

HOME HEALTH



# A guide to your care



**Main Line Health<sup>®</sup>**  
HomeCare & Hospice

## **Main Line Health HomeCare & Hospice**

**1.484.580.1601**

**Call us 24 hours a day for questions or concerns**

Office Hours: Our office is open Monday through Friday from 8:30 AM to 7:00 PM and weekends/ holidays from 8:30 AM to 4:00 PM.

After Hours Coverage: A nurse is available 24 hours a day to accept client calls, referrals for service, and to arrange service for client emergencies. Please be prepared to provide your name, a phone number where you can be reached, the client you are calling about, and the nature of your concern. Our after-hours nurse will promptly return your call.

Admission Date: \_\_\_\_\_

## Welcome to Main Line Health HomeCare & Hospice

### Mission Statement

Our mission is to provide a comprehensive range of safe, high-quality health services, complemented by related educational and research activities that meet community needs and improve the quality of life in the communities we serve.

### Vision

Be the health care provider of choice in our communities by eliminating harm, achieving top decile performance, delivering equity for all and ensuring affordability.

### Values

- Keep our patients, employees, and medical staff **safe**
- Deliver **high-quality, compassionate** care
- Foster an environment of **diversity, respect, equity, and inclusion**
- **Innovate**, embrace change, and do the **right** thing
- Work as a **system** to achieve common goals

As Vice President of Patient Services of Main Line Health HomeCare & Hospice, I would like to extend my personal greetings to you. Thank you for choosing us to help you with your care and recovery.

Main Line Health HomeCare & Hospice began as the Visiting Nurse Association in 1886. More than a century later, we are still dedicated to providing compassionate, quality home health services to everyone in our community.

Our highly trained registered nurses, therapists, medical social workers, and home health aides work together with you as a team. Each specialist works to provide you with a superior experience through a shared commitment to your good health and well-being.

To help acquaint you with all that we offer, we have put together this informative handbook. I encourage you to take a few minutes to get to know our policies and procedures and learn about your rights and responsibilities as a patient.

Above all, I encourage you to become an active participant in your own care. Please let us know if there is any way we can help. We are available by phone around the clock, at 484.580.1601 and 484.476.3493 for the hearing impaired.

On behalf of the entire Main Line Health HomeCare & Hospice team, we look forward to providing you the very best in personal and compassionate care.

Sincerely,



Susan Harrigan, V.P., Patient Services  
Main Line Health HomeCare & Hospice



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# About Main Line Health HomeCare & Hospice

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Thank you for choosing Main Line Health HomeCare & Hospice as your home health service provider. As a member of Main Line Health System, Main Line Health HomeCare & Hospice is one of the most highly regarded providers of home health and hospice services in southeastern Pennsylvania. Our professional team members are dedicated to the basic principles of caring and responsiveness while providing the full spectrum of home health, hospice, and private duty services.

Main Line Health HomeCare & Hospice is a not-for-profit Home Health and Hospice agency that provides care to residents of Chester, Delaware, Montgomery, and Philadelphia Counties. All services are provided in compliance with State and Federal standards, and regulations. Main Line Health HomeCare & Hospice is state licensed, Medicare and Medicaid certified, and accredited by the Joint Commission.

Main Line Health HomeCare & Hospice complies 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. Main Line Health does not discriminate or exclude people based on race, religion, color, national origin, ancestry, age, disability, or sex (including pregnancy, gender identity, gender expression, and sexual orientation), parental status, political affiliation, military service or relationship status.

## Understanding home health care

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Home health care includes a wide range of health care services provided in your home to maintain or restore your health, promote independence, improve quality of life, and avoid unnecessary hospitalization.

Home health care can consist of a range of coordinated therapeutic skilled services that are provided based on your own needs and goals. Main Line Health HomeCare & Hospice has many clinical services specially made to meet your needs and to help you remain safe in your home.

### The home health care team

When you choose Main Line Health HomeCare & Hospice, **you and your family** are at the center of the care team.

Our specially trained home health team members ensure the highest level of expertise when working with you and your doctor in planning for your care. Our professional staff members are licensed to work in the State of Pennsylvania and go through much training that is especially planned to meet your home health care needs. In addition, many of our staff are certified in specialty areas. Our Registered Nurses; Physical, Occupational, and Speech Therapists; and Social Workers maintain current cardiopulmonary (CPR) certification.

The following team members may be part of your care and treatment plan:

**Your doctor** orders the care, medication, and special equipment needed to help you get better and keep you healthy. Your doctor makes sure you can receive home health services, directs your plan of care, and is informed about how you are doing on a regular basis.

**Skilled nurses** will visit you at home to see what your health care needs are, evaluate and monitor your condition, and determine what services are needed to carry out your doctor's treatment plan. Nurses provide treatments and teach you and your caregiver about your care. They will instruct you about your medications, home safety, and how to manage your health care condition so you can be independent in your home.

**Physical therapists** assist clients who have had surgery, an injury, or an illness, which has affected the ability to move and participate in everyday activity and/or work. The Physical Therapist will address your goals by setting up exercise programs to improve strength, endurance, balance, and flexibility. Your therapist will also help with things such as getting in and out of bed, getting in and out of a chair and car, walking, climbing stairs, and wheelchair mobility, as well as needs to enable return to work and leisure activities. The Physical Therapist will also assess your home and make suggestions for any needed changes and assist in ordering and teaching you about equipment you need to help you be able to take care of yourself as much as possible.

**Occupational therapists** teach individuals with physical, cognitive, and/or visual problems how to get back their activities of daily living to live as independently as possible. Activities such as dressing, bathing and toileting are addressed, as well as meal preparation, home management, leisure activities, and return to work skills. Occupational Therapists look at the whole person to help them reach their goals. Occupational Therapists can make suggestions for changes in the home, including use of equipment to help you be able to take care of yourself.

**Speech therapists** assist clients who have swallowing and/or communication difficulties because of a stroke, surgery, brain injury or other conditions. Speech Therapists can check your ability to swallow, make suggestions for the correct diet, and teach you and your caregiver to check for safe swallowing. Speech Therapists can also help you if you are having problems with communication areas such as memory issues, difficulty speaking, writing, or understanding words, and thinking tasks through to completion. They can also suggest equipment that can help you in communicating with others. Aural rehabilitation focuses on ways to improve communication for those clients who have hearing deficits.

**Medical social workers** assist you with social and emotional factors related to your medical condition or getting better from an illness. Medical Social Workers provide support and short-term counseling services to promote effective care and help remove problems which keep you from meeting your health care goals and needs. They also provide information about care choices and assist with getting you help including caregiver support.

**Registered dietitians** check your diet needs due to your health and disease. They teach you about your needs to help you manage your illness, and are aware of your personal

preferences, as well as religious or other restrictions. If your doctor orders diet changes or if you are having treatment that affects your appetite, your home health nurse may suggest the services of a registered dietician.

**Home health aides** give personal care services needed to help you with your illness. The Home Health Aide follows a plan of care that is written by a Registered Nurse or a Therapist depending on your needs. Examples of care provided include assistance with bathing, dressing, and making meals. All our home health aide staff have training in accordance with State and Federal regulations. Our home health aides also receive regular education and training.

Because our agency works with local universities and colleges, you may also meet **students** who are studying nursing, therapy, social work, and nutrition.

## **Eligibility for home health services**

Home health care is skilled care by nurses and/or other health providers in your home. To receive home health services there must be a reasonable expectation that health care needs can be adequately and safely met by Main Line Health HomeCare & Hospice in your home in compliance with regulatory requirements. A “home” may be a house, an apartment, a relative or friends’ home, or a personal care/ boarding home. Home health care may be provided in some assisted living facilities. A hospital or a skilled nursing facility is not considered a home for the purposes of home health services eligibility. Acceptance for home health services is also based on your willingness and ability to safely function in the home and/or have a caregiver who is available and willing to participate in your care.

To receive home health care, you must be under the care of a doctor who determines your need for home health services and who has ordered medically necessary home health services and treatments. Medicare requires that all Medicare patients receiving home health services have a “face to face encounter” (visit) with a doctor within 90 days before or 30 days after the start of home health services. A visit to your doctor’s office or a doctor visit performed while you were in the hospital may fulfill this requirement. We will notify you if you do not meet this requirement and will help you as necessary. Please understand that if you do not have the required “face to face encounter” (visit) within the required timeframes, we may discontinue your home health care.

In addition, Medicare, Medicaid, and most other insurance companies require that you are homebound while receiving home health services. This means that it takes great effort for you to leave your home or that you have a medical condition that confines you to your home. Usually, a person is considered homebound if leaving the home:

- Requires the aid of medical equipment such as crutches, canes, wheelchairs, walkers, and the use of special transportation, or
- Requires the help of another person, or
- Is medically unsafe.

You may be considered homebound if you leave the home infrequently and with a lot of difficulty for a short amount of time, or if you are leaving the home to receive medical treatment. If you are medically able to drive, you do not meet the homebound requirement.

Medicare, Medicaid, and most insurance companies also require that you need the skills and care of a Registered Nurse, Physical Therapist, Occupational Therapist, or Speech Therapist at the time of admission to home health services. To qualify for home health services, you must need care only on an intermittent (part-time) basis. This means Medicare will not pay for our home health staff to stay with you for an extended period. Home health visits are provided for the length of time it takes to provide and teach you or your caregiver in the specific treatments and medications ordered by your doctor.

You must choose to receive home care services from Main Line Health HomeCare & Hospice and we must receive a consent for treatment. Services needed must be within the geographic area where we provide care, and we need to have the staffing and financial resources to provide the care you need. In addition, your environment must be safe for both you and our staff.

## **Payment for home health services**

Main Line Health HomeCare & Hospice accepts many types of health insurance for home health care payment including traditional Medicare and Medicaid, Medicare or Medicaid Advantage plans, and many other private insurance plans including Blue Cross and other health maintenance or preferred provider organizations (HMO's and PPO's).

When Medicare Part A is billed for home health services, payment is accepted as payment in full for services provided. There are no deductibles or co-insurance (co-pay) requirements.

Under the Medicare home health benefit, Main Line Health HomeCare & Hospice is responsible to provide or arrange for:

- Medically necessary outpatient therapies while you are under our care. Outpatient therapy services are not routinely included as part the Home Health treatment plan. If you are interested in outpatient therapy, please discuss this plan with your nurse or therapist.
- Injectable osteoporosis drugs (Calcimar, Calcitonin)
- All medically necessary medical supplies

We will provide supplies and outpatient therapies only through our contracted companies. If you receive supplies or outpatient therapies that are not arranged by Main Line Health HomeCare & Hospice, payment for these services will be your responsibility.

If services are ordered which are not covered by the Medicare program, we will notify you in advance so that you can make other financial arrangements for the necessary care.

Main Line Health HomeCare & Hospice will also assist clients with claims that are denied by Medicare for reasons such as medical necessity. Your involvement in the appeals process is required.

If you change your Medicare coverage from traditional Medicare coverage to any other type of health insurance coverage, including a Medicare Advantage plan, you must notify your nurse or therapist immediately. Pre-authorization of services is required by most managed care and private insurance plans. Payment may be denied by the insurance company for all services provided if authorization is not obtained.

When managed care or private insurances including HMO's and PPO's are billed for services, your home health benefits are based on a contract between you and your insurance company. You will be responsible for any charges not paid by your insurance company, including but not limited to deductibles, co-insurance (co-pay) amounts, or services provided by out of network providers. These amounts will be billed to you according to your individual insurance plan. You will be notified verbally and in writing of any charges you may incur.

A copy of our fee schedule is available for your review upon request. Fees for home health services can be adjusted for those in need. Any questions can be directed to our Claims Processing Office at 484-580-1420.

## **The plan of care**

A plan for your care is developed by you, your family and other helpers, and the home care team together with your doctor to help you meet your goals for care.

The Plan of Care is based on your own goals and preferences and describes the types of services your home health team will provide including how often the services will be provided. It will include the things we will teach you about to help you recover and manage your illness and well as any medications we will give you or any treatments we will provide during our visits.

You will receive a copy of this plan of care. The team will also inform you of any changes to your plan for care. The plan is updated as your needs change and every 60 days if you are still receiving home health services.

## Discharge and transfer

The decision to stop a service or discharge you from Main Line Health HomeCare & Hospice services is made by your doctor together with you, your family and other helpers, and the home health team when any of the following conditions occurs:

- The goals written in your plan of care have been met and you no longer need home health services;
- You are admitted to the hospital or a nursing home;
- A required “face to face encounter” (physician visit) is not completed within the required timeframes (for Medicare beneficiaries only);
- You or your insurance plan will no longer pay for home health services;
- You request to be transferred or discharged;
- You refuse services so often that we are not able to effectively provide care or meet your needs;
- You are unable to be cared for safely in your home because your need for care is greater than the amount of care we can provide or is more specialized than the care provided by our agency. We will arrange for a safe transfer to another care provider that can meet your needs if your needs are greater than what we can provide.
- Your actions or words, or the actions or words of another person in your home, are uncooperative or hostile, and threaten, harass, or make our staff feel unsafe and ineffective when providing your care. You will usually be told if we are concerned about your or another person’s behavior so that you have the chance to fix the problem. If our staff are immediately threatened or in danger, we may take action to discharge you from care right away. We will provide you and your caregiver or representative with contact information for other agencies who may be able to provide care.
- We (the home health agency) no longer provide home health services.

You will be given advance notice of a discharge, except in a case of emergency. You have the right to appeal the decision to the state Quality Improvement Organization.

If you should be transferred or discharged to another organization, we will communicate with them and provide the information needed for your safe and continued care.

# Advance directives

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Main Line Health HomeCare & Hospice honors your right to make informed decisions and to tell other about these decisions through an advance directive. Information on advance directives is provided to you before care is provided. If you are incapacitated at the time of admission or start of care, information on advance directives will be provided once you are no longer incapacitated.

