
HOME BASED PRIMARY CARE HANDBOOK

Hours of Operation

Monday--Friday*
7:30am—4:00pm

Contact

Office
269.966.500 (ext. 35303)
or
1.888.214.1247 (ext.35303)
or
1.269.223.5303 (direct line)

Telecare Service
1.888.838.6446

* Closed Federal Holidays and Weekends

Table of Contents

In Case of Emergency.....	3
Telecare Service.....	4
Welcome.....	5
Your Team.....	6
Mission & Goals.....	7
HBPC Candidates.....	8
Patient Rights.....	9
Patient Responsibilities.....	10
Complaint, Concern, Compliment Process.....	11
Provided Services.....	12
Home Visits.....	14
Medication Refills.....	15
Cost For Care.....	17
Enrollment Priority Groups.....	18
Medical Equipment.....	21
Oxygen Safety.....	22
Patient/Family Pain Bill of Rights.....	23
Caregivers Support.....	24
Advance Directives.....	24
Emergency Preparedness.....	25
Additional Resources.....	28

In case of emergency...

In the event of a life threatening emergency call 911 for immediate assistance. Contact family, friends, or caregiver to notify HBPC Office of your need for emergency care. Once you reach stable condition, ask hospital doctor to contact your primary care physician or Medical Officer of the Day to discuss transfer to VA Medical Center.

Not an emergency?

If your situation is not an emergency, call the HBPC Office. Leave your name, telephone number, and message on voicemail if a staff member does not pick up. Your call will be returned to you as soon as possible.

Messages left on federal holidays and/or weekends will be checked the following business day and the appropriate team member will be informed of your call. The veteran's case manager will be responsible for assisting and managing home health care.

Questions regarding appointments and/or medications during after-hours can be answered by calling Telecare Service. The following page provides instructions for contacting Telecare Service.

Hours of Service

After office hours Monday—Friday: 4:00pm to 8:00 am
Holidays and Weekends: 24 Hour availability

When calling the Telecare Service phone line, you can expect to hear the following voice prompt. If you **do not have** a touch phone, stay on the line and the next available agent will assist you. If you **have** a touch phone, prepare to open your touch dial pad and make the necessary menu selection(s). The prompt is as follows:

- If you are having a medical emergency, hang up and dial 911 or call your local ambulance
- Press One (1) if you are calling about a prescription
- Press Two (2) if you are calling about an appointment
- Press Three (3) if you are returning a call to the clinic and you have a question about benefits or administration questions
- Press Four (4) if you are ill and need assistance or have a medical question about your medications, test, or treatment and would like to speak to a nurse
- Press Five (5) if you would like the menu repeated

WELCOME TO HOME BASED PRIMARY CARE

The Home Based Primary Care (HBPC) team of the Battle Creek VA Medical Center is happy to welcome you to the HPBC program. HPBC is a specialized program that provides primary case-managed care to eligible Veterans in the comfort of their own home.

A team of health professionals work together to develop an individualized plan to care for each veteran. Veterans admitted to the program will be provided with services such as:

- **Registered Nurse**
- **Mid-level Provider**
- **Social Worker**
- **Psychologist**
- **Registered Dietitian**
- **Rehabilitation Therapist**

Veterans enrolled in the HBPC program will continue to receive their medical management and care from their assigned Primary Care Provider in the outpatient clinic. A veteran's medication will be reviewed with the assistance of the HBPC pharmacist.

Visits from a veteran's specific HBPC team will visit the veteran at their home. Team visits are scheduled depending on the needs of the veteran, during each visit the veteran's team provides support for both individual and family needs.

Your Home Based Primary Care Team

HPBC Staff Members

HBPC Nurse Manager:

HBPC Lead Program Support Assistant:

RN/Care Manager:

Mid-Level Provider:

Social Worker:

Psychologist:

Occupational Therapist:

Kinesiotherapist:

Registered Dietitian:

Other:

HPBC Mission

We are committed to providing primary care in the home to our veterans who have difficulty with traditional clinic care because of their chronic illness and needs. These services will be provided with dignity and compassion that promotes trust and respect.

