

SUBJECT: PLAN OF CARE	REFERENCE #3013
DEPARTMENT: DURABLE & HOME MEDICAL EQUIPMENT	PAGE: OF:
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- A plan of care (POC) or service shall be developed and implemented for each client with the exception of direct paying clients and items sold directly to facilities.
- The POC or service shall be developed and revised within five (5) working days of the initiation of each service or of reassessment of the client.

DEFINITION:

- The plan of care (POC) or service is a written plan established and reviewed with the physician and incorporated as a part of the client's permanent record.
- The POC sets forth the actions and equipment which will be required to meet the client's needs.
- The POC may include, but is not limited to, the Order Intake Form, prescription, treatment plan, etc.
- The POC is developed in conjunction with qualified company personnel and is based on initial and ongoing individualized client assessments.
 - Category I - Routine HME:
 - The POC or service for routine HME shall consist of the completed Order Intake Form, physician's prescription and signed delivery invoice.
 - This includes all basic HME items (i.e., wheelchairs, walk aids, bath aids, hospital beds).
 - A POC will not be required for:
 - ◆ Direct paying clients for sale items (retail);
 - ◆ Items sold directly to facilities.

SUCTION TRAINING INSTRUCTIONS

Client Name: _____

Person Instructed: _____

Prescribed Therapy: _____

Equipment: _____ Model #: _____ Serial # _____

Supplies: Suction Catheters Yankauer Connecting Tubing Other _____

OBJECTIVE - To demonstrate an understanding of:

- The function and purpose of the equipment.
- How to set-up and operate the aspirator.
- How to adjust the amount of vacuum, if required.
- How to apply intermittent suction with the suction catheter.
- How to assemble and disassemble catheter, collection bottle and tubing.
- How to suction using clean/sterile technique.
- How to clean and disinfect suction catheter, collection bottle, Yankauer handle and tubing.
- How to check and change inlet filter.
- How to perform equipment troubleshooting.
- Observe return demonstration of safe use of equipment.

SAFETY INFORMATION

- Explain contraindications, warnings, precautions and potential associated adverse reactions.
- Explain importance of following physician's prescription.
- Review electrical and fire safety. Outlet grounded Outlet ungrounded - risks explained.
- Explain the importance of following cleaning procedures.
- Identify and evaluate location for equipment placement.
- Give client company's 24-hour telephone number for routine and emergency equipment situations.
- If battery operated, explain the importance of keeping the battery charged for portable suction machines.
- Explain how to order supplies.
- Give client/caregiver written instructions and Bill of Rights and Responsibilities.

NOTE TO CLIENT/CAREGIVER: You have been instructed in the proper use of this equipment. Your physician has ordered this equipment and the specific parameters for its use. We make no warranty or guarantee of the effectiveness of its use or any therapeutic results.

Comments: _____

Client/Caregiver Signature

Date

Home Care Clinician Signature/Title

Date

SUBJECT: DISCHARGE POLICY	REFERENCE #5003
DEPARTMENT: DURABLE & HOME MEDICAL EQUIPMENT	PAGE: OF:
	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- Any discontinuation of equipment (discharge) shall be done in an appropriate manner and in such a way as to prevent harm to a client. Documentation regarding equipment service discontinuations shall be maintained in the client record.
- The client shall be an active participant, when possible, in planning his/her referral, transfer and/or discharge.
- The client's continuing equipment and service needs shall be assessed at discharge. Clients who have a continuing care need shall receive written and verbal instructions and shall be informed of available resources which can be utilized to meet those needs.

STANDARDS:

- If services are discontinued by the client, _____ shall inform the client of repercussions, if any, attendant upon the cancellation of such equipment/services. Information, which must be provided in writing to the client, includes, but is not limited to, the following:
 - Specific risks and limitations
 - Emergency procedures and signs and symptoms which may be indicative of complications and appropriate recommendations for intervention.
- The following shall be considerations for discontinuation of equipment and related services:
 - A change in the client's condition requiring equipment and services other than those provided by the company.
 - The client and/or his/her family refuses to cooperate in the safe operation and/or maintenance of the equipment.
 - The client moves from the geographic area serviced by _____.
 - The client and/or family request equipment/services be discontinued.

