



## WELCOME TO HOME INFUSION THERAPY

Helms Home Care has been sub-contracted by your Specialty Pharmacy to provide infusion nursing services in your home. Our agency partners with your pharmacy & physician and specializes in infusion therapy nursing.

## CONTACT INFO

Reaching out to the appropriate provider is crucial for receiving accurate and timely responses to your questions and concerns.

### **CALL 911**

**FOR PROLONGED OR SUDDEN SHORTNESS OF BREATH, CHEST PAIN, SEVERE ALLERGIC REACTION, TEMPERATURE  $>105^{\circ}$  AND ALL OTHER LIFE-THREATENING EMERGENCIES.**

### **CALL YOUR ATTENDING PHYSICIAN OR PCP**

For fever, vomiting, nausea, diarrhea and any other mild to moderate physical ailments. You may choose to call your Primary Care or prescribing Physician (phone number can be found on your medication label).

### **CALL YOUR SPECIALTY PHARMACY**

Regarding delivery of your medication(s) or infusion supplies; insurance, billing, or financial inquiries; & lab results. Your pharmacy provided their contact information with your medication/supply shipment & paperwork.

### **CALL HELMS HOME CARE**

Regarding scheduling of nursing visits, concerns about nursing care, troubleshooting or difficulty administering your medication, and questions/concerns related to your IV site (swelling, pain, redness, discharge, soiled dressing, etc.)

**HHC 24/7 Call or Text: 704-802-9655**

**300 N NC 16 Business Hwy, Denver NC 28037**

**YOUR HHC NURSE:** \_\_\_\_\_

## INFUSION THERAPY IN THE HOME

Helms Home Care takes pride in being a part of your overall health and well-being, but **we cannot provide medical advisement or relay/interpret lab results.** Please consult with your physician regarding these matters.

**Prevent infection:** Use good hand hygiene. Do not touch the catheter or dressing unless you need to. Always wash or sanitize your hands before and after touching any part of your IV site.

**Keep the IV site dry:** The catheter and dressing must stay dry. Do not go swimming, use a hot tub or sauna, or do things that could get the site wet. Take a sponge bath or, if you must shower, cover the site with some type of plastic (i.e., saran wrap, etc.) and try to exclude that area from the shower. If the dressing does get wet, contact HHC for assistance.

**Avoid damage:** Do not use any sharp or pointy objects around the catheter. This includes scissors, pins, knives, razors, or anything else that could cut or 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 your skin. If this changes, let your RN or the Agency know. Watch for cracks, leaks, or other damage. If the dressing becomes dirty, loose, or wet, contact us to schedule a dressing change.

**Hand hygiene:** An IV site can let germs into your body that can lead to serious infections. To prevent infection, it is especially important that you, your caregivers, and others around you use good hand hygiene. This means washing your hands well with soap and water and cleaning them with an alcohol-based hand gel as directed. **Never touch the IV site or dressing without first using one of these methods.**

**Do Not force flush:** If your access device will not flush, do not attempt to “force” flush the line. Please reach out to our agency for assistance. If your access device does not give blood return, but flushes without resistance and has no other indicators of misplacement, it is likely a positional issue that will resolve. Continue to self-infuse your medications and reach out to our agency to discuss.

### **Refrigerated Medications:**

- Store on the top shelf if possible. Do not store in the door.
- Always maintain separation between medications and raw meat.
- Keep medications in the plastic bag to help keep them clean.
- Avoid freezing medication.

### **Flushes, line care supplies and non-refrigerated medications:**

- Store out of reach of children and pets.
- Store in a cool, dry area.
- Do not store in the bathroom or areas with high humidity.
- Keep supplies organized and contact your pharmacy for re-orders.

### **Hand Hygiene:**

- Use liquid soap if available and lather well for 1-2 minutes.
- Scrub between fingers and under your fingernails.
- Rinse with warm water and use a paper towel to dry your hands.
- Use the same paper towel to turn off the faucet.
- Applying sanitizer to hands before handling or preparing supplies is an additional precaution to protect against infection.