HBPC Goals

- Promote the veteran's maximum level of health and independence by providing comprehensive care and optimizing physical, cognitive, and psychosocial function
- Enhance the veteran's quality of life through symptom management and other comfort measures
- Assist in transition from health care facility to the home
- Educate proper home rehabilitation practices, including home equipment usage
- Adapt the home as safe, therapeutic environment by arranging services such as Home Telehealth
- Support veteran caregiver(s)
- Accommodate the changing needs and preferences of the veterans and their families throughout the course of chronic disease, including through end of life.
- Maximize veteran care to prevent unnecessary re-admission*

* This may include rapid recognition of caregiver strain and utilization of VA Respite services

Potential HBPC Candidates

The factors included in admitting patients to the HBPC program take into consideration veterans who suffer from chronic medical problems requiring acute attention to condition. In order to qualify for HBPC program admission, a veteran must suffer from:

- Chronic medical problems that requires ongoing management from interdisciplinary team
- Terminal illness with wish to remain at home
- High risk of re-occurring hospitalizations and emergency room visits
- Home being most appropriate place of care, determined by VA and HBPC team
- Inability to live under own supervision, yet have identified caregiver.

HBPC Care

The HBPC program provides health care follow-up to veterans at their home. HBPC services are able to sustain patient health, care, and quality of life through education, supervision, support, and caregiver support. A veteran's length of program is based on medical condition and need. Treatment goals determine medical need(s).

HBPC Patient Rights

*Patient rights are essential for effective HPBC care, every veteran who enters the HBPC program has the rights to receive fair and honest care. The rights of a veteran enrolled within the HBPC program can be broken up between **communication rights** and **treatment rights**.*

Communication Rights

Each veteran can *expect* the following communication rights:

- Transparency about your health problems
- Clear expectations of treatment outcomes
- Privacy between home care staff and patient
- Easy to understand personal health information

Each veteran has the right to *express* the following communication concerns:

- Refuse to participate in any research study
- Complain about denial of patient right
- Complete “Do-Not-Resuscitate”/Advance Directive with the HBPC team
- Request an “ethical consultation for any ethical issue related to your health

Treatment Rights

Each veteran can *expect* the following treatment rights:

- Care with respect and kindness
- Develop an important role in planning your personal care

Each veteran has the right to *express* the following treatment concerns:

- Request discharge from program at any time
- Agree and/or disagree with any care options

HBPC Patient Responsibilities

As much as following patient rights are important, following patient responsibilities are equally as important to achieve maximum HBPC care. A veteran's responsibilities can be broken into two categories, much like the veteran's rights. As for responsibilities, there are two important areas to keep in mind, **home care responsibilities** and **communication responsibilities**.

Home Care Responsibilities

Each veteran can expect to be held accountable for the condition of their home prior to a HBPC team member visit. Home care responsibilities are as follows:

- Treating HBPC team and Department of Veteran Affairs/Community Based Outpatient Clinic staff and property with courtesy and respect
- Ensure safe home for healthcare provider to best of your ability
- Withhold from smoking before and during HBPC team member home visit
- Control aggressive pets that may cause harm to HBPC team member
- Inform HBPC team member of any known unsafe activity in the area in order to prepare necessary precautions

Communication Responsibilities

Each veteran can expect to be held accountable for communicating accurate information to their respective HBPC team member(s). Up-to-date information best equips the HBPC team to prepare the best possible care for you. Communication responsibilities are as follows:

- Ask questions about care, services, needs, and/or expectations of HBPC program
- Provide feedback of HBPC care and services
- Inform your HBPC team about prior health problems, as well as any changes in condition or feeling, and current medicines/remedies
- Follow your HBPC team instructions and participate in the development of your plan of care
- Make clear of any problems you may have following care instructions
- Contact the HBPC Office if you are unable to keep appointment

Complaint, Concern, or Compliment Report Process

Patients can contact the HBPC Nurse Manager in case of any complaints, concerns, and/or compliments concerning HBPC services. Patients can write or call the HBPC Manager at:

VA MEDICAL CENTER
ATTN: HBPC NURSE MANAGER
5500 Armstrong Rd
Battle Creek, MI 49037
269.966.5600 or 1.888.214.1247 (ext. 35303) or 269.223.5303

It is our hope that we are always able to address patient needs/concerns/questions or complaints at the Medical Center level. Any compliments will be passed to the appropriate team member.