We cannot alter the care you receive or discriminate against you based on whether you have an advance directive. Should you have any concern that your wishes in regard to advance directives or Do Not Resuscitate status are not being followed by Main Line Health HomeCare & Hospice, you have the right to contact the Home Health Agency Hotline at 1- 800-222-0989. Their hours of operation are Monday - Friday, 8:30 AM - 4:30 PM.

## What is an advance directive?

Advance care planning is the process of preparing for the possibility of being unable to make your own decisions about health care, usually because of serious illness. Thoughtful discussions about what you value most in life and under what circumstances, if any, that life would not be worth living for you, can provide guidance to health care professionals and your family for your medical treatment and goals of care. Discussions may cover such issues as health care treatments like cardiopulmonary resuscitation (CPR or chest compressions, electric shocks, and artificial breathing to try to bring back a person who has died), mechanical ventilation (being placed on a breathing machine), and artificial nutrition and fluids.

There are two main types of advance directives: a living will and a durable power of attorney for healthcare. Many people make a combined directive that includes both a living will and a durable power of attorney for healthcare.

A living will allow you to document your wishes concerning medical treatments and life support if you have a life limiting illness or condition and you are unable to make medical decisions. Your living will only take effect if you are unable to understand or communicate your treatment choices and you have an end-stage medical condition, or you are permanently unconscious.

A durable power of attorney for healthcare (or healthcare proxy) allows you to appoint a person you trust as your healthcare agent (or surrogate decision maker). This person is authorized to make medical decisions on your behalf if you are unable to understand or communicate your treatment choices. You should choose a person that knows you well and that can be trusted to make decisions in accordance with your preferences for care. It is important to discuss your preferences with this person before designating them as your healthcare power of attorney to ensure that they are comfortable assuming this role, and that they will be available, able, and willing to make decisions for you.

## **Why should I have an advance directive?**

By law, everyone has the right to make his or her own decisions to accept, reject, or discontinue healthcare. An advance directive helps you to plan for your care if you are unable to make your own healthcare decisions. Stating your wishes in advance through a written document, allows you to have a voice in your healthcare decisions when you cannot speak for yourself. It also provides you with the opportunity to designate someone who can speak for you if you are unable to do so. Advance directives are important for everyone, not just for people experiencing a serious illness.

## **Who should make an advance directive?**

Any adult, 18 years of age or older, of sound mind may make an advance directive. A minor of sound mind can also make an advance directive if he or she is married, has graduated high school, or is emancipated from parental control. It is best to make an advance directive before a medical crisis occurs. This allows you to make decisions with a calm and clear mind.

Having an advance directive provides comfort to your family and prevents them from experiencing the stress and anxiety of wondering what your preferences and wishes for healthcare are should you be unable to communicate.

## **How do I complete an advance directive?**

You do not need a lawyer to complete an advance directive. You and two adult witnesses must sign the written instructions. The laws governing advance directives vary from state to state, so it is important to complete and sign advance directives that comply with your state's law. The home health team is available to assist you with obtaining the proper documents for completing an advance directive.

You should keep a copy of your advance directive in a safe and easily accessible place. Safe deposit boxes or locked boxes are not typically good places to keep your advance directive. Make sure that someone in your family knows where you keep it and has access to it.

A copy of your advance directive should be provided to all your healthcare providers, including your doctor and the home care team. Be sure to talk with your healthcare providers about your instructions and goals of medical care. You should also provide a copy of your advance directive to your durable power of attorney for healthcare. Some people also provide a copy of their advance directive to their spiritual or religious advisor, and their attorney.

## **What types of decisions will I need to make?**

An advance directive helps you to think about how you would like to be cared for in the event of end-stage illness or permanent unconsciousness. Written instructions should tell which treatments you would or would not want. You may want to designate whether you want technical treatments such as life support or a ventilator, a feeding tube or other types of medical nutrition or hydration, or other medical treatments. You may also want to specify if you want medication or other treatments for the control of pain or other severe treatments. Your doctor can also assist you in making health care decisions and will provide you with information and choices for treatment of health problems. Your doctor can help you to understand what medical treatment you may need in the event of serious illness. He or she can also help you understand the benefits and the burdens of these treatments. You may accept or refuse your doctor's advice, or you may choose to seek another doctor's opinion.

## **How long is an advance directive in effect?**

Advance directives do not expire. An advance directive remains in effect until you change it. If you complete a new advance directive, it invalidates the previous one. You should review your advance directives periodically to ensure that it still reflects your wishes.

## **What if I change my mind?**

You can always change your mind about your instructions or preferences for healthcare, and you can always designate a different durable power of attorney for healthcare. If you change your mind, you should destroy your written instructions and write new instructions. If you can't destroy the instructions, tell your family, doctor, hospital, or other healthcare provider that you don't want the instructions followed. If you want to change anything in an advance directive once you have completed it, you should complete a whole new document.

## **What happens in the case of an emergency?**

Bring your advance directive with you when seeking medical care. Advance directives are legally valid throughout the United States. Generally, Pennsylvania laws require hospitals, nursing homes, and other healthcare providers to follow your written instructions if you are unable to make healthcare decisions and are either near death or permanently unconscious. However, state law requires healthcare providers to give life-sustaining treatment to incompetent pregnant women in some circumstances. Additionally, state law permits doctors and other healthcare providers to choose not to follow your living will, or the requests of your healthcare agent, if they believe it would be morally wrong to do so. Emergency medical personnel will not follow written instructions. Emergency medical personnel may use all available means to keep you alive until you are transported to another healthcare provider.

## **Share your advance directive with the home health team**

Upon admission, you will be asked if you have an advance directive. If you do not have one but wish to have further information, the nurse will refer you to the appropriate resource. You will be provided with information about Advance Directives and asked to sign a Client Consent form which acknowledges your receipt of the information.

If you have advance directives, the home health team will request a copy of the advance directive and/or durable power of attorney.

Main Line Health HomeCare & Hospice will inform all appropriate staff of the existence of the advance directive, including a living will or designation of surrogate decision maker. All employees will respect the advance directive. It will be noted on your plan of care that you have advance directives or that you are requesting not to be resuscitated (DNR).

Our staff will honor the request after obtaining a signed doctor's order. In the case of an emergency, however, when it is not possible to contact the doctor before acting, if you verbalize that you want something other than that which is indicated on the advance directive, the Main Line Health HomeCare & Hospice employee will follow good judgment and abide by your immediate wishes.

If you are discharged or transferred to another organization, the existence of any advance directive will be communicated to that agency.

You may revoke or change an advance directive at any time. Your doctor should be contacted so that new orders can be written, or old orders destroyed. You should notify everyone who has a copy of the Advance Directive of the change, including Main Line Health HomeCare & Hospice.

In the event that an ethical issue arises in regard to decisions made about your care, Main Line Health HomeCare & Hospice will consult with you, employees involved in your care, family members, and the referring doctor, and if necessary, the Ethics Committee.

If an employee cannot honor the advance directive, due to his/her own conscience and ethical standard, the employee will be removed from the case and another employee will be assigned. In the event that Main Line Health HomeCare & Hospice cannot honor your desires, due to ethical concerns, Main Line Health HomeCare & Hospice will discuss this openly with you, and assist you in transferring to another home health care agency, with whom the same conflict does not exist.

An Advance Directive form, approved for use in the state of Pennsylvania, can be found at the back of this guide to your care.

For additional information about Advance Care Planning please visit the Main Line Health web site at: <https://www.mainlinehealth.org/patient-services/advance-care-planning>.

# Prevent the spread of infection

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## Hand hygiene

### Why clean your hands?

Cleaning your hands is the easiest and most effective way of preventing the spread of infection.

### When should you clean your hands?

Clean your hands frequently:

- Before making or eating food
- Before touching your eyes, nose, or mouth
- After blowing your nose, coughing, or sneezing
- After touching soiled laundry
- Before and after changing, and touching wound dressings or sharps such as needles
- After touching any type of equipment or after touching surfaces such as bed rails, bedside tables, doorknobs, remote controls, or the phone
- After using the bathroom

Family members or caregivers must also clean their hands before and after providing your care. Ask your loved ones and visitors to clean their hands.

### How should I clean my hands?

With an alcohol-based hand sanitizer:

- Put the product on hands and rub hands together.
- Cover all surfaces of your hands until the hands feel dry.
- This should take around 20 seconds.

With soap and water:

- Wet your hands with warm water. Use liquid soap if possible. Apply a nickel –or quarter-sized amount of soap to your hands.
- Rub your hands together until the soap forms a lather and then rub all over the top of your hands, in between your fingers and the area around and under the fingernails.
- Continue rubbing your hands for at least 20 seconds. Need a timer? Imagine singing the “Happy Birthday” song twice.
- Rinse your hands well under running water.
- Dry your hands using a paper towel if possible. Then use your paper towel to turn off the faucet and to open the door if needed.

## **Speak up for your safety**

Clean your own hands and ask those around you to do the same.

Main Line Health HomeCare & Hospice staff use proper hand hygiene techniques, including the routine use of an alcohol-based hand rub before, during, and after caring for you. Staff will wash their hands with soap and water any time their hands become visibly dirty or soiled with blood or other body fluids.

Staff wear gloves when providing treatments or procedures when there is a possibility of contact with blood or body fluids. Hand hygiene is performed between glove changes.

If Main Line Health HomeCare & Hospice staff do not use proper hand hygiene, please ask them to do so. Ask your healthcare provider questions, such as:

“I didn’t see you clean your hands when you came in, would you mind cleaning them again before you examine me?”

“I’m worried about the spread of germs. Will you please clean your hands once more before you start my treatment?”

If they do not do this, please notify the home care manager.

Adapted from <https://www.cdc.gov/handhygiene/patients/index.html>

## **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. It may prevent those around you from getting sick.
- 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.

## **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.

## **Get shots to avoid disease and prevent the spread of infection**

- Make sure that your vaccinations are current—even for adults. Check with your doctor about shots you may need.

## **Get the flu vaccine**

Influenza is a serious disease that can lead to hospitalization and sometimes death. Every flu season is different, and influenza infection can affect people differently. During a regular flu season, about 90 percent of flu related deaths occur in people 65 years and older.

### **What is flu?**

- The flu is a respiratory illness caused by the influenza virus. It can be spread or passed on to other people.
- The flu most commonly occurs during the months of October through May each year.
- The usual symptoms of the flu are fever, chills, cough, and muscle aches which can last from a few days to a week.
- While the flu usually causes mild to severe illness, complications from the flu such as pneumonia may develop. At times, the flu or complications from the flu may lead to death.

### **How is the flu spread?**

- The flu virus is spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby.
- Less often, a person might also get flu by touching a surface or object that has flu virus on it and then touching their own mouth, eyes or nose.

- You may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick.

### **How can I prevent the flu?**

- The best way to prevent the flu is to get the flu shot each year. You can also help to stop the spread of germs by covering your cough and washing your hands.

### **What is the flu vaccine?**

- Flu shots are given to adults by injecting the vaccine into the muscle of the upper arm.
- The injected flu vaccine is made from either killed viruses or no flu virus so there is no chance that you can get the flu from the vaccine.
- The killed viruses included in the vaccine change from year to year.
- The vaccine begins to work about 2 weeks after you get it and lasts an average of several months.

### **Who should get the flu vaccine?**

- Everyone 6 months and older should get a flu vaccine every season with rare exceptions.
- Vaccination is especially important for people who are at higher risk of serious complications from the flu:
  - people 65 years and older
  - people of any age with certain chronic medical conditions (such as asthma, diabetes, or heart disease)
  - pregnant people
  - children younger than 5 years, but especially those younger than 2 years old

### **Who should talk with a doctor before getting a seasonal flu vaccine?**

- Some people should not get or should wait before getting inactivated flu vaccine.
- Tell your doctor and your home health nurse if you have had a severe reaction after a previous dose of influenza vaccine.
- Talk to your doctor and your home health nurse if you have an allergy to eggs or if you are allergic to any of the ingredients in the vaccine.
- Tell your doctor and your home health nurse if you ever had Guillain-Barré Syndrome (a severe paralyzing illness, also called GBS). You may be able to get the vaccine, but your doctor should help you make the decision.
- If you are not feeling well, talk to your doctor or home health nurse.

## **Will I have side effects of the flu vaccine?**

- Side effects of the flu vaccine may include soreness, redness, tenderness or swelling where the shot was given. Low-grade fever, headache, and muscle aches may also occur.
- Serious allergic reactions to flu vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after getting the vaccination. While these reactions can be life-threatening, effective treatments are available.

Main Line Health HomeCare & Hospice offers the flu vaccine to clients receiving home health services every year. Please let your nurse know if you would like to receive a flu shot or want further information on fighting the flu.

All Main Line Health employees are required to receive the flu vaccine annually unless there is a medical contraindication or religious exemption.

Adapted from <http://www.cdc.gov/flu/protect/keyfacts.htm>;  
[https://www.jointcommission.org/topics/speak\\_up\\_infection\\_control.aspx](https://www.jointcommission.org/topics/speak_up_infection_control.aspx)

## **Get the pneumococcal (pneumonia) vaccine**

### **What is pneumococcal disease?**

- Pneumococcal disease is caused by bacteria and can lead to serious infection of the lungs, blood, or brain. It is the leading cause of vaccine-preventable illness and death in the United States.

### **How can I prevent pneumococcal disease?**

- The best way is by getting the pneumococcal vaccine. Your doctor can guide you with which vaccines are best for you. There are two kinds of pneumococcal vaccines available:
  - Pneumococcal conjugate vaccines (PCV13, PCV15, and PCV20)
  - Pneumococcal polysaccharide vaccine (PPSV23)

## **The COVID-19 vaccine- Is it right for you?**

Vaccination is a personal decision and, like any decision you make about your health, you should understand the risks and benefits of choosing to be vaccinated. Main Line Health encourages you to get vaccinated for your safety, as well as the safety of your loved ones and the community.

### **What is COVID-19?**

- Coronavirus disease (COVID-19) is an infectious disease caused by a coronavirus. Most people infected with COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

### **Can I get COVID-19 from the vaccine?**

- No, you cannot. The COVID-19 vaccines do not contain any live virus. Rather, they help our bodies develop immunity to the virus by creating antibodies that fight against the virus.

