medical Records (Patient Guide Table of Contents):

I authorize the release of my medical records to other members of the health care team, insurance companies, regulatory and accrediting organization involved in my care for the purposes of coordinating my plan of care, quality, survey, accreditation and billing for service.

Patient Bill of rights (Patient Guide Table of Contents):

I have received the Patient Bill of Rights which has been explained to me by a VNA staff person.

Advance Directive (Patient Guide Table of Contents):

I do not have an Advance Directive. I have provided Christiana Care VNA with a copy of my Advance Directive.

Emergency Procedures (Patient Guide Table of Contents):

I have received information on what to do in case of emergency, including emergency telephone numbers.

Consent to Use of Digital Imaging for Care-Related Purposes (Patient Guide Table of Contents):

If digital imaging is used to document my plan of care, I understand the purpose and use of these digital images.

Consent for Telehealth:

I understand that if I receive telemonitoring as part of my plan of care, that the device is the property of the agency. I understand that I am the only person who would be using the monitor and that if I am admitted to the hospital during my care with VNA, a representative from VNA may remove the device. The telemonitor is not an emergency response device. I I require medical assistance, I will contact the Christiana Care VNA, my physician, local emergency facility or 911.

I hereby certify that I have read each of the above statements and have had each item explained to me to my satisfaction. I have received a copy of this statement, as well as *the Patient Guide for Home Care*, and agree and accept its terms.

Signature of patient or authorized representative

Date

Authorized representative relationship to patient

Date

VNA representative

Date