If you are not satisfied after discussing concerns with HBPC Nurse Manager, contact the Battle Creek VAMC Patient Representative at the telephone numbers listed above.

The Joint Commission performs surveys of the HBPC to assure staff are meeting the expected home care standards. Communicate a complaint or concern to the Joint Commission regarding any aspect of your VA care, you may reach the Joint commission at:

1.800.994.6610 or at complaint@jc.org

Provided Services

Medical

The patient's primary care provider is responsible for your medical care, admitting you to the HBPC program, referencing specialty clinics, and determining when to transfer or discharge the patient from HBPC. Following HBPC discharge, the primary care provider will require appointments at outpatient clinic to continue, at least, annual check-ups.

Nursing

A patient's nurse will visit at the home to assess needs. The nurse teaches the patient and caregiver how to recognize and manage health problems, additionally the nurse will instruct the caregiver how to perform home nursing procedures and will follow patient condition. Each nurse visit will be assessed by veteran's response to education and treatment. Care plans are received every 90 days, the nurse will make sure the veteran retains a copy of the care plan. A veteran and nurse will review a copy of prescribed medications, over-the-counter medication, and supplements during care plan review.

Mid-level Provider

An Advanced Practice Nurse (APN) or Physician Assistant (PA) address significance changes in veteran health with a visit to the patient's home or by phone consultation by Registered Nurse. The veteran's Registered Nurse works collaboratively with the Primary Care Provider to best take care of all medical needs.

Social Work

The Social Worker will assist the veteran and their family in coping with the stresses that often come about with an illness and disability. Often, there are needs that the veteran and their family, along with the HBPC team, will identify as a need unmet by immediate family or HBPC support. Programs such as Meals on Wheels, transportation services, personal care aides, housekeeping, etc., potentially can fulfill unmet patient needs. Social workers will work with the caregiver to assure VA Respite services are used when needed to support the veteran. Psychological needs can be fulfilled by a social worker too, referrals that help with depression from drastic life changes are also available.

Psychologist

A psychologist will assist with adjustments to illness, depression, and overall feeling of transitioning a veteran to HBPC program care. Lifestyle changes due to chronic disease drastically alters everyday life, the psychologist can provide the veteran an opportunity to discuss issues and concerns they have that may be preventing them from having a better quality of life they deserve. In order to address needs specifically important to patient, the psychologist will conduct necessary assessments to determine best course of care.

Occupational Therapy

The Occupational Therapist (OT) will provide an assessment of your functional status and home environment with emphasis on safety and accessibility. If the veteran is at risk for falls, the occupational therapist will assess the veteran's home for potential safety concerns contributing to dangerous environments. If any potential risks are spotted, the occupational therapist will discuss changes to promote safety. An occupational therapist will also provide a veteran with health education, adaptive or durable medical equipment, therapeutic home programs and recommendations for structural modifications as needed.

Kinesiotherapist

The kinesiotherapist (KT) may be involved with a veteran's HBPC plan if they require needs involving ambulation, safe use of assistive devices, falls or other areas the nurse assesses as need for mobile assistance. Range of motion, if required by caregiver, is also a kinesiotherapist specialty.

Nutrition Services

Dietitians performs nutritional assessment to assure a veteran is eating healthy foods as defined by personal healthcare indicators. A dietitian will provide education on special diets and possible complications in mixing certain medication(s) and food(s). Menu planning, grocery lists, and food service referrals are all areas where a dietitian collaborates with a veteran's primary care physician to structure beneficial care plan.

Prosthetics Service

The prosthetics service issues adaptive equipment to the patient. Prosthetic services can include wheelchairs, hospital beds, shower chairs, etc. Arrangements for obtaining and delivering medical equipment are made by prosthetics services. Proper home equipment processes are taught to veteran by prosthetic services, a veteran is either taught directly by HBPC team or through contracted organization. In case of equipment failure, prosthetics services will assist.