### **Will I get side effects from the vaccine?**

- Some people may experience side effects from the vaccine. The side effects are a sign that your immune system is working with the vaccine, as intended. Side effects can include pain and swelling in the arm, fever, chills, headaches, and fatigue.

### **Where can I get the vaccine?**

- Many local pharmacies are administering the COVID-19 vaccination without charge and without an appointment. Vaccine administration is available in the home through a variety of community organizations depending on where you live.

Please visit the Pennsylvania Department of Health and the CDC's websites for up-to-date resources for COVID including vaccines.

- Pennsylvania Department of Health: <https://www.pa.gov/guides/get-vaccinated>
- Centers for Disease Control and Prevention: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

You can also call the Pennsylvania Department of Health directly at 877-724-3258.

# **Disposing of sharps and other contaminated items**

You can help prevent injury, illness, and pollution by following some simple steps when you dispose of the sharp objects and contaminated materials you use in meeting your health care needs. Please ask your nurse if you have any question about disposal of the sharp objects and contaminated materials used in your health care at home.

## **Sharp object disposal**

Sharps objects include lancets, needles, syringes, scissors, knives, staples, glass tubes or bottles, IV catheters, razor blades, and disposable razors that can injure trash handlers and others. Be sure that you keep all containers with sharp objects out of reach of children and pets.

Sharps should be disposed of in the following manner:

- Place sharps in a hard plastic or metal container with a screw-on or tightly secured lid that you may find in your household. You may also purchase containers specifically designed for the disposal of medical waste sharps.
  - Do not use glass or clear plastic containers.
  - Do not put sharp objects in any container you plan to recycle or return to a store.
- Seal the container with heavy duty tape and place in the trashcan or dispose of according to area regulations.
- Never overfill the containers or recap needles once used.
- Containers with sharps are not recyclable.

## **Other contaminated item disposal**

Contaminated materials include items such as soiled bandages or dressings, medical gloves, catheters, plastic tubing, disposable adult briefs, and disposable sheets or under pads that can spread infection to others and harm the environment if not disposed of properly.

Soiled bandages, disposable sheets or pads, medical gloves, and any other contaminated disposable items should be disposed of in the following manner:

- Place items in a plastic bag. Fasten the bag securely.
- Dispose of bag in a lined trash can with your other trash.
- If the trash can is not lined, contaminated items should be double bagged prior to being placed in the trash.

Your state or community environment programs may have other requirements or suggestions for disposing of your medical waste.

# Setting up your home safely

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Your safety is our focus at Main Line Health HomeCare & Hospice. The home health team will assess your needs and make suggestions for setting up a safe living space.

It is important that you and your caregiver participate in finding and solving safety concerns. Everyone needs to take special care to ensure a safe home. Most accidents in the home can be prevented.

## General home safety tips

- Post emergency phone numbers by each telephone or in a central place.
- Always keep outside doors locked .
- Ask to see ID or name tags before letting strangers into your home. If you are alone, ask them to come back when a caregiver or friend is with you.
- Keep valuables out of sight.
- Do not accept telephone and television offers. If it sounds too good to be true, it probably is.

## Kitchen safety

- Keep food and kitchen items you use often at an easy to reach height.
- Store heavy pots at waist height or close to the floor.
- Keep knives in a knife rack or drawer.
- Use potholders when removing hot items from the stove. Handles should be turned away from the edge of the stove.
- Avoid wearing clothing with loose sleeves when cooking. Keep curtains and other materials away from the stove and other flame areas.
- Turn off kitchen appliances such as your stove or oven when they are not being used.
- Operate your microwave oven only when food is in it.
- Turn on exhaust fans when cooking.
- Keep electrical appliances away from the kitchen sink.

- Harmful cleaners and chemicals must be out of the reach of children and or anyone with memory issues.
- Keep a fire extinguisher handy. Make sure you and your family know how to use it.

## **Bathroom safety**

- Always check the water temperature before entering the bath or shower.
- Use easy to handle liquid soap instead of bar soap.
- Keep electric appliances (radio, TV, or heater) away from the sink, bathtub, or shower.
- Make sure that assistive devices such as walkers or canes can be moved and turned within the bathroom.
- Install a toilet seat extension to raise the seat, if suggested.
- Purchase a tub bench and a hand-held showerhead, if suggested.

## **Bedroom safety**

- Portable toilets can be kept by the bedside to avoid trips to the bathroom.
- Do not smoke in bed.

## **Basement safety**

- Always use correct size fuses.
- Gasoline, paints, solvents, and other flammable liquids should be stored out of living areas and away from heaters, furnaces, water heaters, ranges, and other gas appliances or open flames.
- Turn water heater temperature down to 115°F to prevent accidental serious burns.

# Tips to prevent falls

- For safe footing, avoid the use of patterned, dark or deep-piled carpeting.
- If you drop something, pick it up with an extended-reach grip device.
- Keep wires and cords behind furniture and close to the wall. Do not put cords under carpets.
- Keep a flashlight near your bed where you can reach it. Consider using Velcro™ to attach it to the nightstand or headboard.
- Avoid pajamas or robes that are too long.
- Avoid walking barefoot. Wear properly fitted, non-skid footwear.
- If your feet swell, buy shoes in the afternoon to prevent buying shoes that are too tight.
- To prevent dizziness, rise slowly after lying down or sitting; ask for assistance as needed.
- Keep porches, driveways, and walkways brightly lit.
- Sprinkle rock salt or clay-type kitty litter on slippery sidewalks to give better traction.
- Light switches should be at both ends of the hall, and at the top and bottom of stairs.
- Place night lights around the house, not just in the bathroom or hallway.
- Equip bathtubs and showers with non-skid mats and adhesive strips to prevent slipping.
- Install grab bars in the bathroom.
- Keep throw rugs down with double-sided tape or consider removing them.
- Be sure furniture is sturdy and won't topple easily.
- Avoid any furniture that has rollers.
- Make sure that chairs, stools, sofas, and beds are at the right height. You should be able to sit comfortably with your feet flat on the floor.
- Beware of coffee tables and footstools. They can be tripping hazards.

- Handrails should be on both sides of the stairways for support.
- Place a phone where you can easily reach it while in bed.
- A cordless or cellular phone can be carried from room to room in an apron pocket or a fanny pack.
- To avoid rushing when the phone rings, consider installing phones in more than one room.
- Get regular eye exams and keep your glasses clean.
- While walking, do not wear glasses that are meant for reading.
- As we age, our eyes are slower to adapt from light to dark. Turn the light on before entering a room.
- Have your ears checked regularly. Ears play an important role in helping with balance.
- Ask your doctor or pharmacist if any of your medications affect balance or coordination.
- Avoid alcoholic beverages while on medication.
- Consider keeping pets in designated areas at night. This can prevent pets from becoming tripping hazards.
- Be careful of toys or other clutter lying in your path.
- Put your walker or cane where you won't fall over them.
- Do not use step stools if you have any balance problems.
- Add high-contrast, non-skid tape to the edge of non-carpeted stairs.
- Consider a bedside commode or urinal to limit trips to the bathroom.

## Weapons safety

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For your safety and the safety of our staff we require that you and your caregiver securely store all weapons out of sight while our staff are in the home. If weapons are visible or not secured safely during the home visit, staff will step outside of your home while you or your caregiver safely secure them. The safety of our staff and patients is of utmost importance. If you are unable to comply with this policy, we will notify your physician and discharge you from the care of Main Line Health HomeCare & Hospice.

## Pet safety

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Main Line Health HomeCare & Hospice understands that pets play an important role in enhancing your well-being and quality of life.

These tips can help you enjoy your pets safely:

- Know where your pets are before walking. Pets can easily get under foot and cause a fall.
- Cover your medical supplies in a drawer, in a sealed bag, or in a sealed container. This can keep your supplies free from pet dander, hair, or germs. Pets can carry germs that cause infection or prevent healing.
- Medicine should be kept away your pets.
- Keep pets away from oxygen tubing, air mattresses, or other equipment tubing to prevent equipment damage. Pets can chew these items which are a hazard to you and your pet.
- For the safety of you, your pets, and our staff, we ask that your pets be placed in another room during our home health visits.
- Having home care staff in your home can often frighten pets. This can cause pets to act differently.
- Pets can become upset and try to protect you by biting staff.
- Pets may also be curious about your care or medical supplies. This puts you at risk for infection.

# Fire safety

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Many Americans are injured or die every year in home fires. The best way to protect yourself and your home from fire is to remove fire hazards. Planning is the best way to avoid harm or loss of your home. Always have working smoke detectors and an escape plan.

Follow these safety tips to reduce your risk of serious injury or death from home fire:

- Keep electrical appliances and cords clean and in good condition. Throw out frayed or damaged electrical cords.
- By overloading extension cords or electrical outlets, you may put yourself at risk. Limit the number of plugs. Use safety caps to cover unused outlets.
- Do not smoke. If you or your loved one is not able to quit smoking, ask a home care team member about ways to quit smoking.
- If you or another member of your home continues to smoke:
  - Always smoke outside.
  - Never smoke in bed, when drowsy, or when oxygen is in use.
  - Use deep, large ashtrays.
  - Never leave smoking materials unattended.
  - Never throw out smoking materials that are still hot or burning.
- Install a smoke detector on each level of your home; especially outside of bedrooms. Smoke detectors save lives.
- Check smoke detectors monthly. Keep smoke detectors dust free. Change smoke detector batteries when you change your clocks for daylight savings time.
- Wear fireproof clothing and bed linens. Avoid flammable personal care and household products (oil, grease, petroleum, or aerosol products).
- Have a fire escape plan which includes at least 2 ways out of the home from each room. Keep the fire escape plan posted where everyone can see it and practice it at least twice a year. If you live in an apartment building, know where to find the emergency exit.
- Make sure you have easy access to a telephone in the event of fire. Notify the fire department if you or a family member has a disability that prevents your ability to leave.
- Remove piles of papers or other items as they can become a fuel source for fires.

# Oxygen safety

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Oxygen is a medicine ordered by your doctor. Oxygen is safe when used properly. Oxygen does not burn or explode, but it will cause a fire to burn faster.

Unsafe practices when using oxygen puts you, your family and caregivers, your neighbors, and other nearby buildings at risk for fire and serious harm or death.

To reduce the risk of fire or other injury, use caution when using home oxygen:

- Never smoke (including e-cigarettes) when using your oxygen. Do not allow smoking in the home, even when the oxygen is turned off.
- Place an “Oxygen in Use- No Smoking or Open Flames” sign on the door leading into your home.
- Keep flames, sparks, and materials that can easily catch fire away from oxygen equipment. Never allow an open flame such as a burning candle or lit fireplace in the same room.
- Never allow an open flame such as a burning candle or lit fireplace in the same room.
- Gas stovetop or oven should not be used while wearing oxygen.
- Keep gas and electric equipment at least 10 feet away from the oxygen source.
- Space heaters in the home should never be near oxygen or any flammable materials such as papers or blankets.
- Never place your oxygen equipment near curtains or cover them with clothing or other objects. This will limit air movement and increase the oxygen concentration.
- Avoid using oil, grease, petroleum, or aerosols on or around your oxygen equipment or tubing.
- Use water-based lubricants such as Surgilube to moisten your lips or nostrils. Do not use oil-based products such as petroleum jelly (Vaseline).
- Turn off your oxygen when you aren’t using it.
- Set flow rate for only the number of liters ordered by your doctor.
- Always be aware of the amount of oxygen in your tank.
- Arrange equipment to avoid tripping, especially at night.
- Keep children and pets away from oxygen equipment and tubing.

- Use the shortest oxygen tubing possible. This helps reduce the risk of tripping, the tubes becoming unattached, and the system not working.
- Keep oxygen tubing clear and straight so the oxygen can flow properly.
- Make sure that the oxygen equipment alarm can be heard from everywhere in your home.
- Register with your local electric company if you have electrically powered equipment such as oxygen, Bi-PAP, or mechanical ventilator to assist with breathing.
- Notify your local fire department that you have home oxygen.
- Keep the name and phone number of your oxygen provider easily available. Call them for any equipment problems or for replacement equipment as soon as you notice the need.
- Make sure there are working smoke alarms in your home.
- Have a fire evacuation plan.
- Keep a back-up supply of oxygen readily available and easy to reach. Know how to set up and use it.

## **Safe oxygen storage**

### **Oxygen tanks**

If you have compressed gas or liquid oxygen tanks, know how to store your oxygen equipment properly:

- It is best to store oxygen tanks in an upright position, with sides supported, in a dry location.
- Secure tanks in crate, cart, or rack so they cannot be knocked over or fall.
- If compressed gas cylinders cannot be safely stored upright, lay them down to prevent them from falling over.
- Be sure to secure them so they cannot roll.
- Liquid oxygen units must always be stored upright.
- Store oxygen tanks in a well-ventilated area away from sources of fire, heat, or items that can make a spark. Keep open space around the tanks. Never store the tanks in enclosed places such as under beds, behind the bed, in closets, in car trunks, or in a garage.
- Never store oxygen tanks near heat or extreme cold, or in direct sunlight.

- Keep oxygen tanks at least 10 feet from: Gas or electric cook top or oven, gas furnace, water heater, kerosene heater, electric space heater, paint thinner, gasoline or kerosene, any source of open flame/ spark such as a lighter, electric hair dryer, electric razor, or open flame.
- When moving a tank of oxygen in the car, have it in its carrier lying down, or secure it with a seat belt. Traveling with loose tanks in a car or truck is dangerous.
- Always open a car or truck window when traveling with oxygen.
- Keep the amount of oxygen you carry in the car to a minimum. Avoid transporting large tanks of oxygen in your car.
- Open the tank valve by hand and turn it slowly. Do not use a wrench or other tool to loosen or tighten the cylinder valve.

