

Gulfside Home Health

Lic. 2019 #20255096

helping you recover at home

Patient & Family Training & Support Guide



800-561-4883 | www.Gulfside.org

Thank you for choosing us for your home health team! Gulfside Healthcare Services has created this guide for you and your caregivers to help in providing training, information, and support during your care journey.

Your skilled home health services can include skilled nursing, physical therapy, occupational therapy, and other specialized treatments designed to help you recover from an illness, injury, or surgery, all from the comfort of your home. We hope to help you make the most of life and remain independent where it really matters - home.

Communication

It is important for you to communicate with the team about any new medications, healthcare appointments, or changes in your condition so we can best meet your needs. Our team will contact you to coordinate visits and work with you to develop an individualized plan of care.

Communicating your choices may include:

- Making decisions about health care and treatments
- Developing advanced directives
- Setting goals for your care plan with the healthcare team

Gulfside's Mission & Values:

Gulfside Healthcare Services provides a specialized continuum of compassionate care through hospice, palliative care and home health by an expert interdisciplinary professional team.

Our values are this organization's most fundamental reason for existence, and the soul of Gulfside Healthcare Services:

Patient-Centered Care
Honoring Our Staff
Community-Supporting Service



Call Gulfside 24/7 at 800-561-4883



CALL 911 or go to the EMERGENCY room if you continue to have the following symptoms after rest and/or medications:

- Unrelieved shortness of breath
- Unrelieved chest pain
- Pain radiating in jaw, neck, or back
- Change in color of your skin, nail beds, or lips to gray or blue
- Sudden confusion, trouble speaking, or understanding
- Sudden trouble seeing in one or both eyes
- Major fall with injury
- Sudden numbness/weakness of the face, arm, or leg
- Unrelieved pain
- Blood sugar more than 300 for 2 consecutive readings
- Thoughts of suicide



CALL GULFSIDE 24/7 if you have the following symptoms that may need further assessment or change in medication:

- Fever of 100.5 F oral
- Nausea/vomiting
- Weight gain of 3 pounds in less than 24 hours or more than 5lbs in 1 week
- Increased shortness of breath with activity
- Increased number of pillows needed to sleep or needing to sleep in chair
- Feeling dizzy, lightheaded, or fatigued
- Increased cough
- Catheter or wound complications
- Questions regarding specific medications or medical needs



SAFETY ZONE if you have:

- No changes in your baseline
- Symptoms are managed



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A Message from Gulfside's CEO

Hello!

Thank you for choosing Gulfside Home Health to be your partner through this process of recovery and maintaining independence at home. We understand that any healthcare journey can have its challenges. It is the goal of the Gulfside team to help you through this process as smoothly and seamlessly as possible.

Our team of interdisciplinary experts are all top professionals in their field, but more importantly, they also have a heart for caring for others. My hope for you is that after your time with Gulfside, you will feel like another member of the large Gulfside family.

From our early roots in 1988, to the tremendous growth and expansion of services, programs and locations, Gulfside has become the premier Hospice, Palliative Care and Skilled Home Health provider in Pasco County, Pinellas County and beyond. The Tampa Bay communities embrace our organization, recognizing that when it comes to choice, the best option is Gulfside.

Again, thank you for choosing Gulfside Home Health, and may you have a speedy road to recovery!



President and Chief Executive Officer
Gulfside Healthcare Services



Gulfside Healthcare Services
Hospice | Palliative Care | Home Health



We Value Your Feedback



Ongoing communication and survey response will help us provide the highest quality of care for our patients.

You may be receiving a survey in the mail known as the CAHPS Survey — Consumer Assessment of Healthcare Providers and Systems. The survey was developed by the Centers for Medicare & Medicaid Services (CMS). Please see the example of the envelope below.

This survey helps healthcare organizations identify strengths and weaknesses, determine where they need to improve and track progress over time.



We also invite you to share your feedback with the Gulfside care team, or call our administrative office at 800-561-4883 with any feedback or concerns.





Gulfside Home Health

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Your Post-Surgery Recovery Experts

Skilled home health services from Gulfside Home Health is aimed at helping you recover from a surgery, injury or illness in the comfort of home. This can include a knee replacement, hip replacement, stroke, bone fracture resulting from a fall, and more.

For the patient, having skilled therapies at home means you can get back to the things you love doing faster and learn new ways to keep your independence.

For the caregiver, it means getting the help you need and finding solutions that fit both of your lifestyles.

Skilled home health services include physical therapy, occupational therapy, and other specialized treatments designed to help you recover from an illness, injury or surgery, all from the comfort of your home.

Services offered by Gulfside Home Health:

- Skilled nursing services
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Home rehabilitation services
- Nursing assessment at each home visit to monitor and manage progress



Gulfside Healthcare Services

Hospice | Palliative Care | Home Health

Gulfside Home Health is a business line of Gulfside Healthcare Services, which also offers hospice care for end of life illness through Gulfside Hospice and treatment plans for chronic illness through Gulfside Palliative Care. For more information, visit Gulfside.org.

Skilled Nursing Services:

- Surgical Dressing Changes
- Medication Management
- Post-Surgical Injections
- Post-Operation Wound Care
- Ostomy Education
- Nutrition Education
- Patient/Family Education
- Catheter Changes

Therapy Services:

- Physical Therapy
- Balance Training
- Strengthening Exercises
- Post-Operation Rehabilitation
- Speech Therapy
- Occupational Therapy
- Fine Motor Skills Training
- Adaptive Techniques for Daily Skills





Frequently Asked Questions

1. Why do I need Home Health?

- a. Your doctor ordered Gulfside's services to assist with any medical and social needs you have for recovering from surgery, serious injury, or illness. Home Health reduces hospitalization, keeps you home longer, offers clinical support, and lowers your risk of contracting infections. These services will get you back to where you need to be to maintain your independence.

2. Who provides the care?

- a. Nursing assists with your diagnosis-related needs, providing you with a range of care from comprehensive assessments to medication education.
- b. Occupational therapy assists with improving or restoring your ability to perform your daily tasks safely, such as dressing, bathing, and transfers.
- c. Physical therapy assists with improving or restoring gross muscular strength, balance endurance, and safety.
- d. Speech therapy assists with improving and/or managing speech, language, and cognitive communication disorders, as well as swallowing dysfunction.
- e. Medical social work assists with placement, long-term planning, community resources, and navigation through social related issues.

3. How will I know my schedule?

- a. The clinician will contact you the night before your pending appointment to set up a time.

4. Does Gulfside have a 24/7 on-call service?

- a. Yes, you have access to Gulfside's expert skilled home health staff 24 hours a day, 7 days a week by calling us at 800-561-4883.

5. How should I prepare for each visit?

- a. When a clinician is coming to your home, they will contact you to schedule your appointment. This is a good time to ask any questions you may have. Upon their visit you must have your medications and any equipment they may need handy for them to review and utilize. In general, a clinician will need enough space to lay out medications and supplies, as well as work on a laptop. A kitchen or dining room table is a good space for this.



6. Will you help me manage my medications?

- a. If nursing services are ordered, the nurse will aid you and/or your caregiver regarding your medications so you can perform this safely in your home. We also provide complete medication review at each visit to ensure your medications are the most up to date.

7. What safety practices are in place?

- a. Gulfside Home Health clinicians are sufficiently trained in infection prevention and control practices, and they will provide you with education in this regard.

8. What do I do if I'm sick when I already scheduled a visit?

- a. Illness happens and sometimes this is the best time for a nurse to visit, but if you want to reschedule, contact us at 800-561-4883. We can assist you with rescheduling your appointment and get you in touch with your clinician.