Pharmacist

A pharmacist fills all HBPC prescriptions, a HBPC pharmacist works with the team to review a patient's medication list for medications that may contribute to falls or react negatively with other medicine. Patient concerns may be discussed over phone to answer any questions about medications not prescribed by a VA provider.

Detail of Initial & Follow-Up Home Visits

- *Initial Visit...*

A patient's first visit will be from the HBPC registered nurse assigned as the HBPC Care Manager RN. On occasion, the HBPC mid-level provider will make the admitting assessment visit. A comprehensive assessment of the patient's needs along with an observation of the veteran's home environment. The information gathered throughout the first visit will help HBPC team members structure a care plan that best suits the individual. At the conclusion of the first visit, a discussion with the RN over the information gathered and will be passed on to the HBPC team.

- *Post-Visit Analysis...*

Following a veteran's initial home visit, a plan of care is developed based on the information gathered by the HBPC RN and any orders from the Primary Care Provider. This plan is then brought to the patient's next HBPC visit and discussed between the RN and patient. The plan reviewed between patient and RN is a plan designed to maintain the ability to remain at home, primarily based off needs that determined a patient's eligibility for the HBPC program.

- *Follow-Up Visits...*

Additional visits are based upon a schedule identified by HBPC team members as best meeting patient needs. The RN will conduct home visits; other team member visits will be scheduled by appointment through telephone or prior visit. Visits will primarily be scheduled on a consistent day of week or month to encourage habit. If travel complications occur, the HBPC team member will contact the patient and report any delays or changes in schedule. Please, allow up to 30 minutes before or after the scheduled time for HBPC team members to arrive.

Medication Refills & Disposal

Medication is important to a patient's health, always ensuring a patient has sufficient amounts of medication reduces likelihood of medical complications. Therefore, if a problem arises with medication contact the pharmacy.

Pharmacy Contact
Phone 1.888.214.1247 (ext. 35500)
Hours 8:00 am – 4:30 pm

All non-service connected Veterans and veterans less than 50% service connected will be charged a pharmacy co-pay for every 30-day or less supply of medicine prescribed for their non-service connected disabilities. Persons over 50% service connected are exempt from co-payment. If the patient currently has a pharmacy co-pay that will continue.

Limited Refills

If a patient runs out of medication before it has arrived via mail a family member or friend may pick up a limited supply at the VA. If the request comes after regular business hours, the Medical Officer of the Day (MOD) may be contacted to assist. The pharmacist on duty may provide enough medication to last the necessary amount of time. To prevent medication shortages, it is important that the medication refill steps are followed closely.

Medication Refill Process

Mail, call, or access online (www.myhealth.va.gov) to have refills filled at least two weeks before current prescription ends.

Mail refill slips to the following address *before* running out of medicine:

Battle Creek VAMC
Pharmacy Service (119)
5500 Armstrong Road
Battle Creek, MI 49015

Over the Phone Refill

Ordering medication by telephone requires a touch phone telephone. Rotary dial telephones ARE NOT compatible with ordering process. To order medication by phone, follow these steps:

- A. Dial 1.888.214.1247
- B. An automated voice recording will say:

- “Hello. Welcome to the Battle Creek VA Medical Center. If you know the extension of your party, you may enter it at any time.”
- C. Enter 3 5 5 0 0
- D. Enter social security number (to correct social security number, press *)
- E. Press pound sign (#) after entering social security number
 - Menu Options:
 - i. Press one (1) for appointment information
 - ii. Press two (2) for pharmacy prescription
 - iii. Press three (3) for account balance
- F. Select menu option two (2)—pharmacy prescription
 - Menu option two prompt: To request a refill of a prescription press one (1).
- G. Press one (1) to select prescription refill
- H. Enter prescription number located on the top left corner of medication bottle. Do not enter any letters that may be at the end of the prescription number
- I. Press pound sign (#) after each request for multiple medication refills.
- J. Wait for confirmation voice at end of recording
- K. Press zero (0) if refill not confirmed, you will be directed to pharmacy personnel
- L. Contact the pharmacy at 1.888.214.1247 (ext 31718) if medicine is unusual compared to medication received in past

Switching Medication

Requests will be forwarded to primary care provider; renewal of medicine depends on type of medication as well as medical history.