### **Oxygen concentrator**

- Plug the concentrator into a grounded electrical outlet. Nothing else should be used in the same outlet. Do not use an extension cord.
- Always keep at least 6 inches of open space around the concentrator.
- Do not restrict the airflow around the concentrator.
- Concentrators should not be kept in a closet, behind drapes, behind the bed, in a garage or near a source of heat or extreme cold.
- Do not use the concentrator as a table or place items on top of it.
- Keep the concentrator at least 10 feet away from any open flames.
- Clean the concentrator as instructed by your equipment provider, nurse, or therapist.
- Have backup oxygen tanks available and know how attach and use them.
- If an electric power failure happens, unplug the concentrator to avoid an electric spark when power is restored and switch to a portable tank.

Name and Number of Oxygen Company: \_\_\_\_\_.

Call this number for new supplies or concerns about your equipment.

# Prevent carbon monoxide poisoning

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## What is carbon monoxide?

Carbon monoxide is an odorless, colorless gas that can cause sudden illness and death.

## Where is carbon monoxide found?

Carbon monoxide is found in fumes produced when fuel is burned by cars and trucks, small gasoline engines, stoves, lanterns, burning charcoal and wood, gas ranges, grills, fireplaces, and heating systems. Carbon monoxide can be dangerous in enclosed or semi-enclosed spaces because the amount becomes too high. People and animals in these spaces can be poisoned by breathing it.

## What are the symptoms of carbon monoxide poisoning?

The most common symptoms of carbon monoxide poisoning are often described as “flu like” symptoms. Some examples are headache, dizziness, weakness, nausea, vomiting, chest pain, and confusion. High levels of carbon monoxide inhalation can cause passing out and death. Unless suspected, carbon monoxide poisoning can be difficult to diagnose because the symptoms are like other illnesses. People who are sleeping or drunk can die from carbon monoxide poisoning before ever noticing symptoms.

## How does carbon monoxide poisoning work?

Red blood cells pick up carbon monoxide more quickly than they pick up oxygen. If there is a lot of carbon monoxide in the air, the body replaces oxygen in blood with carbon monoxide. This blocks oxygen from getting into the body and can damage tissues and cause death.

## Tips to prevent carbon monoxide poisoning:

- Have your heating system, water heater and any other gas, oil, or coal burning appliances serviced by a qualified technician every year.
- Install a battery-operated carbon monoxide detector in your home and check or replace the battery when you change the time on your clocks each spring and fall.
- If the detector sounds, leave your home immediately and call 911.
- Quickly seek medical attention if you think you have carbon monoxide poisoning and are feeling dizzy, light-headed, or feel sick in your stomach.
- Never use a generator, charcoal grill, camp stove, or other gasoline or charcoal-burning device inside your home, basement, or garage or near a window.
- Never run a car or truck inside a garage attached to your house, even if you leave the door open.
- Never burn anything in a stove or fireplace that isn't vented.
- Do NOT heat your house with a gas oven.

Adapted from CDC's "Carbon Monoxide Poisoning" <http://www.cdc.gov/co/faqs.htm>

# Manage your medicines safely

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When used properly, medicines are very helpful in treating symptoms and illnesses. If used carelessly, medicines can be dangerous. They can lead to poisoning or even death.

Medicines include herbal medicine, vitamins, over-the-counter drugs (those you can buy without a prescription), and prescription drugs (chosen by your doctor and sold by a pharmacist). Before you use any medicine, your doctor, nurse, or pharmacist should be told if you ever had an allergic or unusual reaction to any medicine or food.

## Be sure you understand:

- The medicine's name. Know the brand and generic name for each medicine.
- Why you take it.
- How much medicine you should take and how you should take it.
- Side effects or symptoms you should report to your doctor.
- If your medicines are safe to take with your other medicine. Check if there are any foods or drink that you cannot have if taking the medicine.
- Any tests you should have while taking the medicine.
- Activities you should avoid while taking certain medicines.

## Follow directions:

- Follow dosage directions exactly.
- Do not stop taking your medicine unless your doctor tells you to.
- Do not skip or cut doses of your medicine to save money. Talk to your healthcare provider, as other choices may be available to you.
- Do not take other people's medicines.
- Do not share your medicine with anyone. Your medicines are ordered especially for you.
- Do not take over-the-counter medicine unless they are approved by your doctor.
- Follow any special safety measures.
- Double check that you have the right medicine before taking it. Verify the name of the medicine, dosage, and time.

## **Store your medicines safely**

- Turn on a light when taking any drug at night so you can read the label.
- Store medicine away from heat, moisture, and direct sunlight.
- Keep all medicine away from children and pets. If children are in the home, use bottles with childproof caps.
- Keep the Poison Control Center phone number (1-800-222-1222) in your cell phone and with all caregivers.
- Avoid storing your medicine in the bathroom cabinet.
- Never place different medicines in the same bottle.

## **Other helpful medicine tips**

- Have all your medicines available for your nurse and therapist to review on every home visit.
- Tell the home health team if your doctor made any changes to the medicine you take or if you started taking any over the counter medicine, including vitamins or herbal supplements.
- Tell the home health team if you stopped taking any medicine that was ordered by your doctor or if you stopped taking any over the counter medicine including vitamins or herbal supplements.
- When your doctor makes changes to your medicines, update your list.
- Always keep your medicine list with you. Always take your medicine list to your doctor appointments. Include prescriptions, vitamins, herbals, and over the counter medications.
- Know your medication allergies and always tell them to your healthcare providers.
- Write down and ask your doctor or nurse any questions you have about your medicines. To show you understand medicine instruction, repeat the information back to your healthcare provider.
- Use one pharmacy for all your prescriptions so the pharmacist can track any potential interactions.
- When picking up a prescription read the label and make sure it is correct.
- Ask for an easy open container childproof containers are hard to open.

- Renew medicine on a timely basis. Do not wait until all the medicines are gone before reordering.
- Check the expiration date of all your medicines. Discard old, unused, or discontinued medicine.
- When traveling, keep your medicine with you. Do not put them in your luggage.
- Carry your doctors' name and phone number with you.
- Pay attention to how you are feeling. Know what to expect if your medicine is working correctly. Notify your healthcare provider if you react differently from what is expected.

## Develop a medicine management system

Set up a system to help you take your medicines correctly. If needed, have someone help you.

Examples of medication management systems include using a daily log or calendar to keep track of the time, amount, type, and dosage of medication that you take.

Here are a few ways to make a medication chart:

- **Basic medicine chart:** On a large sheet of paper, write down what medicines to take and what times to take them. Also note how the medicine should be taken.
- **Color-coded chart:** You can color code your medication containers, using colored markers, pens, pencils, etc. to help identify your medicine.
- **Check-off chart:** List your medicines for each day of the week. Write down what times each day to take them. Cross out the time when you take the medicine.

If you need more information about how to take medicines, please talk to with your home health nurse.

# Proper disposal of prescription drugs

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Knowing how to use and safely destroy prescription medicines is important. When a medicine is no longer needed, your home health care nurse will explain how you can safely destroy the medicine. It is important for medicines to be destroyed by you or your family member when they are no longer needed. Read the printed directions that come with your medicine to find out how it should be disposed.

With your permission, home health personnel can help you with proper disposal of unused medicine that you no longer take by disposing of the medicine in the presence of a witness in your home. The nurse will document the date, name, and amount of each medicine, how the medicine was disposed of, name of the person giving permission for the disposal, and the name of the person who witnessed the disposal of the medicine. You will be asked to review and sign the disposal record. The nurse may not remove unused medicine from your home.

The following are Federal guidelines on destroying medicines in the home:

## **Give unused medicine to authorized collectors for disposal:**

You or your caregiver should remove expired, unwanted, or unused medicines from your home as quickly as possible to help reduce the chance that others may accidentally take or intentionally misuse the unneeded medicine.

Medicine take-back programs are a good way to safely dispose of most types of unneeded medicines. Some communities have medicine take-back programs or community solid-waste programs that allow the public to bring unused medicines to a central location for proper disposal.

Another option for you to dispose of unneeded medicines is to give unused medicines to collectors registered with the DEA. Authorized collection sites may be retail pharmacies, hospital or clinic pharmacies, and law enforcement locations. Some sites may also offer mail-back programs or collection receptacles, sometimes called “drop-boxes,” to assist you in safely disposing of your unused medicines.

You can visit the DEA’s website for more information about drug disposal, National Prescription Drug Take-Back Day events, and to locate a DEA-authorized collector in their area ([https://www.deadiversion.usdoj.gov/drug\\_disposal/index.html](https://www.deadiversion.usdoj.gov/drug_disposal/index.html)). You may also call the DEA Office of Diversion Control’s Registration Call Center at 1-800-882-9539 to find an authorized collector in your community.

## **Disposal in the household trash:**

If no medicine take-back programs or DEA-authorized collectors are available, and there are no specific disposal instructions on the label, such as flushing, you can also follow these simple steps to dispose of most medicines in the household trash:

- Take unused, unneeded, or expired prescription drugs out of their original bottles or containers;

- Mix medicines (do not crush tablets or capsules) with an unpleasant substance such as dirt, kitty litter, or used coffee grounds;
- Place the mixture in a container such as a sealed plastic bag or an empty can or jug with a lid;
- Throw the container in your household trash;
- Scratch out all personal information on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable, then dispose of the container.

*\*Consumers are advised to check their local laws and ordinances to make sure medicines can legally be disposed of with their household trash.*

### **Flushing of certain medicines:**

A small number of medicines may be especially harmful and, in some cases, fatal with just one dose if they are used by someone other than the person for whom the medicine was prescribed. To prevent someone else, including pets, from accidentally touching or taking your medicine, these medicines should be disposed of quickly through a medicine take-back program or by transferring them to a DEA-authorized collector. If these disposal options are not readily available, it is recommended that these medicines be flushed down the toilet as soon as they are no longer needed. The fentanyl patch is an example of a product that contains a powerful opioid medicine that can be dangerous to people it's not prescribed for. This adhesive patch delivers a strong pain medicine through the skin. Even after a patch is used, a lot of the medicine remains. That's why the drug comes with instructions to flush used or leftover patches. Do not flush medications unless they are on the flush list.

### **List of medicines recommended for disposal by flushing**

This list from FDA tells you which medicines you should flush down toilet when they are no longer needed, and when a medicine take-back program is not available, to help prevent danger to people and pets in the home. Flushing these medicines will get rid of them right away and help keep your family and pets safe.

<b>Any drug that contains the following words:</b>	<b>Found in brand names</b>
Buprenorphine	Belbuca, Bunavail, Butrans. Suboxone. Subutex, Zubsolv
Fentanyl	Abstral, Actiq, Duragesic, Fentora, Onsolis
Diazepam rectal gel	Diastat, Diastat AcuDial rectal gel
Hydrocodone or benzhydrocodone	Apadaz, Hysingla ER, Norco, Reprexain, Vicodin, Vicodin HP, Vicoprofen, Zohydra ER

Hydromorphone	Dilaudid, Exalgo
Meperidine	Demerol
Methadone	Dolophine, Methadose
Methylphenidate transdermal system	Daytrana
Morphine	Arymo ER, Avinza, Embeda, Kadian. Morphabond ER, MS Contin, Oramorph SR
Oxycodone	Codoxy, Combunox, Oxaydo (formally Oxecta), Oxycet, Oxycontin, Percocet, Percodan, Roxicet, Roxicodone, Roxilox, Roxybond, Targiniq ER, Troxyca ER, Tylox, Xartemis R, Xtampza ER
Oxymorphone	Opana, Opana ER
Tapentadol	Nucynta, Nucynta ER
Sodium Oxybate	Xyrem, Xywav

FDA believes that the known risk of harm, including death, to humans from accidental exposure to the medicines listed above, especially potent opioid medicines, far outweighs any potential risk to human or the environment from flushing these medicines. FDA will continue to conduct risk assessments as a part of its larger activities related to safe use of medicines.

For disposal information specific to another medicine you are taking please visit [Drugs@FDA](mailto:Drugs@FDA). Once there, type in the medicine name and click on search. Then click on the label section for that specific medicine. Select the most recent label and search for the tea, “disposal”.

# Pain management

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At Main Line Health HomeCare & Hospice, we show special concern for your comfort. We know that pain that is not managed well can negatively impact your recovery, quality of life, and other aspects of your well-being. Managing your pain is an important part of your treatment plan.

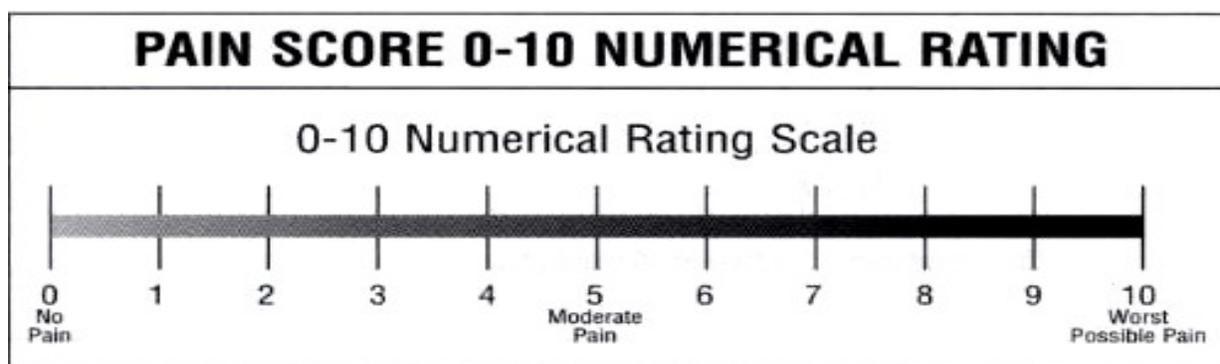
There are many kinds of pain. Pain can be caused by injury, surgery, or your illness. It is important to tell your home health team about your pain.

## Speak up for your comfort

The home health team members will ask you about your pain. Be sure to tell them about your pain, even if they don't ask you. Your home health team members will ask you to rate how bad your pain feels using pain scales. Most commonly, they will ask you to rate your pain on a scale of 0 to 10 with 10 being your worst pain. They may also use other pain scales that use words, faces, or pictures.