9. If I go into the hospital, will you follow me there?

- a. Home health does not physically provide you care while you are hospitalized, but we will resume care following your return home. If you are hospitalized, please notify us promptly at 800-561-4883 so we can follow your hospitalization stay and visit you once you've returned home.

10. Do you offer Home Health Aide services?

- a. Currently, we do not. But we do offer an occupational therapist that can assist you with remaining independent and safe within your home environment. This can be ordered by your provider, and you can ask for this with any one of our staff or by calling our main office at 800-561-4883.

11. How do I get my supplies and equipment?

- a. Your clinician will take inventory of the supplies you have and any you may need. They will then order them for you. If they are long term use supplies, such as ostomy supplies, they will assist you in setting this up. Durable Medical Equipment such as walkers or hospital beds are ordered by your provider. We work directly with suppliers to ensure these are delivered to your home.

12. What if I don't have a Primary Care Doctor?

- a. We can assist you with finding the right Primary Care Doctor for you by working with your needs and your insurance.

13. How do I know if my insurance covers Gulfside Home Health?

- a. Before our intake process, we diligently verify your insurance benefits prior to admission. We have contracts with the major insurance companies, as well as Medicare, to ensure your care is provided to you with little to no cost.



14. What if I change insurance while I'm receiving your care?

- a. Notify us promptly at 800-561-4883 with insurance changes so we can ensure there are no disruptions in your care.

15. What steps would I need to take to obtain additional assistance at home above what may be provided by Gulfside Home Health?

- a. First, consider exactly what kind of assistance you or your loved may need. Assistance with tasks like light housekeeping, meal preparation, medication management, or "sitter services" may be provided by a hired caregiver or, in some cases, one's family and friends. Help with hands-on care, such as bathing, feeding, toileting, or mobility/transfers may require a personal care aide.
- b. Talk with your Gulfside Home Health social worker about private duty care agencies that serve your area and resources that can assist with the costs of care. Some forms of care may be covered or subsidized by insurance if they are not considered a duplication of existing services.

16. How can I receive assistance with Advanced Care Planning such as Living Will or Healthcare Power of Attorney?

- a. Understanding the choices available and communicating YOUR choices to loved ones who may act on your behalf is vital, but the process of advanced care planning can be overwhelming. Talk with your Home Health Social Worker about developing advance directives.
- b. Legal or financial planning, such as Durable Power of Attorney or directives for assets/property, should be completed with the assistance of a qualified attorney or legal service. Your Home Health Social Worker can help you find resources for these services in the community if needed.

17. If I can no longer remain at home, what are my options for finding a facility to receive my care?

- a. The decision to seek long term care in a facility can be daunting, and is often accompanied by feelings of grief, anxiety, or guilt. Your Home Health Care Team can help you consider your most important needs to determine which level of facility care is the best fit for you. Your Home Health Social Worker can provide you with information about facility types and their differences as well as benefits that may help with the cost of care.
- b. You can find information about facilities in your area and the care they provide at www.floridahealthfinder.gov.

Have another question that was not answered above? Talk to your your Gulfside care team, or call our administrative office at 800-561-4883.





Focused Care

Focus on Your Comfort

When you are more comfortable, you will be able to participate more fully in your plan of care and activities of daily living. Our team will:

- Work with you to manage pain, shortness of breath and other symptoms that may cause you discomfort.
- Ask questions about your pain, including what type of pain you are having and what treatments have been most effective in the past.
- Ask you to talk openly and ask questions about pain or discomfort so we can work together to find the treatments that help you most.
- Discuss any further needs with your medical provider as needed.

IV Therapy and Medication Management

If you have been sent home with IV therapies or new medications, the home health team will provide training and education to make the transition to home as smooth as possible by:

- Coordinating with the IV therapy medication supplier for delivery and ongoing needs.
- Performing care as ordered by the physician or medical provider.
- Providing training on possible complications and signs or symptoms to report.
- Demonstrating and training patients and caregivers how to safely administer and manage intravenous or other medication therapies in the home setting.

Wounds

Your home health team may be ordered to assist and educate you and your caregivers on the proper care of a wound and how to prevent infection. Properly caring for your wound not only prevents infection, but also can prevent pain, scarring, and help the wound heal faster. Our team will:

- Teach and train you and your caregivers on the orders provided by your physician on how and when to care for your wound.
- Provide supplies as needed when ordered by your physician for the length of your time on service.
- Monitor your health and needs that can influence your wound healing process, and provide education on how to help.

Urinary Catheters

Whether temporary or permanent, urinary catheters are a helpful medical device to assist with a healthy body. Your doctor may order home health to assist with the training and monitoring necessary to keep your catheter functioning as it is intended to. Our team will:

- Provide training on the maintenance and proper use of the catheter.
- Monitor for the development of complications, and educate you and your caregivers on how to prevent complications and when to report any concerns.
- Order supplies for the length of your stay on service with Gulfside Home Health.
- Change and/or remove the catheter as ordered by the physician.





The SASH Method

Learn the SASH method to care for your catheter and safely infuse your medications.

We know infusing may seem complicated at first. With a little practice and tricks to stay on track – like SASH – you can feel confident. **SASH** stands for **Saline-Administration-Saline-Heparin**. It's an easy way to remember your catheter flushing steps. Flushing means rinsing your catheter before and after each infusion with saline and if needed, heparin. A working catheter helps you infuse your medications successfully and safely.

How to SASH

As you start your infusion at home, think **SASH**:

- **Saline** – A saline flush helps make sure your catheter is working before infusing.
- **Administration** – Next, you infuse your medication as directed.
- **Saline** – Another saline flush removes any medication left in your catheter.
- **Heparin** – A heparin flush helps prevent blood clots from forming in your catheter; this may or may not be ordered by your doctor.

How to Prepare

Clean your work area with soap and water or disinfecting wipes/spray after each use.

Wash your hands well. For best results, use liquid soap instead of bar soap. If you don't have soap and water, use an alcohol-based hand sanitizer.

Always clean your hands:

- Before and after you work with your catheter, medication and supplies
- After using the restroom
- After blowing your nose, or covering your mouth and nose when you cough or sneeze
- If they get dirty and, as needed



Get your medication ready. Check your Infusion Patient Resource Guide and medication label. They provide details on how to handle and store your medication.

- Allow refrigerated medication to warm up to room temperature before using it. Don't place it in hot water, sunlight or a microwave to speed up the process.
- Inspect the medication and label for:
 - Correct patient name, drug name, dose and route (intravenous [IV] or subcutaneous)
 - Expiration date
 - Color and consistency (the medication should be clear, consistent in color and free of any visible particles)

How to Flush

For each catheter flush, follow these steps:

1. Remove any air from the saline or heparin syringe. Hold the syringe upright and press firmly on the plunger while the tip cap is still on. Keep pressing until you feel the plunger move. Then, release pressure from the plunger and loosen the tip cap. Push the plunger forward to remove any air. Tighten the cap again before placing the syringe down.
2. Scrub the catheter injection cap with an alcohol pad for 15 seconds. Let it air dry for five seconds. Use a new alcohol pad for each SASH step.
3. Make sure the clamp is open on the IV catheter and/or extension set.
4. Remove the tip cap from the saline or heparin syringe. Attach the syringe to the injection cap by pushing and twisting clockwise until secure. The tip of the syringe is sterile. Do not touch it, or let it touch any surfaces. If this happens, throw away this syringe and use a new saline or heparin syringe.
5. Push in the syringe plunger slowly to flush the catheter. Do not force the flush if you feel resistance. Administer the designated amount of saline or heparin (if ordered).
6. Remove the syringe from the injection cap. Discard the syringe as instructed by your nurse.