- A. Call 1.888.214.1247 from 8:00 am – 4:30 pm Monday through Friday
 - Extensions
 - i. Team A & C: Dial ext 31895
 - ii. Team B: Dial ext 33873
 - iii. Mental Health: Dial ext 33681

Medication will be mailed within 7-10 days unless requested to be picked up.

Local or National Disaster

In the event of a local or national disaster, the pharmacy is already prepared. The same procedure normally executed when ordering medicine over the phone is in order. Call the pharmacy if a disaster event is to ever occur.

Medication Disposal

The pharmacy cannot accept any prescription bottles, full or empty, due to risk of infection and patient privacy issues. Because the pharmacy does not accept medication disposal, the disposal responsibility falls upon the patient. Effective ways of disposing unneeded medication are to:

- a. Secure medication in an opaque container such as a coffee can or laundry soap container. Ensure container has secure lid to prevent contamination.
- b. Mix unneeded medication with coffee grounds or cat litter
- c. Remove old labels from pill bottles to decrease chance of identity theft

Cost For Care

Co-Pay

Most instances, HBPC has no charge. However, if the veteran has health insurance, the VA will bill insurance carriers for the cost of medical care for a Veteran's non service-connected condition. Veterans will not be charged for the unpaid portion of the bill and payments from insurers will be considered paid in full. The VA Medical Center will bill the patient monthly if there is a charge for home care. If the patient has a co-pay for outpatient clinic, they will have a co-pay with HBPC Registered Nurse or SW (?).

Financial Support Options

There are multiple options for patients who cannot afford co-pay fees. The following options are:

1. *Waiver Request* The first option involves requesting a waiver to dismiss the co-pays currently owed. A veteran must submit proof of financial inability to fund the co-pay, to validate contact the Revenue Coordinator at the VA Healthcare Facility to receive more information.
2. *Hardship Determination Request* The second option asks the VA to change the patient's Priority Group assignment. If granted hardship determination, the patient will not be charged in the future. To gain acceptance, current financial information must be submitted. More information can be found by contacting the Enrollment Coordinator at the local VA.
3. *Compromise Request* The third option is an offer and acceptance of a partial payment to settle and reach full debt payment with offer made. Many accepted compromise offers are a lump sum payment over a 30 day from initial approval. Contact the Enrollment Coordinator for more information.

Enrollment Priority Groups

Group Number	Description	Qualification(s)
1	Veterans with service-connected conditions rated 50% or more	<ul style="list-style-type: none"> ▪ Determined to be, by VA, unemployable due to service-connected condition
2	Veterans with service-connected condition	<ul style="list-style-type: none"> ▪ Rated 30% to 40%
3	Former POWs	<ul style="list-style-type: none"> ▪ Service-connected conditions rated 10% to 20% ▪ Discharged from active duty for a disability ▪ Awarded special eligibility under Title 38 U.S.C. 1151 ▪ Awarded Purple Heart ▪ Awarded Medal of Honor ▪ Whose discharge was for disability incurred or aggravated in the line of duty
4	Veterans receiving aid and attendance or housebound benefits	<ul style="list-style-type: none"> ▪ Determined to be catastrophically disabled
5	Nonservice-connected and noncompensable service-connected veterans rate 0% disabled with annual income below the VA's and geographically adjusted income limits*	<ul style="list-style-type: none"> ▪ Veterans receiving VA pension benefits ▪ Veteran eligible for Medicaid programs
6	Compensable 0% service-connected veterans	<ul style="list-style-type: none"> ▪ Veterans exposed to Ionizing Radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki ▪ Project 112/SHAD participants ▪ Veterans who served in the Republic of Vietnam between January 9, 1962 and May 7, 1975 ▪ Veterans of the Persian Gulf War who served between August 2, 1990 and November 11, 1998 ▪ Veterans who served on active duty at Camp Lejeune for not