## Commonly used pain scales

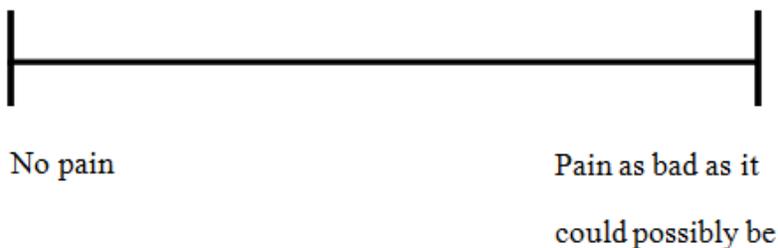
The **Numeric pain scale** is a simple measure of pain. You will be asked to rate your pain level at a specific time. The scale is from 0 to 10, where 0 is no pain and 10 is the worst pain imaginable.



The **Verbal descriptor pain scale** is another pain assessment tool that uses descriptive words rather than numbers to allow you to describe your pain. You will be asked to describe your pain as:

No pain- Mild pain- Moderate pain- Severe pain- Very severe- Worst possible pain

The **Visual analogue pain scale** is a 10 cm line with “No pain” at one end and “Pain as bad as it could possibly be” at the other end. Place a mark on this line to show your level of pain.



The **Wong-Baker faces pain scale** is suggested for children or those who are unable to speak. Six faces showing expressions from a smile to sobbing are listed with simple pain descriptions. Choose which face and level best describes your pain.

### Wong-Baker FACES® Pain Rating Scale



The home health team may also ask you other questions such as:

- Where you have pain
- What the pain feels like
- How long the pain lasts and how often it occurs
- What makes it better and what makes it worse
- How the pain affects your movement, activities, and quality of life.

It is important to share this information with the home health team, so they can work with your doctor in determining the best way to manage your pain. The more we know about your pain, the better we can treat it.

## Managing your pain

There are many ways to manage your pain. There are medicines that can be used to relieve pain. There are also other ways to treat pain without using medicines. Your doctor and the home health team will work together to find ways that will best control your pain.

Medications that relieve pain include acetaminophen, aspirin, nonsteroidal anti-inflammatory drugs, and opioid analgesics. Nonsteroidal anti-inflammatory drugs include medications such as ibuprofen or naproxen. Opioid analgesics include medications such as oxycodone, hydromorphone, morphine or fentanyl. These medications are available in various forms including pills, liquid, suppositories, and skin patches. Other medications that may be used to control pain include antidepressants, anticonvulsant agents, or steroids.

It is important to take your pain medicine on a regular schedule as ordered by your doctor.

Be sure to tell the home health team about all your pain medicines, even if you only take them for a short time. List all your pain medicines, including those prescribed by your doctor and those that you buy over the counter.

## Easing your pain

- Stay ahead of the pain. Take pain medicine as soon as the pain starts. Waiting too long to take the medicine will make the pain harder to manage.
- Take pain medicine as instructed by your doctor and the home health team. Many medicines are taken around the clock on a set schedule.
- Take breakthrough (“as needed”) pain relief medicine when needed and as instructed.
- Write down the exact time when a dose of the medicine is given. This will make it easier to remember how long it's been since the last dose of medicine was given.
- Call the agency any time of the day or night for uncontrolled pain.
- Ask about other ways to relieve your pain such as distraction, relaxation, massage, hypnosis, or use of heat or cold, physical therapy or exercise, or electric nerve stimulation.

## Common questions related to pain management

### Will I become addicted to pain medicine?

This is a common concern. However, many studies show that most people with serious or chronic illness who take narcotics to relieve their pain do not become addicted.

### Will my pain medicine stop working if I take it for a long time?

This is called tolerance. If tolerance develops and medicines become less effective, the dosage of the medicine may be increased. Narcotics have no limit on how much can be taken safely, if there are no other medicines combined with the narcotics like acetaminophen and if the increase is gradual. The home health nurse will work with your doctor if you need an increase in dose or another medicine.

### Will narcotics stop my breathing?

Narcotics relieve pain without stopping or slowing your breathing when started with a low dose and gradually increased as needed for comfort. In fact, narcotics such as morphine may ease breathing difficulties in illnesses such as heart failure and COPD.

## Common side effects of pain medication

Pain medicine like narcotics (opiates) may also cause side effects. Not all people get side effects and some people may feel different side effects than others. Most side effects will go away after a few days, but others may need to be treated.

The most common side effects of opiates are:

**Constipation-** the most common side effect from using narcotics is difficulty moving the bowels. The best way to prevent constipation is to drink a lot of water and juice and other liquids and to eat more fruits and vegetables if you can. The doctor may also order a laxative whenever a person is taking an opiate medicine.

**Sleepiness-** This is another side effect that can happen when you first start taking strong pain medicine. There is usually less sleepiness as your body gets used to the medicine. Tell your nurse if this is still a problem after a few days.

**Upset stomach-** This side effect usually goes away after the first few days of starting the pain medicine. Tell your nurse if you have an upset stomach or nausea because there is another kind of medicine your doctor may order to relieve that feeling.

## **Resources for additional assistance**

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### **Federal and state-funded entities:**

#### **Agency on Aging**

Chester County Aging Services  
601 Westtown Road, Suite 130  
West Chester, PA 19380-0990  
610.344.6350  
<http://chesco.org/135/Aging>

Delaware County Office of Services for the Aging  
1510 Chester Pike Suite 200  
Eddystone, PA 19022  
610.490.1300  
<http://www.delcosa.org/>

Montgomery County Senior Services  
1430 DeKalb Street 2<sup>nd</sup> Floor  
Norristown PA 19404  
610.278.3601  
<https://www.montcopa.org/148/Aging-Adult-Services>

Philadelphia Corporation for Aging  
642 North Broad Street  
Philadelphia, PA 19130-3424  
215.765.9000  
<http://www.pcacares.org/>

#### **Centers for Independent Living**

Freedom Valley Disability Enablement (Chester, Delaware, Montgomery County)  
3607 Chapel Rd, Suite B  
Newtown Square, PA 19073  
610.353.6640  
<http://www.livingwell.org>

Chester County Housing Voucher Program  
610.436.9200  
<http://www.chesterha.org>

Delaware County Housing Authority  
1855 Constitution Avenue  
Woodlyn, PA  
19094  
610.876.2521  
[www.DCHA1.org](http://www.DCHA1.org)

Montgomery County Housing Authority  
610.275.5720  
<http://www.montcoha.org>

Liberty Resources Inc.  
112 N 8th St, Suite 600  
Philadelphia, PA 19102  
<http://libertyresources.org/aboutus/contact-us/>

Philadelphia Housing Authority  
215.684.4000  
<http://pha.phila.gov/housing/housing-choice-voucher.aspx>

## **Protection and Advocacy for Individuals with Disabilities**

Protective Services - State Hotline  
1.800.490.8505

Chester County Department of Aging  
601 Westtown Road, Suite 130  
Government Services Center  
West Chester, PA 19380  
1.800.564.7000  
[www.chesco.org](http://www.chesco.org)

Mental Health/Intellectual & Developmental Disabilities  
601 Westtown Road, Suite 340  
West Chester, PA 19380-0990  
610.344.6265  
<http://www.chesco.org/615/Mental-HealthIntellectual-Dev-Disability>

Delaware County Adult Protective Services  
1510 Chester Pike Suite 250  
Eddystone, PA 19022  
610.490.1300 or 1.800.416.4504  
<http://www.delcopa.gov/departments/cosa.html>

Delaware County Children's Advocacy Center (DCCAC)  
Eddystone Office/ Sexual Abuse Office: 610.447.1000  
Upper Darby (Main Office): 610.713.2000  
<http://cacofde.org>

Montgomery County Adult Protective Services  
Human Services Center  
1430 DeKalb Street 2<sup>nd</sup> floor  
Norristown, PA 19404  
1.800.734.2002  
<https://www.montcopa.org/148/Aging-Adult-Services>

Child Advocacy Center of Montgomery County  
PO Box 413  
Blue Bell, PA 19422-0413  
484.687.2990  
[www.missionkidscac.org](http://www.missionkidscac.org)

Philadelphia County Protective Services PCA  
642 N. Broad St.  
Philadelphia, PA 19130  
1.215.765.9040  
[www.pcacares.org](http://www.pcacares.org)

Veteran Multi Service Center  
213-217 N 4th St  
Philadelphia, PA 19106  
215.923.1163  
<https://vmcenter.org/>

Disability Rights Pennsylvania  
1800 JFK Boulevard Suite 900  
Philadelphia, PA 19103  
215.238.8079  
<http://disabilityrightspa.org/>

## **Aging and Disability Resource Centers**

Carelink- connects persons with disabilities and seniors to a wide array of supports and services in their community  
1.800.753.8827  
Website: [carelink.pa.gov](http://carelink.pa.gov)

Eldercare Locator- nation-wide service offering information and referrals for any location in U.S.  
1.877.677.1116  
<https://eldercare.acl.gov/Public/Index.aspx>

JEVS at Home  
9350 Ashton Road Suite 102  
Philadelphia PA 19114  
267.298.1668  
<https://jevsathome.org/>

JEVS Human Services  
1845 Walnut St 7th Floor  
Philadelphia, PA  
215.854.1800  
<https://www.jevshumanservices.org/programs/>

PA Link to Aging and Disability Resource Center  
Toll Free Helpline: 1.800.753.8827  
<http://www.aging.pa.gov/local-resources/pa-link/Pages/default.aspx>

## **Quality Improvement Organization**

Beneficiary and Family Centered Care (BFCC)-QIO  
Livanta LLC  
BFCC-QIO  
10820 Guilford Road, Suite 202  
Annapolis Junction, MD 20701-1105  
866.815.5440  
<http://www.BFCCQIOAREA1.com>

## **Other resources to consider**

APPRISE (free health insurance counseling program designed to help older Pennsylvanians with Medicare)  
1.800.783.7067  
<http://www.aging.pa.gov>

Main Line Health Senior Care Line  
484.580.1234  
[mlhseniors@mlhs.org](mailto:mlhseniors@mlhs.org)  
<https://www.mainlinehealth.org/specialties/senior-services>

Home delivered meals:

Chester County  
610.430.8500

Delaware County  
610.566.4211

Montgomery County  
610.278.3601

Philadelphia County  
215.765.9040

Transportation assistance:

Chester County  
484.696.3854/877.873.8415

Delaware County  
610.490.3960

Montgomery County  
215.742.7433

Philadelphia County  
215.580.7145

# **Additional Main Line Health HomeCare & Hospice services**

Main Line Health HomeCare & Hospice is committed to providing you with a full range of home care services necessary to maintain your independence and comfort at home.

## **Hospice services**

When faced with advanced illness, it may be difficult to know where to turn for help. Main Line Health Hospice is committed to providing support and care for adults in the late phases of progressive illness so that they may live as fully and comfortably as possible. Our hospice care includes an array of comprehensive services designed to meet the unique needs of clients who are facing life limiting illness and their families:

- Skilled nursing care
- Medical social services
- Spiritual counseling
- Physical, Occupational, and Speech therapies
- Dietary Counseling
- Hospice aides
- Volunteers
- Medications related to the life limiting illness
- Durable medical equipment and medical supplies
- Short term inpatient care for symptom management or respite care
- Bereavement support for adults and for children

Main Line Health Hospice services are provided to people with any serious, progressive or life limiting illness. In most cases, care is provided in the home. Hospice care can also be provided in a nursing home, assisted living facility, personal care home, or in the hospital setting. Support is provided by an interdisciplinary team of hospice caregivers that provide the most advanced therapies, medications, emotional and spiritual support, personal care and companionship services, and palliative care for pain control and management of other symptoms.

## **Home-Based Palliative Care Practice**

The Home-Based Palliative Care Practice offers consultative and collaborative specialty care to support patients with serious illnesses, including patients who are undergoing treatment. It focuses on providing patients with relief from the symptoms, pain and stresses associated with serious illness. It also supports family members and caregivers who provide care to their loved ones.

The goal is to improve overall quality of life for patients, families and caregivers while empowering informed decision making, promote independence, improve quality of life, and avoid unnecessary hospitalization.

Our team members include:

- Nurse Practitioners who will assess any symptoms, order tests, prescribe medications, order special equipment, discuss goals of care and help with guidance of medical choices.
- Medical Social Workers who assist you with social and emotional factors related to your medical condition. They provide support and short-term counseling services to promote effective care and help remove problems which keep you from meeting your health care goals and needs.
- Pastoral Counselors who provide support to you and your family with full respect for individual values and beliefs.

## Email communication

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Main Line Health HomeCare & Hospice believes that communication with clients and family members is an important part of providing superior service and care. If you or your caregiver has an interest in communicating with us using email, please talk with your nurse or therapist.

Main Line Health HomeCare & Hospice recognizes that technology is changing, as well as the needs of our clients and families about email communication. To balance communication needs with maintaining the integrity of protected health information (PHI), we request that you sign the disclosure and consent for use of email consent form found at the back of this “Guide to Your Care” booklet. This consent outlines the security of email communication if you or your family member chooses to communicate with us using email.

## Patient & family satisfaction

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Our mission at Main Line Health HomeCare & Hospice is to provide our clients with the highest quality health care possible. To accomplish this, we need to know what we are doing right and what needs improvement. We are taking part in a national survey to provide the Centers for Medicare and Medicaid Services with information about the quality of health care delivered to people in their homes.

You may receive a client survey at the completion of your care. The questionnaire asks for your opinions about the home health care you received. By sharing your thoughts and feelings, you can help us improve the care we provide. We hope that you will take a few minutes to complete and return the questionnaire.

Your participation in the survey is voluntary and will not affect any health care or benefits you receive. All information you give in the survey will be held in confidence and is protected by the Privacy Act. Your answers to the survey will be grouped with answers from all other survey participants. Your name and identifying information will not be linked to your answers when the data are analyzed. The results from the survey may be shared with leaders from the agency to improve care.