We're here to help you safely care for your catheter. Reach out to your nurse with any SASH or flushing questions.

SOURCE:

<https://www.coramhc.com/patients/sash-method>





Indwelling Urinary Catheter Care

An indwelling urinary catheter is a thin tube that is put into your bladder. The tube helps to drain pee (urine) out of your body. The tube goes in through your urethra. Your urethra is where pee comes out of your body. Your pee will come out through the catheter, then it will go into a bag (drainage bag). Take good care of your catheter so it will work well.

What Are The Risks?

- Germs may get into your bladder and cause an infection.
- The tube can become blocked.
- Tissue near the catheter may become irritated and may bleed.

How To Wear Your Catheter And Drainage Bag

Supplies needed:

- Sticky tape (adhesive tape) or a leg strap.
- Alcohol wipe or soap and water (if you use tape).
- A clean towel (if you use tape).
- Large overnight bag.
- Smaller bag (leg bag).

Wearing your catheter:

Attach your catheter to your leg with tape or a leg strap.

- Make sure the catheter is not pulled tight.
- If a leg strap gets wet, take it off and put on a dry strap.
- If you use tape to hold the bag on your leg: Use an alcohol wipe or soap and water to wash your skin where the tape made it sticky before. Use a clean towel to pat-dry that skin. Use new tape to make the bag stay on your leg.

Wearing your bags:

You should have been given a large overnight bag.

- You may wear the overnight bag in the day or night.
- Always have the overnight bag lower than your bladder. **Do not** let the bag touch the floor.
- Before you go to sleep, put a clean plastic bag in a wastebasket. Then, hang the overnight bag inside the wastebasket.



You should also have a smaller leg bag that fits under your clothes.

- Wear the leg bag as told by the product maker. This may be above or below the knee, depending on the length of the tubing.
- Make sure that the leg bag is below the bladder.
- Make sure that the tubing does not have loops or too much tension.
- **Do not** wear your leg bag at night.

How To Care For Your Skin And Catheter

Supplies needed:

- A clean washcloth
- Water and mild soap
- A clean towel

Caring for your skin and catheter:

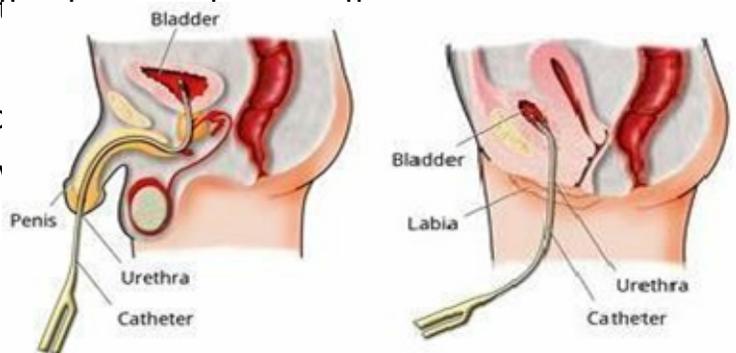
- Clean the skin around your catheter every day. Wash your hands with soap and water. Wet a clean washcloth in warm water and mild soap. Clean f

- If you are female:

- Gently spread the folds of skin around yo
- With the washcloth in your other hand, v from front to back.

- If you are male:

- Pull back any skin that covers the end of
- With the washcloth in your other hand, wipe your penis in small circles. Start wiping at the tip of your penis, then move away from the catheter. Move the foreskin back in place, if needed. With your free hand, hold the catheter close to where it goes into your body.
- Keep holding the catheter during cleaning so it does not get pulled out. With the washcloth in your other hand, clean the catheter.
 - Only wipe downward on the catheter, toward the drainage bag.
 - **Do not** wipe upward toward your body. Doing this may push germs into your urethra and cause infection. Use a clean towel to pat-dry the catheter and the skin around it. Make sure to wipe off all soap. Wash your hands with soap and water.
 - Shower every day. Do not take baths.
 - Do not use cream, ointment, or lotion on the area where the catheter goes into your body, unless your doctor tells you to. Do not use powders, sprays, or lotions on your genital area. Check your skin around the catheter every day for signs of infection. Check for:
 - Redness, swelling, or pain
 - Fluid or blood
 - Warmth
 - Pus or a bad smell



How To Empty The Bag

Supplies needed:

- Rubbing alcohol
- Gauze pad or cotton ball
- Tape or a leg strap

Emptying the bag:

Pour the pee out of your bag when it is $\frac{1}{3}$ – $\frac{1}{2}$ full, or at least 2–3 times a day. Do this for your overnight bag and your leg bag.

1. Wash your hands with soap and water.
2. Separate (detach) the bag from your leg.
3. Hold the bag over the toilet or a clean pail. Keep the bag lower than your hips and bladder. This is so the pee (urine) does not go back into the tube.
4. Open the pour spout. It is at the bottom of the bag.
5. Empty the pee into the toilet or pail. Do not let the pour spout touch any surface.
6. Put rubbing alcohol on a gauze pad or cotton ball.
7. Use the gauze pad or cotton ball to clean the pour spout.
8. Close the pour spout.
9. Attach the bag to your leg with tape or a leg strap.
10. Wash your hands with soap and water.

Follow instructions for cleaning the drainage bag. Instructions can come from:

- The product maker.
- Your doctor.

How To Change The Bag

Changing the bag:

Replace your bag when it starts to leak, smell bad, or look dirty.

11. Wash your hands with soap and water.
12. Separate the dirty bag from your leg.
13. Pinch the catheter with your fingers so that pee does not spill out.
14. Separate the catheter tube from the bag tube where these tubes connect (at the connection valve). Do not let the tubes touch any surface.
15. Clean the end of the catheter tube with an alcohol wipe. Use a different alcohol wipe to clean the end of the bag tube.
16. Connect the catheter tube to the tube of the clean bag.
17. Attach the clean bag to your leg with tape or a leg strap. Do not make the bag tight on your leg.
18. Wash your hands with soap and water.



General Instructions

- Never pull on your catheter. Never try to take it out. Doing that can hurt you.
- Always wash your hands before and after you touch your catheter or bag. Use a mild, fragrance-free soap. If you do not have soap and water, use hand sanitizer.
- Always make sure there are no twists, bends, or kinks in the catheter tube.
- Always make sure there are no leaks in the catheter or bag.
- Drink enough fluid to keep your pee pale yellow.
- Do not take baths, swim, or use a hot tub.
- If you are female, wipe from front to back after you poop (have a bowel movement).



Contact A Doctor If:

- Your catheter gets clogged. Your catheter leaks.
- You have signs of infection at the catheter site, such as:
 - Redness, swelling, or pain where the catheter goes into your body.
 - Fluid, blood, pus, or a bad smell coming from the area where the catheter goes into your body.
 - Skin feels warm where the catheter goes into your body.
- You have signs of a bladder infection, such as: Fever.
- Chills.
- Pee smells worse than usual. Cloudy pee.
- Pain in your belly, legs, lower back, or bladder. Vomiting or feel like vomiting.

Get Help Right Away If:

- You see blood in the catheter.
- Your pee is pink or red.
- Your bladder feels full.
- Your pee is not draining into the bag.
- Your catheter gets pulled out.

Summary

- An indwelling urinary catheter is a thin tube that is placed into the bladder to help drain pee (urine) out of the body.
- The catheter is placed into the part of the body that drains pee from the bladder (urethra).
- Taking good care of your catheter will keep it working well.
- Always wash your hands before and after touching your catheter or bag.
- **Never** pull on your catheter or try to take it out.

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Basic Home Safety & Emergency Planning

Patient Safety is a Top Priority

The key to safe and sensible home care includes:

- Safety improvements in and around the home
- Fall prevention.
- Emergency planning.