### **Preparing your work area:**

- Choose an area that is free of dust, clutter, dirt, and drafts.
- Choose an area that can be frequently cleaned like a table or tray.
- Be cautious not let pets or children contaminate the work area.

### **Call your PCP/MD or 911 right away if you have any of the following:**

- Pain or burning in your shoulder, chest, back, arm, or leg
- Chills or Fever of 100.4° F or higher
- Coughing, wheezing, or shortness of breath
- A racing or irregular heartbeat
- Muscle stiffness or trouble moving
- Signs of infection at the catheter site
- Pain, redness, drainage, burning, or stinging

# EMERGENCY PREPAREDNESS

- **Prepare in advance** for an emergency (i.e., power outage, natural disaster, inclement weather) that could require you to **evacuate** or **shelter in place**.
- **NOTICE:** During an emergency, Helms Home Care will not provide nursing services in areas that have been designated as unsafe.
- Helms Home Care **will** contact your pharmacy / provider to help coordinate and arrange delivery of extra supplies and back-up equipment.
- **Emergency information** is available online, via television and radio, and from local emergency officials. Follow their instructions! These government resources are available for additional information:
  - **NC** Emergency Management: 919-733-3300 <https://www.ncdps.gov/our-organization/emergency-management>
  - **SC** Emergency Management: 803-737-8500 <https://scemd.org/>
  - **VA** Emergency Management: 804-267-7600 <https://www.vaemergency.gov>
  - **KY** Emergency Management: 800-255-2587 <https://www.kyem.ky.gov/>
  - **GA** Emergency Management: 404-635-7200 <https://gema.georgia.gov/>
  - **WV** Emergency Management Division: 304-558-5380 <https://emd.wv.gov/>
  - **MD** Dept of Emergency Management: 410-517-3600 <https://memaryland.gov/>
  - **IN** Emergency Management: 317-232-2222 <https://www.in.gov/dhs/emergency-management-and-preparedness/division/>
- **Call 911 for medical emergencies.**
- **Prepare an Emergency / Disaster Kit ("go-bag"):**
  - Bottled water & canned food; manual can opener
  - Whistle; Flashlights; Battery-operated radio; spare batteries for each
  - First Aid kit & personal hygiene items
  - Gasoline canister for vehicle(s) and/or generator(s)
  - Emergency cash
  - Known alternate shelter options (shelter, family's home, church, hotel)
  - Towels, blankets and/or sleeping bags
  - Cell phone chargers
  - Important documents readily available in a waterproof container
  - Contact list (insurance, physicians, pharmacy, home health, etc.)

- **INFUSION PATIENTS:** consider your infusion schedule and be prepared to travel with infusion supplies:
  - Infusion medications: if refrigeration is required, have a cooler and ice packs readily available for travel
  - Infusion/Line Care supplies: dressing kit, alcohol swabs, saline/heparin flushes, pump, tubing, batteries, etc.
- **HOME HEALTH PATIENTS:** consider your daily health needs & be prepared to travel with home health supplies & medications, as applicable for 3+ days:
  - Oral OTC & prescription medications
  - Feeding supplies and formula
  - Respiratory supplies
  - Suction supplies
  - Incontinence supplies
  - Travel medical equipment with back-up batteries
- **If you are instructed to stay indoors ("Shelter in Place"):**
  - Keep windows and doors closed
  - As instructed: turn off fans, heaters, and air conditioning systems and go to a room with the fewest windows and doors
  - Stay away from windows to avoid injury from glass and/or projectiles
- **If you are instructed to evacuate your home:**
  - Call Helms Home Care and give the address and telephone number where you can be reached
  - Turn off electricity and water
  - Leave immediately, even if the weather is nice
  - Avoid downed electrical wires, road closures, flooded or iced roads
  - Lock windows and doors

**Additional Emergency Instructions / Needs** (patient specific notes/reminders):

## ADVANCE DIRECTIVES

**As an agency providing health care services to you, Helms Home Care should be informed of any Advance Directive you may have in place. During admission, you will consent to treatment and be given the opportunity to inform and provide our Agency with your Advance Directive information, should you have one in place. Additionally, Helms Home Care wishes to provide you with information about your rights and the opportunity to have an Advance Directive should you be interested.**

### **What is an advance directive?**

An advance directive tells your doctor what kind of care you would like to have if you become unable to make medical decisions (if you are in a coma, for example). If you are admitted to the hospital, the hospital staff will probably talk to you about advance directives.