# Client consent form

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- 1. Treatment authorization:** In the knowledge that my state of health requires the services of Main Line Health (MLH) HomeCare & Hospice, I voluntarily consent and agree to actively participate in such services as assessments, treatments, personal care, and therapeutic exercises prescribed by my doctor and rendered by Nurses, Physical Therapists, Occupational Therapists, Speech Pathologists, Nutritionists, Social Workers, and Home Health Aides. I understand that MLH HomeCare & Hospice may terminate services at my request, request of doctor and/or the decision of MLH HomeCare & Hospice.
- 2. Release of information:** I authorize Main Line Health HomeCare & Hospice to furnish information from my medical records to third party payers, regulatory and accrediting agencies, billing services, case utilization, and managed care review companies and to all other agencies, institutions, or individuals providing health or social services to me. Consent is also given for release of information to MLH HomeCare & Hospice by any insurer and all other agencies, institutions, or individuals from whom I have received medical or social services. This authorization does not apply to information specifically protected by state or federal laws or regulations.
- 3. Assignment of insurance benefits to Main Line Health HomeCare & Hospice:** I certify that the information given by me in applying for payment through my insurance is correct. I hereby authorize payment of healthcare benefits directly to Main Line Health HomeCare & Hospice for services provided during my treatment. In making this assignment, I understand and agree that I may be financially responsible to MLH HomeCare & Hospice for charges not paid under my insurance policy(ies). I permit a copy of this authorization to be used in place of the original.
- 4. Authorization to pursue grievance:** I authorize Main Line Health HomeCare & Hospice to file appeals/grievances with my insurance company, third party payors, case utilization, and managed care review organizations which may be necessary to challenge denials of authorization or payment for a healthcare service. I understand that I may revoke this authorization allowing MLH HomeCare & Hospice to pursue grievances on my behalf at any time during the grievance process, by providing written notice to MLH HomeCare & Hospice. Finally, I understand that if MLH HomeCare & Hospice files a grievance to challenge denials of authorization or payment for healthcare services on my behalf, I will not be able to file a separate grievance on the same grounds.
- 5. Bill of rights and responsibilities:** I hereby acknowledge receipt and understanding of the Client's bill of rights and responsibilities as a statement of my rights as a client of Main Line Health HomeCare & Hospice.

***(Note: Consent Form continues on next page)***



# Client bill of rights

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Main Line Health HomeCare & Hospice promotes and protects your rights as a client. We believe every person should be treated with dignity and respect. You may exercise your rights at any time while under our care. You may also have a family member or representative exercise these rights if you are unable to do so.

You have the right to:

1. Receive written information and be fully informed of all your rights and responsibilities before your care begins.
2. Receive services without regard to race, color, creed, national origin, religion, ancestry, age, disability, and sex (including pregnancy, gender identity, gender expression, and sexual orientation).
3. Have your property and person (including cultural, spiritual and personal values, beliefs, and preferences) treated with respect at all times.
4. Receive care that respects your personal privacy.
5. Be free from verbal, mental, sexual, and physical abuse (including injuries of unknown source), neglect, and theft or stealing of property.
6. Receive information necessary to give informed consent prior to the start of your care or prior to any technical task or procedure including the how it may help you, any risks of the procedure, and who will perform the task or procedure.
7. Have communication needs met including access to assistive aids and language services, and to know how to access these services.
8. Receive a thorough assessment including evaluation of comfort, nutrition, and pain management.
9. Take part in and be informed about:
  - a. the results of all assessments and the care to be provided based on these assessments;
  - b. the plan of your care including starting and changing the plan for your care before the change is made;
  - c. who will be providing your care, what their roles are in your care, how often they will visit you, what type(s) of care each will provide;
  - d. your condition and understand your prognosis so that you are able to make informed decisions about your care;
  - e. the expected results of care including your identified goals, anticipated risks and benefits of care, and any factors that could affect treatment success.
10. Agree to or refuse assessments, care or treatments, or care plan changes in advance or at any time during the course of care.
11. Refuse care within the limits of the law and be informed of the consequences of your actions.
12. Request a change in caregiver without fear of reprisal or discrimination.
13. Receive all services outlined in the plan of care.
14. Make decisions about your medical care, including the use of advance directives.
15. Receive care without regard to whether you have or do not have an advance directive.
16. Be informed of our transfer and discharge policies.

17. Privacy and to have all of your records pertaining to your care treated in a confidential manner. Information concerning your care will not be released without your written consent or as required by law.
18. Be informed of our policies and charges for service, including eligibility for third party reimbursement and the extent to which payment may be required from you.
19. Be informed of the extent to which payment for Home Health Agency services may be expected from Medicare, Medicaid, or any other federally-funded or federal aid program.
20. Be informed of the charges for services that may not be covered by Medicare, Medicaid, or any other federally-funded or federal aid program.
21. Be informed of any charges you may have to pay for before care is initiated.
22. Be informed of any changes in your payment responsibility as soon as possible after we become aware of such changes in advance of the next home health visit or before the start of new or additional services that you might have payment responsibility for.
23. Receive written notice before service is provided if we believe care is not covered.
24. Receive written notice before service is reduced or ended.
25. Be informed of the names, addresses, telephone numbers federally-funded and state-funded entities that serve the area where you live.
26. Make complaints to us or to an outside entity regarding treatment or care that is or is not provided, or regarding any person providing services on our behalf that shows lack of respect for property and/or person without fear of reprisal or discrimination.
  - a. To lodge a complaint with us, call 484.580.1601. The Home Health Agency administrator name is: Susan Harrigan, 240 North Radnor Chester Road, Radnor, PA. 19087.
  - b. You may also communicate complaints or direct questions about our agency to the toll-free Pennsylvania Home Health Agency Hotline (1.800.254.5164). This service is available Monday through Friday from 8:30 AM to 4:30 PM. After hours, weekends and holidays a message may be left on an answering machine for a response the next working day.
27. Be informed about the results of your grievance or complaint.
28. Be informed of the availability of The Joint Commission as a resource for patient safety and quality concerns. Main Line Health HomeCare & Hospice encourages clients and their families to share concerns about patient safety and quality of care with the organization. If these concerns are not addressed, Main Line Health HomeCare & Hospice recommends that the organization's management be contacted. Concerns that cannot be resolved through this manner may be communicated to The Joint Commission in one of the following three ways:
  - Email at [www.jointcommission.org](http://www.jointcommission.org) using the "Report a Patient Safety Event" link in the "Action Center" on the home page of the website
  - By Fax to 630-792-5636
  - By mail to The Office of Quality and Patient Safety (OQPS), The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181
29. Choose whether or not to participate in research, investigations or experimental studies or clinical trials.

# Client responsibilities

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Main Line Health HomeCare & Hospice protects and promotes your rights as a client under its care. As a home health care patient or caregiver, you have the responsibility to:

- Give true and complete health information about:
  - Your past illnesses;
  - Hospital stays;
  - Medicine;
  - Allergies;
  - Present complaints;
  - Other related points.
- Inform your caregiver if you feel any risks and/or changes in your health status including any problems you may be having with the use of your medicines.
- Help in providing and keeping a safe and healthy environment.
- Let us know when you need to cancel a home health care visit.
- Share in the planning and decision-making about your medical care. This includes the use of advance directives.
- Follow your care plan and inform us of any concerns about your ability to follow the plan.
- Bring your medicine list with you to all health care settings and doctors.
- Accept possible poor results if you do not follow the care, treatment, and service plan.
- Ask questions about anything you do not understand.
- Let your caregiver know about any concerns or problems you are experiencing.
- Inform us of any changes you make in your health insurance coverage. Failure to notify us may result in services not being covered by your insurance. You will be billed for these services.
- Meet any financial duty agreed to with Main Line Health HomeCare & Hospice.
- Follow our rules and regulations including all policies intended to keep you, your caregivers, and our staff safe.
- Show respect and consideration for home care staff and property.

Please ask your nurse or therapist if you need further information about your rights or responsibilities as a home health care client.

# Statement of patient privacy rights for Medicare and Medicaid patients

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## Outcome and Assessment Information Set (OASIS)

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 Center for Medicare and Medicaid Services, the Federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare and 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 page 18 for contact Information. If you want a more detailed description of your privacy rights, see Privacy Act statement – Healthcare records.

# Privacy Act statement -Healthcare records

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**This statement gives you advice required by law (the Privacy Act of 1974).**

This statement is not a consent form. It will not be used to release or to use your health care information.

- I. **Authority for collection of your information, including your social security number, and whether or not you are required to provide information for this assessment.** Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

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

- II. **Principal purposes for which your information is intended to be used.**

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

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

### **III. Routine Uses**

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

1. the Federal Department of Justice for litigation involving the Center for Medicare and Medicaid Services;
2. contractors or consultants working for the Center for Medicare and Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity.
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 and 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. Peer Review Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care;
6. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

### **IV. Effect on you, if you do not provide information.**

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

NOTE: This statement may be included in the admission packet for all new home health agency admissions. Home Health agencies may request you or your representative to sign this statement to document that this statement was given to you. Your signature is NOT required. If you or your representative signs 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 and 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 (1-800-633-4227), toll free, for assistance in contacting the HHA OASIS System Manager. TTY for the hearing and speech impaired call 1-877-486-2048.

# Notice of privacy practices

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**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.**

## I. **Who We Are.**

This Notice describes the privacy practices of Main Line Health (MLH) which includes Bryn Mawr, Paoli, Riddle and Bryn Mawr Rehabilitation Hospitals, Lankenau Medical Center, Mirmont Treatment Center, Main Line Health Behavioral Health Services, Main Line HealthCare, Main Line Affiliates, and Main Line Health HomeCare & Hospice.

While treating you, our employees, volunteers, students and health care professionals affiliated with MLH follow this Notice. In addition, any person involved in your care, entities, sites and locations may share medical information about you with each other for treatment, payment or health care operations as described in this notice.

We are required by law to maintain the privacy of your health information and to provide you with this Notice.

## II. **Our Duties to Safeguard your Protected Health Information.**

Protected Health Information ("PHI") is any information related to your health care that is shared or maintained in any manner. It includes your insurance information as well. This Notice applies to all PHI generated by Main Line Health or any of its entities. Non-Main Line HealthCare physicians may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office.

This Notice will tell you about the ways in which we may use and disclose your PHI. We also describe your rights and certain obligations we have regarding the use and disclosure of your **PHI**.

We are required by law to:

- ▶ make sure that your PHI is kept private;
- ▶ give you this Notice of our legal duties and privacy practices related to your PHI; and,
- ▶ follow the terms of the Notice that is currently in effect.

## III. **How Main Line Health May Use and Disclose Medical Information About You - Treatment, Payment and Health Care Operations.**

Except in an emergency or other special situations, we will ask you to sign a general consent, as required by Pennsylvania law, so that we may use and disclose your PHI for the following purposes:

**Treatment.** We may use and disclose PHI about you in connection with your treatment, for example to diagnose you. In addition, we may contact you to remind you about appointments, give you instructions prior to tests or surgery, or inform you about treatment alternatives or other health related benefits or services. We may also disclose your PHI to other providers, doctors, nurses, technicians, medical students, hospital personnel or other health care facilities or entities for treatment, care coordination or quality improvement activities. We will communicate this PHI using phone, fax, two-way radio or electronic

transfer.

**Payment.** We may use and disclose your PHI to obtain payment for services we provide to you. For example, we may contact your insurance company to pay for the services you receive, to verify that your insurer will pay for the services, to coordinate benefits, or to collect any outstanding accounts.

**Health Care Operations.** We may use and disclose your PHI for health care operations which include: activities related to evaluating treatment effectiveness, teaching and learning purposes, evaluating the quality of our services, investigating complaints related to service, fundraising activities and marketing activities.

**Other Health Care Providers.** We may also disclose your PHI to other health care providers when such PHI is required for them to treat you, receive payment for services you receive or conduct certain health care operations. For example, we will share your PHI with an ambulance company so the ambulance company can be reimbursed for transporting you to the hospital.

**Health Information Exchange.** A health information exchange ("HIE") is a network that allows HIE participants to share patients' PHI for treatment, payment and healthcare operations purposes and other lawful purposes to the extent permitted by law ("Permitted Purposes"). HIEs make it possible for us to electronically share patients' PHI to coordinate their care, obtain billing information, and participate in quality improvement, public health and population health initiatives, among other things. Participants in the HIE may be healthcare providers, their billing companies, insurers, health plans, and accountable care organizations ("Participants"). Note that sensitive information (such as information relating to mental health, drug and alcohol treatment, HIV status and sexually transmitted diseases) may be contained in the documents accessed through the HIE.

MLH participates in various HIEs from time to time solely for the Permitted Purposes, including Health Share Exchange of Southeastern Pennsylvania ("HSX"). More information on HSX can be found on its website: <http://www.hsxsepa.org>.

**Opting Out of HIEs.** You may opt out of participating in all of the HIEs MLH participates in by contacting the MLH Privacy Office or by going to this link and completing the opt out form: [www.mainlinehealth.org/about/policies/opt-out-of-electronic-transmittal-of-protected-health-information](http://www.mainlinehealth.org/about/policies/opt-out-of-electronic-transmittal-of-protected-health-information). You may also opt out of the HSX HIE directly on the HSX website by completing the HSX Opt Out form at: [www.healthshareexchange.org/patient-options-opt-out-back](http://www.healthshareexchange.org/patient-options-opt-out-back).

#### IV. **Other Uses and Disclosures of Your PHI for which Authorization is Not Required.**

**Hospital Directory.** Inpatients are automatically listed in our hospital directory. The directory includes your name, room number, general health condition and religious affiliation. Unless you disagree or object, information in the directory may be disclosed to anyone who asks for you by name or to clergy members of your religious affiliation.

**Disclosure to Relatives and Close Friends.** We may disclose your PHI to a family member, other relative, a close personal friend or any other person if we: 1) obtain your agreement; 2) provide you with the opportunity to object to the disclosure; or, 3) we can reasonably infer that you do not object to the disclosure.