The Gulfside Home Health team will:

- Look for fall and safety risks at each visit.
- Evaluate the need for equipment/assistive devices to maintain your safety.
- Teach you how to prevent falls and use medical equipment safely.
- Ask that you report any falls or safety concerns promptly.

Adapt the Home for Safety's Sake

It is important to make appropriate changes as soon as possible after coming home from a hospitalization or nursing facility, or to adapt the home to physical changes the patient may have experienced. For example:

Throughout The Home:

- Maintain clean, bright surroundings.
- Make certain furniture is comfortable and sturdy.
- Lower water heater temperature to 120 degrees to avoid burns.
- Keep walking areas clear from clutter.
- Make sure that cords are out of the way.
- Remove scatter/throw rugs and secure any loose carpeting.
- Repair any holes in carpeting and be sure to fix any flooring that's warped or buckled.
- Use night lights in bedrooms, bathrooms, hallways, etc.

In the Kitchen:

- Set utensils, foods, and other needed items at a convenient height.
- Install grab bars on the walls.
- Choose a convenient height for mounting foil and paper towels.
- Develop a safe system for storing heavy pots (for example: at waist height or close to the floor).



- A fire extinguisher should be installed in the kitchen.

IN THE BATHROOM

- Install grab bars on the bathroom walls (especially near the toilet and shower). **REMEMBER:** towel bars are NOT meant to be grab bars and are not safe to support body weight.
- Install a toilet extension to raise the seat. A bedside commode can often be used, take the bucket out and place over the toilet.
- Switch to a hand-held showerhead.
- Replace bar soap with easier to hold liquid soap in plastic bottles.
- Make sure faucets and towel bars are easy to reach.

ON STAIRS

- Build ramps.
- Install new railings or secure old railings.
- Repair or replace worn or unsafe steps.

IN THE BEDROOM

- Consider buying or renting a hospital style bed with side rails.
- Obtain an over the bed trapeze so that the patient can lift himself or herself.
- Have a portable toilet beside the bed.
- Provide a bell to signal when the patient might need help.

TAKE CARE WITH CONFUSED PATIENTS

If a patient has Alzheimer's Disease or any condition that causes mental confusion:

- Set up a daily schedule – having a routine helps limit restlessness and wandering.
- Obtain an ID bracelet for the client in case he or she gets lost.
- Keep medications out of reach – they can be a source of danger in the hands of confused or forgetful patients.
- Limit access to dangerous items – Keep irons, hair dryers, power tools, scissors, pins, and any other dangerous items where patients can't reach them.

Safety & Emergency Preparedness

Weather/Disaster Precautions

- Develop an action plan – where will you go during an emergency event. If going to a shelter, have you pre-registered?
- Have emergency numbers posted on or near all phone or doors for fire/police, relatives and out of area contacts.
- Prepare physically - each household should have a reserve of medicines at least three gallons (11 L) of water per person and three days of nonperishable, ready-to-eat foods in case it is necessary to shelter in place for an extended period.
- Prepare an Emergency Go bag/kit with following items:
 - Blankets, complete change of clothes, and sturdy shoes
 - Flashlight, radio (battery or windup), and spare batteries



- First-aid kit and a whistle to signal for help
- Eating utensils, can opener, pocket tool set, and waterproof matches
- Dust masks, waterproof tape, and plastic sheeting for shelter
- Toothbrushes, soap, towels, and toilet paper
- Child-care supplies and special-needs items for seniors or people with disabilities
- A waterproof container with needed medication, copies of prescriptions, and other important documents
- List of emergency contacts and a local map
- Credit cards and cash
- Extra set of house keys and car keys
- Paper, pencils, books, and games for children
- If you own a car, try to keep the fuel tank at least half full.

Fire Safety Precautions

- All family members and caregivers should be familiar with emergency 911 procedures.
- Alternative exits should be accessible in case of fire.
- Know your fire escape routes and plan two exits. If your exit is through the ground floor window, make sure it opens easily.
- Install smoke alarms in hallways and near sleeping areas. Check smoke alarm batteries when you change your clocks for daylight savings time in the spring and fall.
- If gas is used in the home, Carbon Monoxide detectors should be placed in hallways and near sleeping areas.
- Smoke alarms/Carbon Monoxide detectors should be placed on each floor.
- If you live in an apartment building, know the exit, and stair locations.



- If your fire escape is cut off, remain calm; close the door and seal cracks to hold back smoke. Signal for help at the window.
- Always keep the fire department number posted for easy viewing at all times.
- Remember, life safety first, but if the fire is contained and small you may be able to use your fire extinguisher before the fire department arrives.
- Fire extinguishers should be checked frequently for stability.

Evacuation of a bedbound patient:

One or two persons can get the patient to safety by placing the patient on a sturdy blanket and dragging the individual out of the home.

Medication Information:

- Be cautious when taking medications and keep them stored in a safe place.
- Tell your physician, pharmacist, and nurse about all the medications you are taking; prescription and over the counter, to prevent dangerous side effects.
- Take a list of your medications to each doctor visit.
- Read your medication labels and take as directed:
 - Always take the exact dosage prescribed.
 - Take at the times indicated.
 - If you miss a dose, do NOT double your next dose.
 - Always keep medication in the original container
 - Appropriately discard any expired medications or those that have been discontinued by your doctor.
 - Do not put medications in the trash. Ask your clinicians about proper disposal.
 - Never take another person's medications
 - Beware of the precautions on the label
 - Some drugs cannot be mixed with alcohol, certain foods, or other medications.
- OXYGEN IS ALSO A PRESCRIPTION – be sure to be read and follow the oxygen safety instructions provided to you and ask your clinicians if you have any questions or concerns.
- Your nurse will explain what each drug is for, how to take it and the side effects.
- Your nurse will assist you with setting up a safe system for taking medications, if necessary.
 - You can use a chart or container system to help you remember which medications to take, how much and at what time.





Oxygen Use & Safety

Oxygen is essential for life, valuable therapy for many patients, and can be surprisingly dangerous.

You may not think of oxygen as dangerous. After all, it is all around us in the air we breathe. But the oxygen concentration in ordinary air is a mere 21%. Increase that concentration by only a little, and the risk of fire grows dramatically.

In oxygen-enriched atmospheres (defined as greater than 23% oxygen), fires can be easily started and spread by means that would not happen in ordinary air. Many materials that do not burn in air will burn easily and vigorously in oxygen-enriched atmospheres.

What's more, these fires burn hotter and faster than ordinary fires. The higher the level of oxygen, the worse the fire.

What You Need to Know About Oxygen Therapy

Your doctor may have prescribed supplemental oxygen therapy. The good news is that many people lead very active lives despite needing oxygen. But using oxygen can also put you at risk. So it is important that you know how to keep yourself and those around you safe.

How Does Oxygen Therapy Work?

Oxygen therapy is used to increase the supply of oxygen to the lungs, which in turn, makes more oxygen available to other body tissues.

It can be delivered from high-pressure cylinders, cryogenic liquid containers, or oxygen concentrating devices (e.g., oxygen concentrators). The oxygen flows from the supply through a long, thin plastic tube that connects to a breathing device worn by the patient. Breathing devices include nasal cannulas, facemasks, and tracheostomy tubes.

What Are The Risks?

One of the greatest risks of using oxygen is the potential for fire. Smoking while oxygen is in use or nearby is the greatest cause of oxygen-users' deaths. Smoking while breathing supplemental oxygen can cause the cigarette to burst into flames, causing severe facial burns or fire.

