SECTION 8A: CLINICAL PRACTICES	POLICY: 8A.20
POLICY: START OF CARE EDUCATION PRACTICES	PAGE: 1 OF: 5

PURPOSE

- To establish basic and necessary procedures and best practices for start of care / admission of infusion therapy patients in the home setting.

- The primary goals during the Start of Care (SOC) visit are: (1) to ensure the patient / caregiver is aware of their rights & responsibilities related to the care being provided, (2) to ensure the patient / caregiver can administer their medication independently (if applicable) per the MD order, and (3) the patient / caregiver understands what to expect during the infusion process and when / who to contact for medical advice / emergencies.

POLICY:

- Helms Home Care shall ensure each patient is provided information and education regarding applicable in-home practices and procedures necessary for the ordered care plan.

- Helms Home Care provides all infusion therapy services through contractual agreements with specialty pharmacies.

- Each nurse providing care to a patient shall provide the Welcome to Home Infusion Therapy information to the patient / caregiver and review / provide education regarding applicable in-home practices and procedures in accordance with this policy during the initiation of care and at any time during subsequent skilled nursing visits as additional education is desired or necessary for changes or updates to the care plan.

- General infection control, infusion therapy, and medication/supply storage education materials shall be provided by the Agency. Additional, specific educational materials related to pharmacy protocols, specialty medications, pump instructions, and administration procedures shall be provided by the dispensing pharmacy.

- The RN will provide instructions to the patient / family before and during care, treatment, and services and on discharge in strategies/skills/behavior that effectively address healthcare needs. The RN will educate regarding the roles of the Pharmacy, the Agency, and the medical provider.

Reference: PDN Policy 13001

PROCEDURE:

- During each SOC (initial / admission) visit, the nurse shall obtain a **signed** Consent & Authorization for treatment form from patient / caregiver and review the treatment plan prior to providing hands-on care.

- The nurse will explain / review and allow the patient / caregiver to ask questions regarding the following, prior to obtaining signature on this form.

  - **Consent to Treatment & Care Planning Services**
    I understand that by signing this agreement, I hereby give consent for the care and services given to me by Helms Home Care, LLC. I also understand that these services are provided as ordered and directed by my physician and that Helms Home Care, LLC is not liable for any act or omission when following these orders. I understand that my care is under the supervision and control of my attending physician, and I consent to all medical treatments, procedures, examinations, and tests reasonably necessary for my proper care. I understand that Helms Home Care, LLC has a nurse available on-call, but is not an emergency services provider. I understand Helms Home Care, LLC will make every effort to provide nursing visits on time as scheduled and in accordance with my Plan of Treatment but does not guarantee services or nursing availability. I understand that I am encouraged and asked to participate in the care planning process and may request to review my Plan of Treatment at any time.

  - **Authorization to Release Information**
    I hereby authorize Helms Home Care, LLC to release copies of my medical records, or such portions thereof as may be relevant, to hospitals, physicians, insurance providers, other health or social service agencies or facilities to which I may be referred, transferred or who may be involved in my care as necessary, for the purpose of continuing coordination or reviewing my care. I further authorize all physicians and/or health care facilities which have rendered me care and services in the past to release all medical information to Helms Home Care, LLC when necessary to establish or continue my plan of care. I have been advised that certain governmental, licensing and accrediting bodies may conduct reviews of my records as part of survey processes and in regard to release of my medical information, records, or other confidential information to agents of the Department of Human Resources, Division of Facility Services, Division of Medical Assistance, etc. or other medical agencies that I have the right to object in writing to the release of such information.

  - **Patient Rights & Responsibilities**

  - **Advance Directives**

  - **Privacy Notice**

  - **Financial Disclosure**
    I understand that Helms Home Care, LLC is not authorized or responsible for contacting my insurance provider to obtain prior authorization of benefits or payment for services rendered. I understand that Helms Home Care, LLC will not bill me or my insurance provider directly and that payment of any authorized benefits for services rendered by Helms Home Care, LLC is the responsibility of my attending pharmacy. I understand that Helms Home Care cannot speak with me about insurance benefits or answer financial questions related to care, services, or supplies related to my therapy. I agree to contact my pharmacy provider and/or insurance provider for all financial related concerns. I further understand that this assignment of benefits does not relieve me or other responsible parties of any liability, co-pays, or out of pockets costs related to my therapy.

- If for any reason, following discussion/review of this information, the patient / caregiver is **un-willing to sign / consent to treatment**, the RN shall contact the Agency and conclude the visit. No hands-on care shall be provided, and the RN should document refusal of care on a Non-Standard Visit Note.

- Additionally, the nurse shall review, educate, and discuss, **as applicable,** various other procedures and best practices (ranging from basic home safety standards like falls prevention to more clinical topics like CVC management) with the patient / caregiver, during each SOC (initial / admission) visit.

- Confirmation of this education shall be documented on the Education Acknowledgement form and signed by the patient / caregiver and nurse.