**Incapacity or Emergency Circumstances.** If you are not present, or the opportunity to

agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure to relatives and/or close friends is in your best interest. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement with your health care.

**Fundraising.** We may contact you to request a contribution to support important activities of Main Line Health or its entities. In connection with any fundraising, we may use and disclose your demographic information as well as the dates on which you received health care services, the department where you received your services, your treating physician and outcome information related to your care. If you do not want to receive any fundraising requests, you may contact us at: [www.mainlinehealth.org/optout](http://www.mainlinehealth.org/optout) or:

Main Line Health Development  
Office 240 N. Radnor Chester Road  
Radnor, PA 19087

**Public Health Activities.** We may disclose your PHI for public health activities including the following:

- ▶ Reporting births or deaths
- ▶ To prevent or control disease, injury or disability
- ▶ To report child abuse or neglect
- ▶ To report reactions to medications or problems with products
- ▶ To notify individuals who may have been exposed to a disease or may be at risk for contracting a disease or condition
- ▶ Reporting PHI to your employer as required by laws addressing work-related illnesses and injuries or workplace medical surveillance

**Victims of Abuse, Neglect or Domestic Violence.** If we reasonably believe you are a victim of abuse, neglect or domestic violence, in accordance with current Pennsylvania law, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

**Health Oversight Activities.** We may disclose your PHI to a health oversight agency that is responsible to ensure compliance with rules of government health programs such as Medicare and Medicaid. These oversight activities include, for example, audits, investigations, inspections and licensure.

**Legal Proceedings and Law Enforcement.** We may disclose your PHI in response to a court order, subpoena, or other lawful process.

**Deceased Persons.** We may release PHI to a coroner or medical examiner authorized by law to receive such information.

**Organ and Tissue Donation.** We may disclose your PHI to organizations that obtain organs or tissues for banking and/or transplantation.

**Public Safety.** We may use or disclose your PHI to prevent or lessen a serious or imminent

threat to the safety of a person or the public.

**Research.** Usually, we will ask for your permission or authorization before using your PHI for research purposes. However, we may use and disclose your PHI without your authorization if Main Line Hospital's or another qualified Institutional Review Board (IRB) has waived the authorization requirement. An IRB is a committee that oversees and approves research involving human subjects.

**Disaster Relief Efforts.** We may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Military, National Defense and Security.** We may release your PHI if required for military, national defense and security and other special government functions.

**Workers' Compensation.** We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Communications from Us.** We may use or disclose your PHI to identify health-related services and products that may be beneficial to your health, such as notification of a new physician and/or additional products and services, and then contact you about those products and services. If you do not wish to receive information of this type, please contact us at [www.mainlinehealth.org/optout](http://www.mainlinehealth.org/optout) or:

Main Line Health Marketing Office  
240 N. Radnor Chester Road  
Radnor, PA 19087

**As Required by Law.** We may use and disclose your PHI when required to do so by any other laws not already referenced above.

## V. **Uses and Disclosures Requiring Your Specific Authorization.**

**Highly Confidential Information.** Federal and State laws require special privacy protections for certain highly confidential information about you. This includes PHI that is: 1) maintained in psychotherapy notes; 2) documentation related to mental health or developmental disabilities services; 3) drug and alcohol abuse, prevention, treatment and referral information; and, 4) information related to HIV status, testing and treatment as well as any information related to the treatment or diagnosis of sexually transmitted diseases. Generally, we must obtain your authorization to release this type of PHI. However, there are limited circumstances under the law when this type of PHI may be released without your consent. For example, certain sexually transmitted diseases must be reported to the Department of Health.

**Other Uses or Disclosures Not Described in this Notice.** Other uses and disclosures of PHI not covered by this Notice or permitted under the laws that apply to us will be made only with your written permission. Except as permitted under this Notice or as permitted by law, we will seek your written permission prior to using or sharing your information for marketing purposes or selling your information. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain a record of the

care that we provided to you.

## VI. **Your Rights Regarding Medical Information About You.**

You have the following rights regarding PHI we maintain about you:

**Right to Obtain.** You have the right to request your PHI, excluding psychotherapy notes, in a hard-copy or electronic format, if we maintain the PHI in an electronic format. You may be charged a fee for the costs of copying, mailing or other supplies associated with your request. Instructions on how to request your PHI are at: <https://www.mainlinehealth.org/patient-services/medical-records>.

**Right to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care, excluding psychotherapy notes. Instructions on how to request your PHI are at: <https://www.mainlinehealth.org/patient-services/medical-records>.

We may deny your request to inspect and copy in certain very limited circumstances. You may request a professional review of the denial. If you request a review, then we will designate another MLH licensed health care professional to review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** You have the right to request that we amend the PHI we keep about you in your medical and billing records. Instructions on how to request an amendment to your PHI are at: <https://www.mainlinehealth.org/patient-services/medical-records>.

We will ask your provider(s) to review amendment requests to the medical record. We may deny your request if we believe the information you wish to amend is accurate, current and complete without your requested amendment, or the PHI was not created by Main Line Health, or other special circumstances apply.

**Right to an Accounting of Disclosures.** You have the right to request a record of all disclosures of your **PHI**. We are not required to give you an accounting of information we have used or disclosed for treatment, payment or health care operations or information you authorized us to disclose.

To request this list or accounting of disclosures, you must submit your request in writing to:

Privacy Officer, Main Line Health  
Main Line Health Compliance  
Department  
3803 West Chester Pike Suite  
250 Newtown Square, PA  
19073 (610) 225-6206

Your request may cover any disclosures made in the six years prior to the date of your request.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. We are not required to agree to your request. If we agree to a restriction, we will abide by restrictions unless a disclosure is needed to provide you emergency treatment. If you request we not share your **PHI** with your medical insurer or other third party payer, we will honor your request provided you pay in full for the

health care item or service.

To request restrictions, you must make your request in writing to the appropriate Main Line Health office or department. In your request, you 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.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

To request confidential communications, you must make your request in writing to the appropriate Main Line Health office or department. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Revoke Your Authorization.** You may revoke your authorization for us to use and disclose your PHI at any time by submitting a request in writing to the appropriate office or department.

## VII. **Links and Interfaces to Third-Party Products and Services**

For convenience, we offer some digital services including MyChart patient portal and application programming interfaces ("Digital Services"). Some Digital Services can connect parts of your MLH electronic health record ("EMR") to some third-party mobile applications, websites, and online products and services ("Non-MLH Services"). If you connect to Non-MLH Services, those services can access and receive information from your EMR. We do not own or control the Non-MLH Services. Their access to your information is outside our Digital Services, even if you connect to them with your patient portal credentials.

Because we do not own or control the Non-MLH Services or the companies that operate them including any that are co-branded (defined below) with us ("Non-MLH Services and Companies"), we do not control and are not liable for (i) their content, products or services (ii) your use of them; (iii) anything they do or do not do, and your use of them is at your sole risk. We make NO representation, warranty or guaranty about the security and privacy of any data or information that you give to the Non-MLH Services and Companies or allow them to access, including your personal and electronic health record information. We have no obligation to update your information in Non-MLH Services unless you make a specific request.

The Non-MLH Services and Companies are not covered by this Notice of Privacy Practices or any other MLH policies. We have no control, responsibility or liability for any policies or practices of the Non-MLH Services and Companies. The provisions of this paragraph apply even if the Non-MLH Services and Companies help you manage your health or take and fulfill orders for products or services purchased from us or are co-branded with us, or both. Co-branded means that a product or service or content has both the name(s) of the Non-MLH Services and Companies and our name and logo.

If our Digital Services contain advertisements, still we make NO representation, Warranty or guaranty about the advertised products, content and services and we have no responsibility or liability for any of them.

You are not required to connect to any Non-MLH Services and Companies, even if co-branded or advertised. Before you decide to connect to Non-MLH Services and Companies, review their privacy policies, terms and conditions of use and anything else you think is important to ensure you are satisfied with them and their protection of the privacy and

security of your personal and medical information.

VIII. **Changes to This Notice.**

We reserve the right to change this Notice. Revised Notices will be posted in appropriate locations and on-line at <http://www.mainlinehealth.org/>. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. A copy of the current Notice is available upon request.

IX. **Complaints.**

If you believe your privacy rights have been violated, you may file a complaint, in writing, with the Main Line Health Privacy Officer at:

Privacy Officer, Main Line Health  
Main Line Health Compliance  
Department  
3803 West Chester Pike Suite  
250 Newtown Square, PA  
19073 (610) 225-6206

You may also wish to file a complaint with the Office for Civil Rights of the U. S. Department of Health and Human Services. The Privacy Officer can supply the correct address for the Office for Civil Rights.

**We will not penalize you if you file a complaint.**

X. **Breach Notification.**

We will notify you in the event of a breach (as defined by HIPAA) of your PHI.

This Notice is effective: April 14, 2003

Updated: 5/11, 7/13, 7/14, 10/16, 12/16, 10/17, 1/18, 10/18, 4/21, 6/22, 10/23

# Nondiscrimination and availability of services notice

## Discrimination is Against the Law

Main Line Health complies with applicable Federal civil rights laws and does not discriminate or exclude people on the basis of race, religion, color, national origin, ancestry, age, disability, sex, parental status, political affiliation, military service or relationship status.

Main Line Health:

- ▶ Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters;
- ▶ Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Main Line Health Patient Advocacy at 484-337-2662.

If you believe that Main Line Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Main Line Health  
130 S. Bryn Mawr Avenue  
Bryn Mawr, PA 19010  
Phone: 484 337-2662 Fax: 484-337-2013  
Email: [MLHPatientRelations@mlhs.org](mailto:MLHPatientRelations@mlhs.org)

If you need help filing a grievance, Main Line Health Patient Advocacy is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <http://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human  
Services; 200 Independence  
Avenue, SW  
Room 509F, HHH Building; Washington,  
DC 20201 1-800-368-1019 1-800-537-  
7697 (TDD)  
Complaint forms are available at:  
<http://www.hhs.gov/ocr/office/file/index.html>

**ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call: 1-484-337-2662 (TTY: 1-800-654-5984 or 7-1-1).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-484-337-2662 (TTY: 1-844-308-9291 ó 7-1-1).

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-484-337-2662 (TTY: 1-800-654-5984, 7-1-1)。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-484-337-2662 (TTY: 1-800-654-5984 hoặc là 7-1-1).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-484-337-2662 (телетайп: 1-800-654-5984 или же 7-1-1).

**Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-484-337-2662 (TTY: 1-800-654-5984 adder 7-1-1).**

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-484-337-2662 (TTY: 1-800-654-5984 or 7-1-1)번으로 전화해 주십시오.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-484-337-2662 (TTY: 1-800-654-5984 o 7-1-1)

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-484-337-2662 (رقم هاتف الصم والبكم: 1-800-654-5984 أو 7-1-1).

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-484-337-2662 (ATS: 1-800-654-5984 ou 7-1-1)

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-484-337-2662 (TTY: 1-800-654-5984 oder 7-1-1).

**સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-484-337-2662 (TTY: 1-800-654-5984 અથવા 7-1-1).

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-484-337-2662 (TTY: 1-800-654-5984 albo 7-1-1).

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-484-337-2662 (TTY: 1-800-654-5984 oubyen 7-1-1).

**ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់បំរើអ្នក។ ចុះ ទូរស័ព្ទ 1-484-337-2662 (TTY: 1-800-654-5984 ឬ 7-1-1)។

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-484-337-2662 (TTY: 1-800-654-5984 ou 7-1-1).



## Durable Health Care Power of Attorney

I \_\_\_\_\_, of \_\_\_\_\_ County, Pennsylvania, appoint the person named below to be my health care agent to make health and personal care decisions for me.

Effective immediately and continuously until my death or revocation by a writing signed by me or someone authorized to make health care treatment decisions for me, I authorize all health care providers or other covered entities to disclose to my health care agent, upon my agent's request, any information, oral or written, regarding my physical or mental health, including, but not limited to, medical and hospital records and what is otherwise private, privileged, protected or personal health information, such as health information as defined and described in the Health Insurance Portability and Accountability Act of 1996 (Public Law 104—191, 110 Stat. 1936), the regulations promulgated thereunder and any other State or local laws and rules. Information disclosed by a health care provider or other covered entity may be redisclosed and may no longer be subject to the privacy rules provided by 45 C.F.R. Pt. 164.

The remainder of this document will take effect when and only when I lack the ability to understand, make or communicate a choice regarding a health or personal care decision as verified by my attending physician. My health care agent may not delegate the authority to make decisions.

My health care agent has all of the following powers subject to the health care treatment instructions that follow in Part III (cross out any powers you do not want to give your health care agent):

- 1 To authorize, withhold or withdraw medical care and surgical procedures.
- 2 To authorize, withhold or withdraw nutrition (food) or hydration (water) medically supplied by tube through my nose, stomach, intestines, arteries or veins.
- 3 To authorize my admission to or discharge from a medical, nursing, residential or similar facility and to make agreements for my care and health insurance for my care, including hospice and/or palliative care.
- 4 To hire and fire medical, social service and other support personnel responsible for my care.
- 5 To take any legal action necessary to do what I have directed.
- 6 To request that a physician responsible for my care issue a do-not-resuscitate (DNR) order, including an out-of-hospital DNR order, and sign any required documents and consents.

## Appointment of Health Care Agent

I appoint the following health care agent:

Health Care Agent (Name and relationship): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail \_\_\_\_\_

If you do not name a health care agent, health care providers will ask your family or an adult who knows your preferences and values for help in determining your wishes for treatment. Note that you may not appoint your doctor or other health care provider as your health care agent unless related to you by blood, marriage or adoption.

If my health care agent is not readily available or if my health care agent is my spouse and an action for divorce is filed by either of us after the date of this document, I appoint the person or persons named below in the order named. (It is helpful, but not required, to name alternative health care agents.)