Fires in the home pose a risk for neighboring residences and buildings to catch fire as well. Many ordinary things can cause a fire on or around the oxygen supply or a patient using oxygen, such as the flame



from a match, candle, lighter, furnace pilot light, space heater, hair dryer, static sparks and more. It is recommended that anyone using oxygen stays at least 25 feet away from any of the above heat sources or another person smoking.

The oxygen supply device itself can also be hazardous and explode if improperly used, stored, hit, dropped, or if it leaks. Oxygen use in a car without good ventilation can start a fire.

In Case Of Fire, What Should I Do?

Should there be a fire involving oxygen or an oxygen supply, act quickly:

- Shut off the oxygen supply or remove tubing from supply, if possible and if safe to do so
- Get away from the oxygen delivery device, oxygen supply, and the fire
- If the fire is on you, remove the oxygen delivery device, then stop, drop and roll.
- Extinguish the fire with water or a fire extinguisher, if possible and if safe to do so

Safety Tips for Patients Using Oxygen Therapy

1. Patients who smoke while using oxygen are at risk of fire and facial burns.

Preventative measures include:

- Patients, caregivers, visitors should not smoke in any part of the house where oxygen is used
- Patient/caregiver to use signage "No smoking - oxygen in use."
- Arrange for removal of any oxygen equipment not in regular use
- Ensure smoke detectors are fitted and in working order

2. Exposure to open flames from gas fires, open fires, candles and cooking appliances puts the patient using oxygen at risk for explosion and fire.

Preventative measures include:

- Patient to maintain a safe distance from fires and open flame appliances while wearing oxygen
- Oxygen must be securely positioned and stored away from heat and open flames

3. Patients using oxygen are at risk of little to complete restriction of oxygen if entrapment or kinking of tubing occurs in or under furniture, doors, wheels or other heavy objects.

Preventative measures include:

- Check there are no kinks in the tubing
- Check that the tubing is not trapped between furniture or trapped (e.g. under bed or wheel, etc.)
- Use only tubing supplied by the oxygen provider or hospice

4. Patients who use petroleum-based products while using oxygen are at risk of local burning of affected area.

Preventative measures include:

- Patients (or caregivers) should not use petroleum on or near patient's nostrils
- Patients should not use oils or gels on or near a patient's nostrils

5. Patients using oxygen are at risk for trips and falls when using tubes to receive oxygen therapy.

Preventative measures include:

- Patients and caregivers to check position of tubing daily to minimize risks of falls
- Patients and caregivers to check position of tubing, particularly if patient using a walker, etc.
- Current oxygen tubing must be of an appropriate length to meet the needs of the patient, and if needed contact hospice to alter the tubing length



6. Patients using oxygen are at risk of no oxygen supply if the power supply to the oxygen concentrator is turned off.

Preventative measures include:

- Ensure patient has a back up cylinder
- Patient should not use back up cylinder unless there is power failure to concentrator

7. Oxygen-sensitive patients are at risk of worsening respiratory failure if an unauthorized adjustment of flow rate on equipment occurs.

Preventative measures include:

- Patient and caregiver will know and understand the reason for oxygen
- Patient and caregiver will know and understand prescribed flow rate and hours of use
- Patient and caregiver understand how to operate equipment safely
- Patient and caregiver know the importance of not adjusting oxygen flow rate without seeking appropriate clinical advice and assessment

8. Non-compliance with oxygen treatment prescribed for the patients puts them at risk of hypoxia remaining untreated.

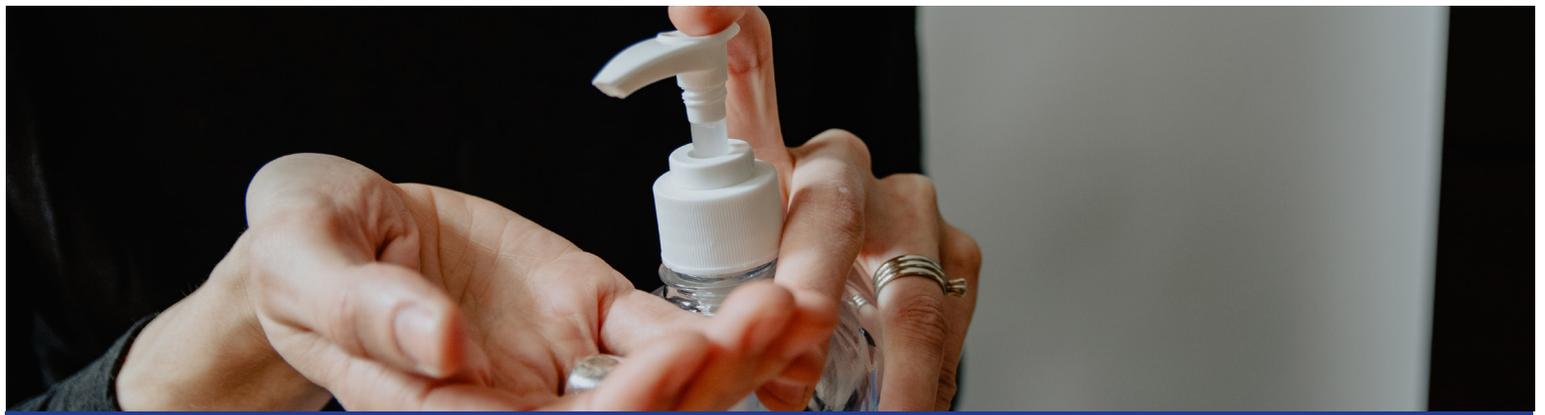
Preventative measures include:

- Patients will be educated on when and how to use oxygen at the time of prescribing
- Reason for oxygen will be discussed at each review of care plan
- Significant caregivers, family and others involved with the patient to be educated on why oxygen has been prescribed

How Can I Keep Myself Safe?

- Read, understand, and follow the oxygen device instructions for use and safety.
- Never smoke while using oxygen or near an oxygen supply.
- Keep yourself and the oxygen supply at least 25 feet away from:
 - any fire, candles, stove, oven, grill, or other heat source or open flame
 - electrical appliances that make sparks
 - elements that produced high heat, such as an electronic igniter, toaster, space heater, hair dryer or electric motor
 - anyone smoking
- Do not use flammable aerosol sprays (such as spray paint, hair spray) near the oxygen supply because they may spontaneously burn.
- Do not use cosmetic oils, waxes, petroleum-based products or greases because they can easily burn in supplemental oxygen.
- Avoid static electric spark conditions. For example, do not use synthetic blankets because sparks could occur near the site of oxygen use.
- Keep oxygen concentrators, containers and cylinders on a upright position. Oxygen cylinders must remain on a securing device such as a cylinder rack to prevent the tank from falling or being knocked over.
- Never cover or place anything over an oxygen supply.
- Keep a fire extinguisher in the area of oxygen use.
- Keep a phone near patients who may have difficulty escaping in a fire.





Infection Prevention

Infection prevention prevents or stops the spread of infections in healthcare settings. In home health, Infection prevention practices may need to be adapted so that the patient's requests, needs, and dignity are maintained and incorporated as safely as possible into the patient's plan of care.

How Infections are Spread

Germs are a part of everyday life and are found in our air, soil, water, and in and on our bodies. Some germs are helpful, others are harmful. Many germs live in and on our bodies without causing harm and some even help us to stay healthy. Only a small portion of germs are known to cause infection.

An infection occurs when germs enter the body, increase in number, and cause a reaction of the body. People can be sick with symptoms of an infection or colonized with germs (not have symptoms of an infection but able to pass the germs to others).

A person susceptible to infection is someone who is not vaccinated or otherwise immune, or a person with a weakened immune system who has a way for the germs to enter the body. For an infection to occur, germs must enter a susceptible person's body and invade tissues, multiply, and cause a reaction.