* Based on resident zip code

		<p>fewer than 30 days beginning August 1, 1953 and ending December 31, 1987</p> <ul style="list-style-type: none"> ▪ Veterans who served in a theater of combat operations after November 11, 1998 as follows: <ul style="list-style-type: none"> ○ Currently enrolled veterans and new enrollees who were discharged from active duty on or after January 28, 2003, are eligible for the enhanced benefits for 5 years post discharge ○ Combat veterans who were discharged between January 2009 and January 2011, and did not enroll in the VA health care during their 5-year period of eligibility have an additional one year to enroll and receive care. The additional one-year eligibility began February 12, 2015 with the signing of the Clay Hunt Suicide Prevention for American Veterans Act
7	Veterans with gross household income below the geographically-adjusted income limits (GMT) for their resident location	<ul style="list-style-type: none"> ▪ Agree to pay co-pays
8	Veterans with gross household income above the VA and the geographically-adjusted income limit	<ul style="list-style-type: none"> ▪ Agree to pay co-pays

Veterans eligible for enrollment

Noncompensable 0% service connected:

Sub-priority	Qualification(s)
A	<ul style="list-style-type: none">▪ Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub priority due to changed eligibility status
B	<ul style="list-style-type: none">▪ Enrolled on or after June 15, 2009 whose income exceeds the current VA or geographic income limits by 10% or less
C	<ul style="list-style-type: none">▪ Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub priority due to changed eligibility status
D	<ul style="list-style-type: none">▪ Enrolled on or after June 15, 2009 whose income exceeds the current VA or geographical income limits by 10% or less

Veterans not eligible for enrollment

Veterans not meeting the criteria above

Sub-Priority	Qualification(s)
E	<ul style="list-style-type: none">▪ Noncompensable 0% service-connected (eligible for care of their SC condition only)
G	<ul style="list-style-type: none">▪ Nonservice-connected

Medical Equipment

Veterans in need of medical equipment assistance will have the chance to be provided with medical equipment in their home. Typically, a veteran's medical equipment will be ordered by the discharge provider prior to returning home.

Additional medical equipment can be obtained by veterans who are eligible to the specific equipment. Veterans are assessed for special equipment to promote safety and increase independence.

Medical equipment providers are:

Prosthetics Services

The prosthetic Service is responsible for issuing trusted medical equipment such as:

- Sensory aids
- Prosthetic devices
- Orthotic devices

After assessing a veteran's specific need, the Prosthetic Service will coordinate delivery and home set up of the medical equipment. Following home set up, the veteran will be taught proper use and care of their medical equipment by trained Prosthetic Service staff. Additionally, Prosthetic Services for administering the Home Oxygen Therapy Program.

Home Oxygen

Veterans who ordered Home Oxygen through the VA are expected to be evaluated annually to assess correct liter flow, as well as if the veteran still requires oxygen services. Without the annual assessment, there is risk of losing Home Oxygen from the VA.

Problems

For any problems related to medical equipment, let HPBC members know if you are calling about equipment issues to contact Prosthetic Services. Refer to the number and hours of medical equipment assistance,

Phone number: 269.966.5600

Operating hours: Monday—Friday; 8:00am—4:00pm

Oxygen Safety

Oxygen does not burn, but it makes everything near it burn faster. A patient who follows the recommended rules could save a life.

- No smoking or open flames in room where oxygen is used, or within 10 feet of the room.
- Place “No Smoking” signs on the door of home where oxygen is used.
- Keep combustible products such as grease, oil, and alcohol away from oxygen.
- Ensure a smoke detector be in each room.
- Shut off main valve of oxygen tank or turn off concentrator’s switch in case of fire.
- Turn off flow valve or turn concentrator switch off when not in use.
- Keep top of concentrator and any other oxygen equipment clear of obstruction.
- Do not use electric razors, hair dryers, or any electric device while oxygen on.
- Secure oxygen tank at the safety base or rack provided by company. Do not let stand free.
- Review oxygen tank procedures with HBPC team members.
- Keep name and number of oxygen provider close by in case of emergency.

Patient & Family Pain Bill of Rights

The veteran has both rights and responsibilities once joining the HBPC program. Once admitted to the program, a veteran can be reassured their care is in committed, caring hands of the BCVAMC medical staff. Veterans are encouraged to participate, and remain aware of both expectations and responsibilities of HBPC care.