### **What is a living will?**

A living will is a type of advance directive. It is a written, legal document that describes the kind of medical treatments or life-sustaining treatments you would want if you were seriously or terminally ill. A living will does not let you select someone to make decisions for you.

### **What is a durable power of attorney for health care?**

A durable power of attorney (DPA) for health care is another kind of advance directive. A DPA states whom you have chosen to make health care decisions for you. It becomes active any time you are unconscious or unable to make medical decisions. A DPA is generally more useful than a living will but may not be a good choice if you don't have another person you trust to make these decisions for you.

### **What is a do not resuscitate order?**

A do not resuscitate (DNR) order is another kind of advance directive. A DNR is a request not to have cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing. (Unless given other instructions, healthcare staff will try to help all patients whose heart has stopped or who have stopped breathing.) You can use an advance directive form or tell your doctor that you don't want to be resuscitated. In this case, a DNR order is put in your medical chart by your doctor. DNR orders are accepted by doctors and hospitals in all states.

### **Should I have an advance directive?**

By creating an advance directive, you are making your preferences about medical care known before you're faced with a serious injury or illness. This will spare your loved ones the stress of making decisions about your care while you are sick. Any person 18 years of age or older can prepare an advance directive.

People who are seriously or terminally ill are more likely to have an advance directive. This action can reduce suffering and increase peace of mind and control over one's death. However, even if you are in good health, you might want to consider writing an advance directive. An accident or serious illness can happen suddenly, and if you already have a signed advance directive, your wishes are more likely to be followed.

### **How can I write an advance directive?**

You can write an advance directive in several ways:

- Use a form provided by your doctor.
- Write your wishes down by yourself.
- Call your health department or state department to get a form.
- Call a lawyer.
- Use computer software for preparing legal documents.

### **Advance directives and living wills do not have to be complicated legal documents.**

They can be short, simple statements about what you want done or not done if you can't speak for yourself. When you are satisfied with your directives, the orders should be notarized if possible, and copies should be given to your family and your doctor.

### **Can I change my advance directive?**

You may change or cancel your advance directive at any time if you are able to think rationally and communicate your wishes in a clear manner. Again, your changes must be made, signed, and notarized according to the laws in your state. Make sure that your doctor and any family members who knew about your directives are also aware that you have changed them.

# PATIENT RIGHTS & RESPONSIBILITIES

## **As a Patient of Helms Home Care, you have the right to:**

- Be informed of your rights in writing at the time of admission and before the initiation of care, and on an ongoing basis, as necessary.
- Maintain freedom from mental & physical abuse, neglect, and property exploitation.
- Have your property and personal belongings treated with respect.
- Be served by professionally trained staff who are competent in their duties.
- Voice grievances and file complaints, without discrimination, regarding treatment that is or has failed to be provided.
- Be informed, in advance, about the care provided and any changes to that care.
- Be informed of and able to contact the Clinical Supervisor managing your care.
- Be informed of your rights under state law to formulate advance directives.
- Be informed that Agency employees are prohibited from smoking in your home.
- Expect confidentiality of all information related to your care.
- Be advised of the availability, hours of operation and purpose of the State Home Health Agency Hotline.
- Be involved in resolving dilemmas about your care, treatment and/or services.
- Refuse care, treatment and/or services within the confines of the law after being fully informed and told the consequences of your action.
- Be informed within a reasonable amount of time of anticipated termination of service, discharge, or transfer to another organization.
- Be notified within 10 days when/if the agency's license has been revoked, suspended, cancelled, annulled, withdrawn, recalled, or amended.