Hand Hygiene

Hand hygiene is the single most important way to prevent infection. Hand hygiene is a term used to cover both hand washing using soap and water, and cleaning hands with an alcohol-based hand sanitizer.

When you should clean your hands:

Hand hygiene at any time of the day can help get rid of germs, but there are key times when it is most important to clean your hands.

- Before touching your eyes, nose, or mouth.
- Before, during, and after preparing food
- Before eating food.
- Before and after caring for someone who is sick.
- Before and after treating a cut or wound.



- After using the bathroom, changing diapers, or cleaning up a child who has used the bathroom.
- After touching surfaces in the patient's immediate area such as bed rails, bedside tables, doorknobs, remote controls, or the phone.
- After blowing your nose, coughing, or sneezing.
- After touching an animal, animal food or treats, animal cages, or animal feces.
- After touching garbage.
- If your hands are visibly dirty or greasy.

How you should clean your hands with an alcohol-based hand sanitizer:

1. Put product on hands and rub hands together.
2. Cover all surfaces until hands feel dry.
3. This should take around 15 seconds.

How you should clean your hands with soap and water:

1. Wet your hands with warm water. Use liquid soap if possible. Apply a nickel- or quarter- sized amount of soap to your hands.
2. 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.
3. Continue rubbing your hands for at least 15 seconds. Need a timer? Imagine singing the "Happy Birthday" song twice.
4. Rinse your hands well under running water.
5. 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 clean hands

Members of your healthcare team should perform hand hygiene at a minimum every time they enter your home/room and when they remove gloves.

Wearing gloves alone is not enough to prevent the spread of infection. Protect yourself by asking questions:

1. **Clean your own hands** and ask those around you to do the same.
2. Don't be afraid to use your voice: **it's ok to 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 germs spreading. Will you please clean your hands once more before you start my treatment?"
3. **Ask your loved ones to clean their hands too:**
 - "I saw you clean your hands when you arrived some time ago, but would you mind cleaning them again?"



Transmission of Germs and Personal Protective Equipment (PPE)

Transmission refers to the way germs are moved to a susceptible person. Germs don't move themselves. Germs depend on people, the environment, and/or medical equipment to move in healthcare and home settings. There are a few general ways that germs travel during patient care – through contact (i.e., touching), sprays and splashes, and inhalation. To prevent transmission of germs your healthcare team may wear items of PPE and instruct family and caregivers on when and how to wear PPE. PPE includes gloves, gown, and mask.

Gloves

Disposable gloves protect everyone. They are to be used only one time and then discarded. If a glove tears while putting it on, throw it away and use a new one. You should wear gloves when touching:

- Blood
- Body fluids (urine, stool, vomit)
- Mucous membranes (such as the inside of the mouth)
- Wound drainage
- Soiled dressings
- Soiled linens or clothing



Keep hands free of contamination when removing gloves

1. Remove the first glove by holding it just below wrist. Be sure to only touch the glove— not the skin on the wrist or arm.
2. Pull the glove down over your hand, which turns it inside out.
3. Continue to hold the discarded glove in your gloved hand. Slide two fingers from your ungloved hand under the wrist of the glove still on your hand. Do not to touch the outside of the glove.
4. Pull the glove down over your hand, which turns it inside out. Hold onto the glove by grasping the clean inside surface of the glove. The first discarded glove will now be inside the glove you just pulled off.
5. Throw the gloves away in an appropriate container.
6. Wash your hands.

Respiratory Hygiene/Cough Etiquette

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

- Cover your mouth and nose with a tissue when coughing or sneezing;
- Dispose of the tissue in the nearest waste receptible after use;
- Perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials.



Steps You Can Take to Avoid Getting COVID-19 and the Flu

Many of the steps we take to protect ourselves from COVID-19 are the same things we need to do to keep us safe from influenza. Practicing these good habits is also a great way to stay healthy:

- Stay up to date on your COVID-19 and flu vaccinations.
- Get tested if needed.
- If you're feeling ill, keep your distance from others and avoid close contact with those who may have COVID-19 or the flu.
- Wash your hands or sanitize often to prevent the spread of the virus.
- Cover your mouth when sneezing and keep from rubbing your eyes, mouth and nose.

Handling Soiled Clothing and Bedding

- Use disposable gloves and avoid shaking linens in the air, which can spread germs.
- Place soiled clothing or bedding in a separate container or trash bag until ready to wash.
- Wash as promptly as possible after soiling. Machine wash with detergent, hot water and one cup of bleach if material is colorfast.
- Drying items in a warm dryer and ironing also decreases germs.
- If a dryer is not available, air-drying in the sun is preferred.

Cleaning Large Spills

- Large spills of body fluids, or spills containing broken glass or sharp objects, should be covered with disposable towels saturated with 1:10 bleach solution.
- Wear gloves, and let towels stand for 10 minutes.
- With gloved hands wipe up spills with disposable paper towels, put in plastic bag, and discard in household trash.
- Dispose of gloves and wash hands.

General Housekeeping and Hygiene

Germs are also found in the environment. Examples of environmental sources of germs include bed rails, medical equipment, countertops, and tables. Not all cleaners and disinfectants work the same. Read the label and follow the instructions. The label will tell you what germs it works for and how much and/or how long surfaces need to be "wet" to be effective.

- Keep counters, floors and bathroom surfaces wiped down with a disinfectant.
- Do not share personal items such as toothbrushes, razors and enema equipment.
- Clean thermometers with soap and water between uses. If other people use the thermometer, soak it in rubbing alcohol for 30 minutes, then rinse with water between users.
- Pour dirty mop or cleaning water down the toilet, not the sink.
- Pet areas, including litter boxes, birdcages and fish tanks, should be kept very clean. Persons with weakened immune systems should have someone else take care of pet areas.
- Discourage people who have infectious illnesses, such as colds or the flu, from visiting.



Biomedical Waste Disposal in the Home

Biomedical waste red bag

Biomedical waste generated in the home must be packaged and disposed of properly to reduce the risk of exposure to waste handlers and the public at large. Gulfside Healthcare Services is responsible for collection and removal of all biomedical waste generated while they are providing services. This is done through the use of OSHA approved containers for sharps; and a red bag for absorbent materials. Both of these will be marked with a biomedical waste symbol.

Biomedical waste is defined as any solid or liquid waste that may present a risk of infection to humans. These include:

- Used, absorbent materials saturated with blood or body fluids, secretions, excretions, which are contaminated with blood, whether wet or dried. Absorbent materials include such as items such as bandages and gauze.
- Non-absorbent disposable devices that have been contaminated with blood or body fluids, secretions or excretions which are contaminated with blood. Non-absorbent disposable devices include such items as sharps, syringes, lancets, and IV tubing.

Disposal of needles

- Dispose of needles in a provided sharps container that is an unbreakable, puncture- proof container that has a closable lid.
- Do not replace caps on needles.
- Do not overfill the container more than 2/3 of the container.
- Your nurse will dispose of the container when it is full, or it is no longer needed.