First Alternative Health Care Agent (name and relationship): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail: \_\_\_\_\_

Second Alternative Health Care Agent (name and relationship): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Guidance for Health Care Agent Goals

If I have an end-stage medical condition or other extreme irreversible medical condition, my goals in making medical decisions are as follows (insert your personal priorities such as comfort, care, preservation of mental function, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order to help understand what you want from medical treatment, place your initials in the box which reflects your values. Remember that these are used only to help inform your physician and guide your Health Care Agent in making health care decision if you are not able to communicate your wishes:

If I am in these situations:	I want to continue living like this	I'm not sure	I do not want to live like this
Cannot understand what I read or cannot carry on a conversation due to dementia or brain injury.			
Need to stay in a nursing home for the rest of my life.			
Need somebody to take care of me (bathing, feeding, using the bathroom, and getting dressed) for the rest of my life.			
Can't go outside on my own for the rest of my life.			

## Severe Brain Damage or Brain Disease

If I should suffer from severe and irreversible brain damage or brain disease with no realistic hope of significant recovery, I would consider such a condition intolerable and the application of aggressive medical care to be burdensome. I therefore request that my health care agent respond to any intervening (other and separate) life threatening conditions in the same manner as directed for an end-stage medical condition or state of permanent unconsciousness as I have indicated below.

Initials I agree \_\_\_\_\_

Initials I disagree \_\_\_\_\_

## Health Care Treatment Instructions in the Event of End-Stage Medical Condition or Permanent Unconsciousness (Living Will)

The following health care treatment instructions exercise my right to make my own health care decisions. These instructions are intended to provide clear and convincing evidence of my wishes to be followed when I lack the capacity to understand, make or communicate my treatment decisions:

If I have an end-stage medical condition (which will result in my death, despite the introduction or continuation of medical treatment) or am permanently unconscious such as an irreversible coma or an irreversible vegetative state and there is no realistic hope of significant recovery, all of the following apply (cross out any treatment instructions with which you do not agree):

1. I direct that I be given health care treatment to relieve pain or provide comfort even if such treatment might shorten my life, suppress my appetite or my breathing, or be habit forming.
2. I direct that all life-prolonging procedures be withheld or withdrawn.
3. I specifically do not want any of the following as life prolonging procedures: (If you wish to receive any of these treatments, write "I do want" after the treatment)

heart-lung resuscitation (CPR) \_\_\_\_\_  
mechanical ventilator (breathing machine) \_\_\_\_\_  
dialysis (kidney machine) \_\_\_\_\_  
surgery \_\_\_\_\_  
chemotherapy \_\_\_\_\_  
radiation treatment \_\_\_\_\_  
antibiotics \_\_\_\_\_

Please indicate whether you want nutrition (food) or hydration (water) medically supplied by a tube into your nose, stomach, intestine, arteries, or veins if you have an end-stage medical condition or are permanently unconscious and there is no realistic hope of significant recovery. (Initial only one statement).

### Tube Feedings

\_\_\_\_\_ I want tube feedings to be given

### No Tube Feedings

\_\_\_\_\_ I do not want tube feedings to be given.

**Health Care Agent's Use of Instructions  
(Initial one option only)**

\_\_\_\_\_ My health care agent must follow these instructions.

**OR**

\_\_\_\_\_ These instructions are only guidance. My health care agent shall have final say and may override any of my instructions. (Indicate any exceptions)

\_\_\_\_\_  
\_\_\_\_\_

If I did not appoint a health care agent, these instructions shall be followed.

**Legal Protection**

Pennsylvania law protects my health care agent and health care providers from any legal liability for their good faith actions in following my wishes as expressed in this form or in complying with my health care agent's direction. On behalf of myself, my executors and heirs, I further hold my health care agent and my health care providers harmless and indemnify them against any claim for their good faith actions in recognizing my health care agent's authority or in following my treatment instructions.

**Organ Donation (Initial one option only)**

\_\_\_\_\_ I consent to donate my organs and tissues at the time of my death for the purpose of transplant, medical study or education. (Insert any limitations you desire on donation of specific organs or tissues or uses for donation of organs and tissues.)

\_\_\_\_\_  
\_\_\_\_\_

**OR**

\_\_\_\_\_ I do not consent to donate my organs or tissues at the time of my death.

**Signature**

Having carefully read this document, I have signed it this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, revoking all previous health care powers of attorney and health care treatment instructions.

\_\_\_\_\_  
(Sign full name here for health care power of attorney and health care treatment instructions.)

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

Two witnesses at least 18 years of age are required by Pennsylvania law and should witness your signature in each other's presence. A person who signs this document on behalf of and at the direction of a principal may not be witness. (It is preferable if the witnesses are not your heirs, nor your creditors, nor employed by any of your health care providers.)

## Notarization (optional)

(Notarization of document is not required by Pennsylvania law, but if the document is both witnessed and notarized, it is more likely to be honored by the laws of some other states.)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared the aforesaid declarant and principal, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

In witness whereof, I have hereunto set my hand and affixed my official seal in the County of \_\_\_\_\_ State of \_\_\_\_\_ the day and year first above written.

\_\_\_\_\_



## Disclosure and consent for use of email

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I request and permit the staff of Main Line Health HomeCare & Hospice to communicate information to the individuals identified below. I understand that such emails may contain confidential medical information and may not be encrypted and the security of the emails cannot be guaranteed. I also understand the emails may contain incomplete, inaccurate or incorrect information and that they may be inadvertently sent to the wrong address. In addition, while I understand it is the intent of Main Line Health HomeCare & Hospice staff to email information which is general in nature, it is possible that I would find this information distressing, possibly more so than would be the case if I learned this information in direct discussion with the staff. I am aware of the additional risks of transmitting information by email, including those listed below and have taken these risks into account in making this request and giving my permission of these emails.

- Emails can be circulated, forwarded, and stored in numerous paper and electronic files.
- Emails can immediately be broadcasted worldwide and be received by many intended and unintended recipients.
- Email is easier to falsify than handwritten or signed documents.
- Employers and on-line services have the right to archive and inspect emails transmitted through their systems.
- Email can be intercepted, altered, forwarded or used without authorization or detection.
- Email can introduce viruses into computer systems which cause damage to the computer or computer files.

**I have read and fully understand the risks associated with the use of email. I agree to hold harmless Main Line Health HomeCare & Hospice, their officers, directors, trustees, employees, agents, and affiliates for any damage that may occur as a result of these emails.**

\_\_\_\_\_  
Name and signature of patient or authorized representative      Date

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Signature of witness



## Notice of Medicare Non-Coverage

Patient name: \_\_\_\_\_ Patient number: \_\_\_\_\_

### Medicare Coverage of Your Current Home Health or Hospice(circle one) Services Will End on\_\_\_\_\_

Your provider and/or health plan determined that Medicare probably won't pay for your Home Health or Hospice (circle one) services after the above date. You may have to pay for any services you get after this date.

#### Your right to appeal this decision

- You have the right to appeal the decision to end Medicare coverage of your services. This means you'll get an independent medical review right away. Your services will continue during the appeal.
- If you choose to appeal, the independent reviewer will ask for your opinion. You don't have to prepare anything in writing, but you have the right to do so. The reviewer also will look at your medical records and/or other relevant information.
- Once you ask for an appeal, you'll get a notice with a detailed explanation about why your service coverage should end.
- If the independent reviewer agrees Medicare coverage for your services should end, neither Medicare nor your plan will pay for these services after the above date.
- If you stop services by the above date, you'll avoid financial liability.

#### How to ask for an immediate appeal

- Ask for the appeal as soon as possible. **You must ask for a timely appeal no later than noon of the day before the above date.**
- Make your request to your Quality Improvement Organization (QIO). A QIO is the independent reviewer authorized by Medicare.
- **If you miss the deadline** to ask for an immediate appeal, you may still have appeal rights.
- Call your QIO at (Livanta) **1-888-396-4646 [TTY 1-888-985-2660]** to appeal, or if you have questions.

#### What happens next

- The QIO will let you know its decision as soon as possible, generally no later than two days after the effective date above. If you're in a Medicare health plan, the QIO generally will let you know its decision by the effective date above.

- Call your QIO at **(Livanta)1-888-396-4646 [TTY 1-888-985-2660]** to learn more.

**Additional information (optional):**

**Sign below to show you received and understand this notice.**

I've been notified that coverage of my services will end on the date on this notice, and that I can appeal this decision by contacting my QIO.

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date

You have the right to get your information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

**Patient Name:**

**Main Line Health HomeCare & Hospice  
240 Radnor Chester Road, Suite 100  
Radnor, PA 19087  
1-484-580-1601  
TTY: 1-800-654-5984**

**Patient Identification Number:**

**Home Health Change of Care Notice (HHCCN)**

**Your home health care is changing.**

Starting on \_\_\_\_\_, your home health agency will change the items/services listed below.

What items/services are changing?	Reason for change

**Why are you getting this notice?**

- Your doctor/provider changed (or didn't renew) the order for your home care.** The home health agency must follow doctor/provider orders to give you care. If you don't agree with this change, discuss it with your home health agency or the doctor/provider who orders your home care.
- Your home health agency decided to stop giving you the items/services for the reasons listed above.** If you think you still need home care, you can look for care from a different home health agency if you have a valid order. For help finding a different home health agency, contact the doctor/provider who ordered your home care. If you get care from a different home health agency, you can ask it to bill Medicare.

**Get help or more information**

If you have questions about these changes, contact your home health agency and/or the doctor/provider who orders your home care. You can't appeal to Medicare about payment for the items/services listed above unless you get the items/services, and a Medicare claim is filed.

**Optional details:**

**Sign below to show you understand this notice**

Return this signed notice to your home health agency in person or by mail to the address above.

- Check here if you're signing as an Authorized Representative and make sure your name is legible or print your name, if not legible.

Signature of patient or Authorized Representative	Date
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You have the right to get your information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](http://Medicare.gov/about-us/accessibility-nondiscrimination-notice) or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1196. This information collection is for the Home Health Agencies to notify original Medicare beneficiaries receiving home health care benefits of plan of care changes. The time required to complete this information collection is estimated to average less than 4 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory under 42 U.S.C. 1395(bbb) and 42 CFR 484.10(c). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.











# Our Patients Are Important

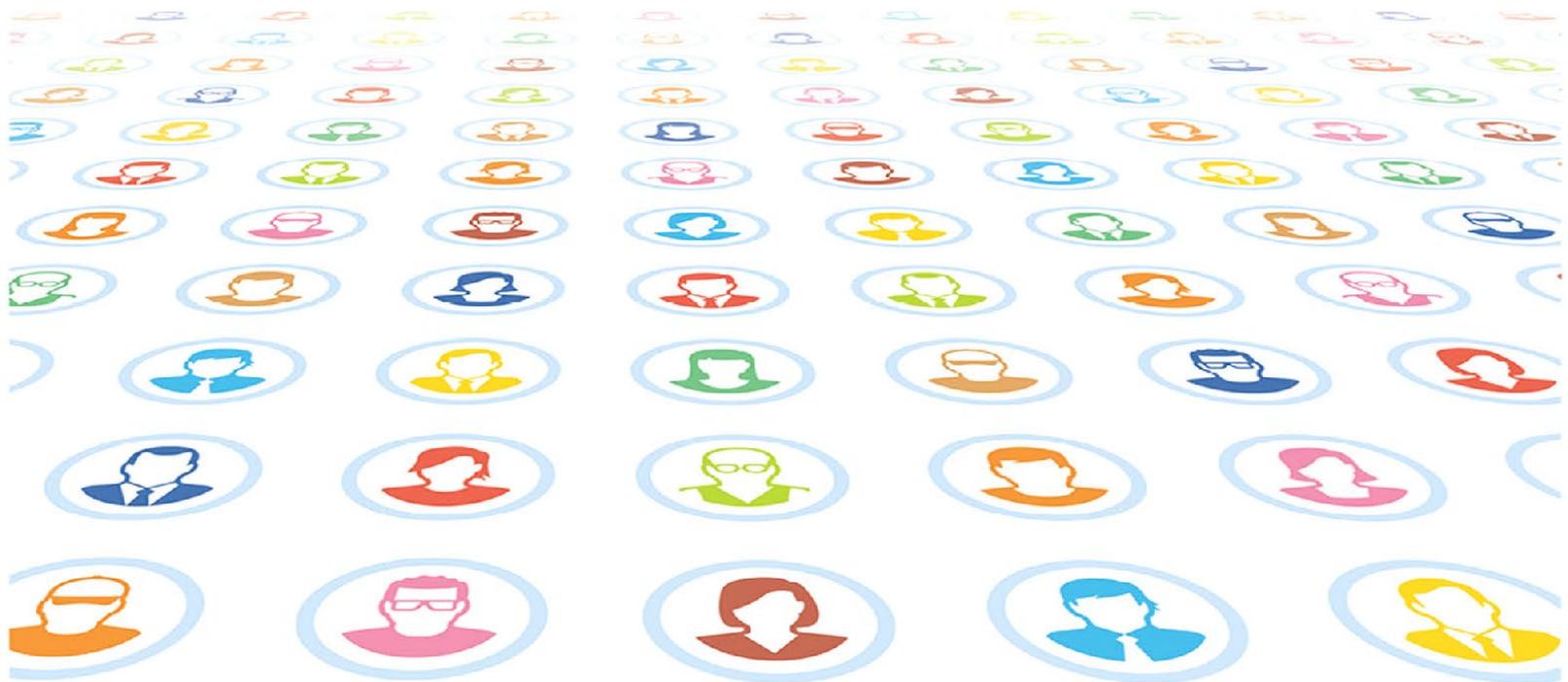
We want to improve, and you can help.

You may receive a survey asking about your home health  
experience.

Please complete the survey.  
We will use your feedback to make improvements.



**Main Line Health®**  
HomeCare & Hospice



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You may receive a survey by phone, mail or email.



Surveys are administered by Press Ganey Associates, Inc. All responses are confidential.

## Main Line Health HomeCare & Hospice

offers the following services:

Home Health

Hospice Care

Palliative Care



484.580.1601  
[mainlinehealth.org/homecare](https://mainlinehealth.org/homecare)



**Main Line Health**<sup>®</sup>  
HomeCare & Hospice