## **As a Patient of Helms Home Care, LLC, you have the responsibility to:**

- Be available to agency staff for home visits at reasonable times and as scheduled.
- Notify the agency if you are going to be unavailable for a scheduled visit.
- Treat agency staff with respect and dignity, without discrimination.
- Accept the consequences for refusal of treatment or choice of noncompliance.
- Confirm understanding, verbally or in writing, of the plan of care being outlined.
- Remain under a physician's care while receiving services.
- Notify agency of any changes in treatment made by the physician.
- Provide the agency with a complete and accurate health history.
- Inform the agency of any changes in your health status, condition, or treatment.
- Voice concerns about errors, quality of care, treatment and/or services.
- Ask questions about your condition, treatment and/or services.
- Report any problems/concerns related to medications, including prescribed and over-the-counter medications and herbal/nontraditional preparations.
- Sign or have your legal representative sign the required consents and releases.
- Provide a safe home environment in which your care can be provided.
- Cooperate with your physician, agency staff and pharmacy provider.
- Inform the agency if you are unable to understand or follow written instructions.



## PRIVACY NOTICE

Helms Home Care respects your confidentiality and privacy. To provide our services to you, we must collect personal information about you and your health care needs from you as well as from others, such as your insurance provider, your physician, the hospital, etc. We may also share information about you and your health care needs with members of our health care team, as well as with physicians, hospitals, and other healthcare providers directly involved with your care.

There are a few situations in which we may release information about your care without seeking your permission. These are all clearly defined in laws and government regulations, which we must abide by such as: a subpoena, warrant or court order to see your records; an accrediting body; or a government regulatory agency or oversight board to ensure that we are conforming to laws and regulations, including the Health Insurance Portability and Accountability Act. (HIPAA).

### **You have the right:**

- to know, view and request copies of the information regarding your care in our files. You must give us reasonable time to prepare for your visit to our office to see the records or to make copies of your information.
- to request that certain people NOT have access to your personal health information.
- to ask us to amend information in our files that you think is incorrect or incomplete. Please keep in mind that under some circumstances we may deny your request if the following applies: we did not create the information; the medical information is not maintained by us; the information we have is considered accurate and complete.
- to request an accounting of any releases of your medical information that is not related to treatment provided.

Photographs, videotapes and digital or other images may need to be recorded to document your care. To ensure your complete privacy, these materials are stored in a secure manner. You have the right to view or obtain copies of these images.

Helms Home Care may occasionally find it necessary to communicate information regarding your care via email. Helms Home Care uses reasonable means to protect the security and confidentiality of e-mail information that is sent and received. We also do our best to minimize any personal health information contained in these types of communications.

If you feel your privacy rights have been violated or if you have any questions or concerns regarding possible violations of your privacy, please contact Helms Home Care directly by calling **(704) 802-9655**.

## FINANCIAL DISCLOSURES

### HELMS HOME CARE DOES NOT BILL YOU OR YOUR INSURANCE

Your Specialty Pharmacy provider is responsible for obtaining insurance authorization, billing insurance for infusion & nursing services, and communicating with you about any financial liability or co-pay you may incur. Helms Home Care will never bill you or your insurance for our services. Always contact your pharmacy regarding any financial liability concerns.

### LABORATORY SERVICES

If your physician has ordered lab work as part of your prescribed therapy, an HHC nurse will draw those labs in the home and deliver them to the nearest lab facility for processing. Your insurance information is provided, and the lab will bill your insurance accordingly. There are no additional fees to have your labs drawn in the home. **HELMS HOME CARE IS NOT ABLE TO ESTIMATE AND NOT RESPONSIBLE FOR DEDUCTIBLES, CO-PAYS, OR OUT-OF-NETWORK COSTS THAT YOU MAY INCUR IN RELATION TO LAB WORK.**

## CONSENTS

### REQUEST FOR ADMISSION & CONSENT TO TREATMENT

I request admission to Helms Home Care, LLC and consent to such care and treatment as is ordered by my attending physician. 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 will make every effort to provide nursing visits on time as scheduled 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.