Bill of Patient Rights & Responsibilities

Gulfside Home Health patients have a right to be notified in writing of their rights and obligations before treatment begins and to exercise those rights. The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent. Gulfside Home Health has an obligation to protect and promote the rights of their patients, including the following rights:

- To have his or her property and person treated with respect
- Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property
- Make complaints to Gulfside Home Health regarding treatment of care that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of Gulfside Home Health.
- Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to:
 - Completion of all assessments
 - The care to be furnished, based on the comprehensive assessment
 - Establishing and revising the plan of care
 - The disciplines that will furnish the care
 - The frequency of visits
 - Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits
 - Any factors that could impact treatment effectiveness
 - Any changes in the care to be furnished



- Receive all services outlined in the plan of care
- Have a confidential clinical record
 - Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164
- Be advised of:
 - The extent to which payment for home health services may be expected from Medicare, Medicaid, or any other Federally-funded or Federal aid program known to the Gulfside Home Health
 - The charges for services that may not be covered by Medicare, Medicaid, or any other Federally-funded or Federal aid program known to the Gulfside Home Health
 - The charges the individual may have to pay before care is initiated
 - Any changes in the information provided in accordance with this information when they occur. Gulfside Home Health must advise the patient and representative (if any), of these changes as soon as possible, in advance of the next home health visit. Gulfside Home Health must comply with the patient notice requirements at 42 CFR 411.408(d)(2) and 42 CFR 411.408(f)
- Receive proper written notice, in advance of a specific service being furnished, if the HHA believes that the service may be non-covered care; or in advance of the HHA reducing or terminating on-going care. The HHA must also comply with the requirements of 42 CFR 405.1200 through 405.1204
- Be advised of the state toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local HHAs.
- Be advised of the names, addresses, and telephone numbers of the following Federally-funded and state-funded entities that serve the area where the patient resides:
 - Area Agency on Aging
 - Center for Independent Living
 - Protection and Advocacy Agency
 - Aging and Disability Resource Center
 - Quality Improvement Organization
- Be informed of the right to access auxiliary aids and language services and how to access these services.



Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ **See page 3** for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4** for more information on these uses and disclosures

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.



Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page



How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Special Notes:

We are held to a higher standard of privacy protection that is stricter than HIPAA requirements for releasing Hospice records after the death of a patient pursuant to Florida Statute 400.611.

We do not create or manage a hospital directory.



Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date: February 10, 2023

This Notice of Privacy Practices applies to the following organizations.

Gulfside Healthcare Services, Inc.

Privacy Officer Contact Information
kim.maier@gulfside.org
Phone 800-561-4883/Fax 813-528-8941





Home Health Agency (HHA)
Outcome and Assessment Information Set (OASIS)

Statement of Patient Privacy Rights

As a home health patient, you have these privacy rights:

- **You have the right to know why we need to ask you questions.**

We're required by law to collect health information to make sure you get quality health care, and that payment for Medicare and Medicaid patients is correct.

- **You have the right to have your personal health care information kept confidential.**

We may ask you to tell us information about yourself so that we'll know which home health services will be best for you. We keep anything we learn about you confidential.

This means only those legally authorized or with 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 to collect your health information.

If you choose not to answer, we'll fill in the information as best we can. You don't have to answer every question to get services.

- **You have the right to look at your personal health information.**

It's important that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.

If you're not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services (the federal Medicare and Medicaid agency) to see, review, copy or correct your personal health information.

See the Privacy Act Statement for more details about your privacy rights.

Need to correct your personal information?

To see, review, copy, or correct your personal health information in federal records call **1-800-MEDICARE (1-800-633-4227)** for help contacting the HHA OASIS System Manager. TTY users call 1-877-486-2048.

This is a Medicare & Medicaid Approved Notice.



Gulfside Home Health Nondiscrimination Policy

PURPOSE

To prevent organization personnel from discriminating against other personnel, patients, or other organizations on the basis of race, color, religion, age, sex (an individual's sex, gender identity, sex stereotyping, pregnancy, childbirth and related conditions), sexual orientation, disability (mental or physical), communicable disease, or national origin.

POLICY

In accordance with Title VI of the Civil Rights Act of 1964, Section 1557 of the Affordable Care Act (ACA) of 2010 and its implementing regulation, Gulfside Home Health will, directly or through contractual or other arrangement, admit and treat all persons without regard to race, color, or place of national origin in its provision of services and benefits, including assignments or transfers within facilities.

In accordance with Section 504 of the Rehabilitation Act of 1973, Section 1557 of the Affordable Care Act (ACA) of 2010 and its implementing regulations, Gulfside Home Health will not, directly or through contractual or other arrangements, discriminate on the basis of disability (mental or physical) in admissions, access, treatment or employment.

In accordance with the Age Discrimination Act of 1975, Section 1557 of the Affordable Care Act (ACA) of 2010 and its implementing regulation, Gulfside Home Health will not, directly or through contractual or other arrangements, discriminate on the basis of age in the provision of services unless age is a factor necessary to the normal operation or the achievement of any statutory objective.

In accordance with Title II of the Americans with Disabilities Act of 1990, Gulfside Home Health will not, on the basis of disability, exclude or deny a qualified individual with a disability from participation in, or benefits of, the services, programs or activities of the organization.

In accordance with other regulations the organization will not discriminate in admissions, access, treatment, or employment on the basis of gender, sexual orientation, religion, or communicable disease.



Gulfside Home Health Discharge Criteria & Process

PURPOSE

To outline the process for discharging a patient from service.

POLICY

When the patient's plan of care changes and this change results in discharge from or reduction of services, the patient or his/her representative, as well as his/her primary physician, will be notified and involved in planning decisions. A discharge summary will be completed and filed in the clinical record.

DEFINITIONS

- Termination/Discharge: Discontinuance of all organization services by the organization.
- Reduction of Services: A change in the patient's service plan in which one (1) or more existing services are discontinued.
- Discharge/Reduction of Services Criteria: Services will be terminated when the patient meets one (1) or more of the following discharge criteria:
 1. There is a change in the patient's medical or treatment program.
 2. A change in the patient's condition requires care or services other than that provided by the organization. If the patient's acuity requires another level of care that the organization cannot provide, the organization shall arrange for a safe and appropriate transfer to another organization that can provide the needed level of care.
 3. If appropriate, the physician and the organization agree that the goals of home health have been attained or are no longer attainable.
 4. The patient or family/caregiver refuses or discontinues care or elects transfer to another organization.
 5. The patient or family/caregiver is non-compliant with the plan of care.
 6. The patient or family/caregiver refuses to cooperate in attaining the objectives of home health.
 7. Conditions in the home are no longer safe for the patient or organization personnel.
 8. The patient and/or family display disruptive, abusive, and uncooperative behavior.
 9. Family/caregiver has been prepared and is capable of assuming responsibility for care.
 10. The patient moves from the geographic area served by the organization
 11. The patient's physician (or other authorized licensed independent practitioner) has failed to renew orders, or the patient has changed physicians and orders cannot be obtained from the new physician (or other authorized licensed independent practitioner) to support patient's needs.
 12. The physician (or other authorized licensed independent practitioner) gives orders that are not consistent with the stated diagnoses, as required by law, and fails to give the needed orders when requested by the organization.
 13. If the physician face-to-face encounter was not completed prior to the initial certification, the patient or family/caregiver refuses to obtain a physician face-to-face visit within 30 days of start of care.
 14. The patient or payor will no longer pay for the services provided by the organization.
 15. The organization is eliminating a particular service or all of its services.
 16. The patient expires

The patient will be notified of their right to appeal discharge, and will be provided contact information to request appeal if they choose to do so.



Gulfside Home Health Resources

During the course of your experience with us, we welcome your feedback and opinions should you have any concerns or issues that you would like us to address. In addition, we promise to listen carefully to what you have to say and to respond in a professional and timely manner.

If you have any questions or concerns, please contact Gulfside or any of the agencies listed below.