Patient Expectations

- Trustworthy reports of pain
- Transparency concerning pain and pain relief medication, including methods of pain management not requiring medication.
- Attentive staff committed to prevention and management of you pain
- Quick response to your reports of pain

Patient Responsibilities

- Asking assigned healthcare professional what to expect regarding pain and pain management
- Discuss your pain relief options with your healthcare professional
- Work with the healthcare professional to develop pain management plan
- Ask for pain relief when pain begins
- Assist healthcare professional when assessing your pain
- Remain open about pain, report at any sign of pain or lack of pain relief
- Address any worries about taking pain medication with healthcare professional
- Take pain medications as prescribed

HBPC is a two-way street, it is important that the patient remain aware of the condition of their home. Every HBPC home visit requires preparation before, and on the day of the home visit. To ensure the best possible care, consider these preparations for any home visit:

Before HBPC Visit

- Write down any questions you may want to ask your healthcare professional
- Prepare the following information concerning your condition for nurse to best assess your condition:
 - a. Problem identification
 - b. Start of problem
 - c. Severity of problem at home (are you the only one who has problem)
 - d. Potential cause of problem
 - e. Previous attempts to solve problem, results of attempts
 - f. Level and duration of pain
 - g. Change in diet, exercise, or weight loss

Day of HBPC Visit

- Follow directions, such as no eating/drinking as instructed
- Wear comfortable clothes
- Be ready to take notes
- Speak up if you do not understand anything
- Inform healthcare professional if you cannot or will not take care advice

Caregiver Support Services

Patient caregivers deserve equal amounts of care and support as patients. Providing care for another can be rewarding, as well as difficult. A caregiver must set aside time for themselves, time they can use to mentally and physically recharge. Feelings of stress from a caregiver can be directed to the HBPC office (269.966.5600 ext 35303).

Services such as adult day-care, HBPC social worker caregiver burden assessment, and Respite Services are all available to caregivers. Support groups, in addition to adult day-care, take daily burdens from caregivers. Feelings of stress can be assessed through burden assessment, and Respite Services are available for fulltime caregivers and assist in caregiving responsibilities.

Remember to always reach out to the BCVAMC with any caregiver concerns.

Advance Directives

Serious illness greatly impact you, as well as effect entire families. During these times, families require discussion about patient condition to prepare for any outcomes. Communicating your wishes is the most important issues for patients.

Advance directives are legal documents indicating patient preference of healthcare. Doctors and other healthcare providers will be informed of patient preference in case of the patient's inability to make decisions.

The BCVAMC recognizes every patient's right to choose and direct their medical care, including option to refuse life support treatment or having treatments stopped after they have begun. Direct any questions or concerns about advance directives at the HBPC RN or Social Worker.

Types of Advance Directives

- **Durable power of attorney for healthcare** helps the patient decide who makes decisions regarding treatment should the patient be unable to make the decision.

- **Living will** lets the patient decide whether they want life prolonging treatments/procedures, as well as duration of the treatment/procedure.
- **Non-hospital do not resuscitate (DNR)** is a document signed by a patient's medical provider that indicates the patient's wish for others not to perform cardiopulmonary resuscitation if the patient's heart stops. The DNR form is from the State of Michigan and the BCVAMC can assist in filling it out. If form is complete, keep copy close by that is visible to emergency personnel.

Emergency Preparedness

Medical emergencies are unexpected events that require immediate reaction. For example, a medical emergency can be anything from: unrelieved chest pains, unconsciousness, seizures, falls, low blood sugary, etc. If a patient experiences any of these events, or relating to, are to call 911 for immediate medical assistance.

Emergency Preparedness for Persons with Special Needs

Register | If the patient requires special needs, contact local emergency management office and ask to be registered as someone with disability. Registering improves medical assistance, the patient will be able to be reached faster in event of a disaster.

Prepare medication | Prepare an emergency kit that includes a 14-day supply of all medications. Rotate the medications with daily supply ever 30 days so the medication does not expire.