    - **Expressing Grievances**
    - **Emergency Preparedness**
    - **Treatment Plan**
        - Disease Process & Medication Guide
        - Side Effects & Precautions
        - Lab Work
        - Nursing Schedule
        - Problems to Report

    - **Contact Information & Communication:** The nurse shall provide education on who to contact if continuing care, treatment, or advice is needed. Contacting the appropriate provider is crucial for receiving accurate & timely responses to questions & concerns.

        - For prolonged or sudden shortness of breath, chest pain, severe allergic reaction, temperature >105° and all other life-threatening emergencies **call 911.**

        - For fever, vomiting, nausea, diarrhea and any other mild to moderate physical ailments, the patient may choose to call their **primary care provider or prescribing physician**.

        - Regarding delivery of medication(s) or infusion supplies; insurance, billing, or financial inquiries, the patient should **call their pharmacy**. The pharmacy contact information can be found with the medication/supply shipment and paperwork.

            - Regarding nursing schedule, nursing care concerns, troubleshooting or difficulty administering medication, and questions/concerns related to IV site (swelling, pain, redness, discharge, soiled dressing, etc.), the **patient should call the Agency (**24/7 at 704-802-9655 call or text).

- **Note:** The Agency is a significant part of the patient's overall health but cannot provide medical advisement or relay/interpret lab results. Patient will need to consult with their physician for these matters.

- **Supplies, Medication Storage & Management:** Medication must be properly stored and managed. The pharmacy is responsible for shipping the medication and ensuring that it is properly handled until delivery. Once received, the patient should be aware of how to properly store the medicine to preserve its integrity. Medication should be stored:
  - On the top shelf of the refrigerator if possible and never in the door.
  - With separation between medications and raw meet (keeping the medication in a plastic bag can help with this).
  - All other medication administration supplies (i.e., flushes, CVC care supplies, etc.) should be stored in a cool, dry area and out of reach of children and pets.
  - The pharmacy is responsible for providing a sharps container, as applicable. The nurse shall educate the patient / caregiver on what supplies to dispose in the sharps container and contacting the pharmacy when the sharps container is ¾ full.

- **Infection Prevention and CVC Management:** Infection control is a critical part of CVC management, and it is the nurses responsibility to instruct the patient on the proper techniques to minimize infection risk. Handwashing, Aseptic Technique, using a clean work surface, handling of blood & bodily fluids, site inspection and care, needles & sharps container, regular/hazardous waste, and medication and supply storage should all be addressed as necessary.
  - The patient shall be instructed on Hand Hygiene. Refrain from touching the catheter or dressing unless it is necessary. Wash or sanitize hands before and after touching any part of the IV site. Patient should also keep the IV site dry. Take a sponge bath or, if a shower is necessary, cover the site with some type of plastic (i.e., saran wrap, etc.).
  - Avoid damage to CVC – Patient should not use any sharp or pointy objects around the catheter including scissors, pins, knives, razors, or anything that could puncture it. Avoid clothing that might pull or rub on the catheter.
  - Watch for problem signs – Pay attention to how much of the catheter sticks out from the skin. If this changes, notify the Agency or the nurse. Watch for cracks, leaks, or other damage. If the dressing becomes dirty, loose, or wet, contact the Agency to schedule a dressing change.
  - Do not force flush – Instruct the patient not to force flush their CVC. They should reach out to the Agency for assistance if they encounter issues flushing. If the CVC does not

give blood return, but flushes without resistance and has no other indicators of misplacement, it may be positional and will likely resolve. Continue to self-infuse and reach out to the Agency to discuss.

- Medications are administered through use of the SASH (**S**aline, **A**dminister medication, **S**aline, **H**eparin) or SAS (**S**aline, **A**dminister medication, **S**aline) method. As applicable, the patient / caregiver shall be educated on the seven rights of medication, SASH/SAS protocol, proper medication preparation and administration, and any potential side effects and or complications. The patient / caregiver will verbalize and / or demonstrate understanding.

DOCUMENTATION

- For a Start of Care visit the nurse must document all aspects teaching and give clear indication that the patient / caregiver was able (at a minimum) to demonstrate verbal understanding, but preferably, to demonstrate CVC handling and medication administration.
    - If the patient / caregiver lack understanding, need additional education visits, is unable to comprehend teaching, or unable to physically perform the requirements, the nurse shall document this outcome and notify the Agency so that advisement can be sought from the pharmacy / provider regarding next steps.
- The note should indicate if the nurse administered the infusion and stayed for the entire infusion (i.e., when administering a first dose the nurse must stay at least 30 minutes post-infusion or per MD order) or if the patient was taught and left to complete the infusion on their own.
- A Medication Administration Record for any infusions that the nurse administers must be completed and include any rate titrations and times, medication name and volume given, any hydration administered, and any necessary narrative notes to capture the events of the visits.

Reference: PDN Policy 13001