Gulfside Home Health

2061 Collier Pkwy, Land O Lakes, FL 34639 • 800-561-4883

Kepro Beneficiary Helpline

1-888-317-0751 • 813-280-8256

TTY:*711

Agency for Healthcare Administration (AHCA)

1-888-419-3456 • apps.ahca.myflorida.com/hcfc/

2727 Maham Dr. Tallahassee, FL 32308

The Joint Commission

www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-concern-or-complaint/

Mail to: The Office of Quality & Patient Safety, The Joint Commission

One Renaissance Blvd., Oakbrook Terrace, Illinois 60181

Medicaid Fraud

1-888-419-3456

Abuse, Neglect or Exploitation

Dept. of Children & Families • 1-800-962-2873

9393 North Florida Avenue, Tampa, FL 33612

<http://reportabuse.dcf.state.fl.us>

Agency on Aging/Aging & Disability Resource Center

800-963-5337 • <https://www.agingcarefl.org/contact-the-helpline.html>

9549 Koger Blvd, Gadsden Building, Suite 100, St. Petersburg, FL 33702

Disability Achievement Center for Independent Living

12552 Belcher Rd. South Largo, FL 33773

www.mydacil.org/ • 727-539-7550

Protection & Advocacy Agency

Disability Rights Florida • 800-342-0823

2473 Care Drive, Suite 200, Tallahassee, FL 32308

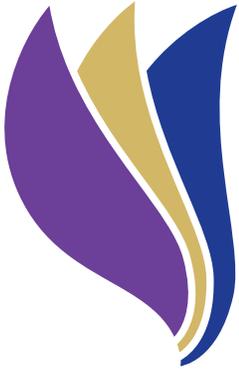
www.disabilityrightsflorida.org/contact/select_form

Quality Improvement Network

Health Services Advisory Group • 602-801-6600



More Choices for Quality & Compassionate Care



Gulfside Healthcare Services

Hospice | Palliative Care | Home Health



**Gulfside
Hospice**

Lic. 1989

Compassionate care for end of life

Lic. 1989 - #5005096

Serving Pasco County

At Gulfside, our mission is to provide patients with the greatest comfort and peace of mind at the end of life.

Offering comfort and care

Gulfside takes an interdisciplinary approach to giving both patients and their families the best possible quality of life, for as long as life lasts. Our entire team provides both emotional and spiritual support to bring our patients internal peace and comfort, in addition to our excellent medical care.

Providing practical support

Interdisciplinary support and service is available 24 hours a day, seven days a week, including medical staff on call around the clock. Gulfside Hospice also has resources to help with legal and financial services involving end-of-life care.

Relieving pain and discomfort

Gulfside staff's expertise is palliative care, more commonly known as comfort care. We provide medication, quality medical treatments and soothing alternative therapies, such as massage and music, to help relieve physical pain.



**Gulfside
Palliative Care**

Lic. 2009

Treatment plans for chronic illness

Lic. 2009

Serving Pasco & Hillsborough Counties

There are many benefits of palliative care for both patients and their families, including:

Pain & Symptom Management

Our expert team identifies and helps relieve your sources of pain and discomfort that stem from your diagnosed chronic illness. These may include problems with breathing, fatigue, depression, bowel/bladder or insomnia.

Communication & Coordination

Members of the Gulfside Palliative Care team are focused on clear channels of communication. We put great importance on communication between you, your family and all of your doctors in order to ensure that your needs are fully met. This includes establishing goals for care, help with decision making, and coordination of care.

Family & Caregiver Support

Caregivers bear a great deal of stress too, so the Gulfside Palliative Care team supports them as well. This focused attention helps ease some of the strain and can help with your decision making.



**Gulfside
Home Health**

Lic. 2019 #20255096

Skilled nursing and rehab at home

Lic. 2019 - #20255096

Now Serving Pasco & Pinellas Counties
Coming Soon to Hernando & Hillsborough

Skilled home health services provide quality care, independence and assistance for the caregiver.

Quality Skilled Care & Rehab Services

Get back to doing the things you love with the help of our team and skilled home health services. Our hands-on approach allows you to strengthen and recover so that you can keep moving and live life fully.

Maintaining Independence

Our team understands that keeping a level of independence is important to you, so we'll work with you to help you learn new ways to keep that independence. We can help you improve quality of life so that you are able to maintain independence and stay where you are most comfortable: home.

Caregiver Solutions

Caring for someone as they work through the journey of rehab services and skilled nursing care can bring on its own set of challenges. Our team knows that, and will work with the caregiver alongside the patient to find solutions that fit your lifestyle.



Giving Back to Gulfside



How are donations used by Gulfside Home Health?

Gulfside Home Health donations make it possible for Gulfside to bring compassionate care right to our patients' homes - helping them heal and get back to living full lives. Donations are used to provide skilled nursing services, physical therapy, occupational therapy, speech therapy and home rehabilitation services to our patients in need. All donations are used right here in our local community.

How do I make a donation to support Gulfside Home Health?

There are three different ways for you to make a donation:

1. Donate securely online at www.gulfside.org/make-a-gift.html or scan the QR code here.
2. Mail a donation check to the following address:
Gulfside Home Health
2061 Collier Parkway
Land O'Lakes, FL 34639
Attn: Carla Armstrong
3. Call 800-561-4883 to make a donation using your credit card over the phone.



I would like to include Gulfside as a beneficiary of my estate, IRA or insurance policy. What information do I need to provide my legal/financial advisors?

To ensure that your thoughtful gift is received properly in the future, please provide your legal/financial advisor with our full organization name, address and tax ID number, which is: Gulfside Healthcare Services, 2061 Collier Parkway, Land O' Lakes, FL 34639; EIN: 83-2484312.



Giving Back to Gulfside



Gulfside Healthcare Services is there when local residents need us the most by providing comfort care for those living with chronic or life-limiting illnesses.

All Thrift Shoppe proceeds support our mission and enable us to provide quality patient care and bereavement services in Pasco County to everyone, regardless of an inability to pay.

Shop!

When you shop at any of the Gulfside Hospice Thrift Shoppes, you are not only getting a good deal, but also supporting a good cause. The proceeds from each of our stores directly support patient care costs. Thanks to a constant flow of new donations, merchandise at each store is unique and constantly changing. That means you never know what treasures you might find!

Merchandise includes clothing, shoes, furniture, housewares, antiques, collectibles, movies, books, holiday items, and more!

Donate!

All of the items on the shelves at the Gulfside Hospice Thrift Shoppes are thanks to the generous donations of the community. Donations of new and gently used items are accepted during store hours at all store locations. Free pickup service is available for furniture and large donation items. All donations are tax-deductible and a donation receipt can be provided.

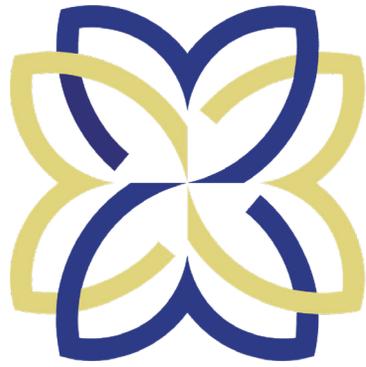
Volunteer!

Volunteers are an integral part of the success of the Gulfside Hospice Thrift Shoppes. Each store is almost entirely volunteer-run. New volunteers ages 15 and up are always welcome to join our Thrift Shoppe team. All volunteers receive an orientation about Gulfside Hospice, followed by specialized training for the Thrift Shoppe of their choice.

Volunteering is a great way to give back to the Pasco County community, help others, and even earn community service hours.

Learn more and find a location at www.GulfsideThriftShops.org.





Gulfside Home Health

Lic. 2019 #20255096

www.Gulfside.org

Phone: 800-561-4883

Fax: 813-909-0481

2061 Collier Parkway
Land O' Lakes, FL 34639

Lic. #20255096

A Business Line Of



Gulfside Healthcare Services

Hospice | Palliative Care | Home Health