### VEHICLE RELEASE

I understand and agree that Helms Home Care, LLC does not carry or provide insurance coverage under any circumstances for damage to my automobile or other property resulting from the use of my automobile by a Helms Home Care employee. I agree not to allow or ask any Helms Home Care employee or representative to operate my automobile or transport me in a Helms Home Care employee's automobile. I hereby release Helms Home Care and its employees assigned to me and hold them harmless and indemnify them from any claim, liability, or cause of action for any injury to my person or property resulting from the use of an automobile (whether or not owned by me) if operated by a Helms Home Care employee.

## **AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize Helms Home Care to release copies of my medical records, or such portions thereof as may be relevant or reports or summaries thereof, 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 or to assist in determining third party reimbursement liability. 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 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 regarding 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.

## **PAYMENT AUTHORIZATION AND ASSIGNMENT OF INSURANCE BENEFITS**

I understand that Helms Home Care 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 will not bill me or my insurance provider directly and that payment of any authorized benefits for services rendered by Helms Home Care is the responsibility of my attending specialty pharmacy provider. I understand that Helms Home Care cannot answer benefits or financial questions related to care received. Therefore, I will 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 liability for any indebtedness hereunder until such indebtedness is paid in full.

## ABOUT THE RIGHT TO EXPRESS GRIEVANCES

You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you receive or do **not** receive without fear of reprisal or discrimination. There is a process in place to ensure your concern is reviewed, and an investigation is started within 1 business day. Every attempt shall be made to resolve all concerns/grievances within 5-10 business days. You will be kept informed by telephone of the status of the investigation and, if desired, can request a written report when a resolution is made.

We encourage you to discuss your concerns **directly** with us by calling **704-802-9655** or emailing [quality@helmshomecare.com](mailto:quality@helmshomecare.com). If you call, ask to speak with a Clinical Manager, Supervisor, or Director.

If you feel the need to discuss or escalate your concerns, dissatisfaction, or complaint you may do so by contacting the state in which your services were performed.

### **State of North Carolina**

Complaint Intake Unit  
2711 Mail Service Center, Raleigh, NC 27699  
**Hot Line:** (800) 624-3004  
Phone: (919) 855-4500  
Fax: (919) 715-7724

### **State of South Carolina**

DHEC, Bureau of Health Facilities Licensing  
2600 Bull Street, Columbia, SC, 29201  
**Phone:** (803) 545-4370  
Fax: (803) 545-4212

### **State of West Virginia**

Health Facility Licensure & Certification  
408 Leon Sullivan Way  
Charleston, WV 25301-1713  
Health Care Facility Complaints: 304-558-0050

### **State of Indiana**

Indiana Department of Health  
Consumer Services & Health Care Regulation  
2 N. Meridian St., 4B  
Indianapolis, IN 46204  
**Phone:** 800-246-8909  
[complaints@health.in.gov](mailto:complaints@health.in.gov)

### **State of Georgia**

Healthcare Facility Regulation Division  
**Phone:** 800-878-6442  
[dch.georgia.gov/divisions/offices/facility-licensure/hfrd-file-complaint](http://dch.georgia.gov/divisions/offices/facility-licensure/hfrd-file-complaint)

### **State of Virginia**

State Ombudsman  
24 E Cary St, Richmond, VA 23219  
**Phone:** (804) 343-3000

### **Virginia DOH, Complaint Unit**

9960 Mayland Drive, Ste. 401,  
Henrico, VA 23233-1463  
**Hot Line:** (800) 955-1819  
[OLC-Complaints@vdh.virginia.gov](mailto:OLC-Complaints@vdh.virginia.gov)

### **State of Kentucky**

Office of the Ombudsman  
275 E. Main St., Frankfort, KY 40621  
**Hot Line:** (800) 372-2973  
Phone: (502) 564-5497  
Fax: (502) 564-9523  
[CHFS.Listens@ky.gov](http://CHFS.Listens@ky.gov)

### **CHAP**

Community Health Accreditation Partner  
Phone: 1-800-656-9656