DISCHARGE WORKSHEET

Client Name: _____ Date of Discharge: _____

SURVEY CLIENT'S FILE TO ENSURE IT CONTAINS THE FOLLOWING COMPLETED AND SIGNED FORMS:

- | | |
|--|---|
| <input type="checkbox"/> Order intake form | <input type="checkbox"/> Plan of care |
| <input type="checkbox"/> Original Invoice | <input type="checkbox"/> Copy of signed pick up invoice |
| <input type="checkbox"/> Equipment instruction checklist | <input type="checkbox"/> Plan of treatment |
| <input type="checkbox"/> Physician's prescription | <input type="checkbox"/> Medication profile |
| <input type="checkbox"/> Physician's telephone order | <input type="checkbox"/> Follow-up visit report(s) |
| <input type="checkbox"/> Authorization to treat | <input type="checkbox"/> Authorization to release medical information |

NOTE REASON FOR DISCHARGE AND PROPER DOCUMENTATION IN HOME CARE RECORD:

CLIENT REQUESTS DISCONTINUATION OF SERVICE:

Discontinuation of equipment and/or service is believed to have a dangerous effect on client; the following steps were taken:

- Physician contacted; documented in client's home care record.
- Client informed of any adverse consequences which may result from discontinuation of equipment.
- Operations Manager consulted.
- Discontinuance of Service Against Medical Advice form completed.
- Protective services notified, if appropriate.

Discontinuation of equipment and/or service does not appear to medically or physically endanger client; the following steps were taken:

- All pertinent parties (family, physician, etc.) advised of request; documented in client's home care record.
- Client instructed regarding expected consequences, if any.
- Equipment picked up, as required.
- Notation made in client's record regarding reasons for discontinuation of service.

CLIENT EXPIRES:

- Family contacted, condolences expressed and arrangements made to pick up equipment as soon as possible.
- If supplies and/or equipment are nonreturnable, recommendations provided regarding their disposal or removal.
- Notation made in client's home care record regarding reason for discontinuation of service.

CLIENT REQUIRES EQUIPMENT/SERVICES NOT PROVIDED BY THE COMPANY:

- Client/referral notified that required equipment/services not provided by company.
- Client referred to other resources for required equipment/services.
- Transfer/referral coordinated with receiving organization and of any financial benefit to referring organization.
- Rationale for discontinuation of services is documented.

CLIENT MOVES OUT OF SERVICE AREA:

- Organization which services area where client will be moving is notified.
- Copy of client's record submitted to receiving organization, in accordance with record release policy.
- Client informed of ownership of receiving organization and of any financial benefit to referring organization.
- Rationale for discontinuation of services is documented.

DRIVER/SERVICE TECHNICIAN - ORIENTATION CHECKLIST

✓	Topic	V	W	D	E	R	T	Comments/ Follow Up Action
INTRODUCTION TO CORPORATION								
	History of Company							
	Scope of Services							
	Organizational Chart							
	Corporate Headquarters/Board of Directors							
	Future Goals							
INTRODUCTION TO DIVISION/REGION								
	Division and Regional Support Services							
	Geographical Distribution							
INTRODUCTION TO SATELLITE/BRANCH OFFICE								
	Scope of Services							
	Geographical Service Area							
	Lines of Communication with Regional and Corporate Offices							
	Hours of Operation							
	Emergency and On-Call Services							
	Accident/Incident Reporting							
	Back Safety Program							
	Equipment Incident Reporting							
	Performance Improvement Program							
	Emergency Preparedness Plan							
	Fire Safety Program							
	Community Resources Available							
PERSONNEL POLICIES								
	Drug Testing							
	Driver's License							
	Driving Record							
	Performance Reviews							
	Competency Evaluations							
	Health Examinations							
	Employee Benefits							
	Vacations/Holidays							
	Dress Code							
	Back Support Belts							
	Disciplinary Process							
	Conflict of Interest							
	Incident/Accident Reporting							
LEGEND: V = Verbal Instruction W = Written Evaluation D = Demonstration E = Evaluation R = Return Demonstration T = Tutorial								