Emergency Preventions

Every-day awareness | Patients can strive for awareness of emergency in potentially dangerous situations. Exercise awareness of surroundings before acting on something the patient is not comfortable with. Patients can always be aware to prevent emergencies from small tasks such as:

- Not wearing loose clothing during cooking
- Not storing items out of reach
- Remaining aware of cooking utensils, such as hot pots and pans

Infection | Another area patients can be constantly aware of are areas of infection. To stay infection free, patients are encouraged to frequently wash hands to avoid spreading germs. Remember to cover your mouth during coughing and sneezing, and to keep up with annual flu shots.

Oxygen | If the patient is receiving Home Oxygen, weekly cleaning of oxygen concentrator cleaning filters and nasal cannula replacement reduces risk of infection. Look for discoloration of oxygen components, when appearing as soiled, do not take risk of infection. Remember to replace infectious equipment.

Natural Disasters

Natural disasters are sudden, unexpected, and devastating. As a patient relying on services unavailable during a natural disaster, it is important to prepare for an event that may cause severe damage. Refer to the patient’s county Emergency Services office, their advice for preparation and local shelters offer support for specific medical conditions. Call early, it is important that a patient gather this information *before* a natural disaster strikes.

As a patient, it is also important to consider to following natural disaster preparations:

Water | Store one gallon of water per person, per day (two quarts for drinking, two quarts for food preparation and sanitation). Keep at least a three-day supply of water for each person in your household.

Food | Store at least a three=day supply of non-perishable food. Attempt to find foods that require no refrigeration, preparation, or cooking with little or no water. As natural disasters are unpredictable, non-perishable foods are essential to cope with uncertain outcomes. Pack alternative heat sources, such as a sterno, for food preparation requiring heat. Include a variety of food in a patient’s natural disaster supply:

- Canned meats, fruits, and vegetables
- Canned juices, milk, and soup (store extra water for powdered soup)
- Sugar, salt, pepper, other preferred spices
- High energy foods such as granola bars, trail mix, nuts, crackers, etc.
- Special diet food
- Comfort/stress food such as cookies, hard candy, instant coffee, tea, etc.
- Vitamins

First Aid Kit

Assemble a first aid kit for your home and one for each car. Contact your local American Red Cross to obtain first aid manual.

Supplies | A patient is recommended to stock six basics in their home. Store these items in easy to carry containers, such as duffle bag, backpack, or suitcase:

- | | |
|--|--------------------|
| ▪ Water | ▪ Clothing/bedding |
| ▪ Emergency tools (flashlight, whistle, batteries, etc.) | ▪ Food |
| ▪ Special items (medication, for example) | ▪ First aid |

Reminders | A patient must remember to store emergency supplies in a convenient place known to all family members. Change stored water every six months to ensure freshness. Re-evaluate family needs and emergency kit each year. Ask physician or pharmacist about storing prescription medications in case of emergency.

Fire Safety

Stay calm | Panic is a greater threat of death than actual flames or smoke from fire. The overwhelming event of a fire reduces a patient's ability to react rationally, which makes pre-planning essential. If a patient follows through with pre-planning, chances of survival increase. Ensure your home has updated fire detectors with sufficient batteries.

Be prepared | Make plan for the patient. Periodically review exit drills with family, and always plan two ways out. Know surroundings of home, such as fire escapes for apartments. Do not use elevators in fire and always keep hallways clear. Inform local fire departments if using oxygen or a patient is bed-ridden

Prevention | Never smoke in bed. Do not put lit smoking devices around home without attention. Know the signs of a fire to anticipate next moves, be aware of a fire's characteristics and how to address each step, such as a hot doorknob or preventing smoke from entering room.

Home Health Care Disposal

A consequence of HBPC is the extra medical equipment used at a patient's home. Before scheduled visits, a patient must account for disposing of medical equipment. Needles, syringes, lancets, and other sharp objects are commonly referred to as "sharps". Once used, "sharps" must be disposed of in a red, hard plastic container with secure lid. Do not use clear plastic or glass.

Other items to be placed in heavy plastic bag, securely closed before placing in regular trash are:

- Bandages or dressings
- Disposable sheets or pads
- Incontinent briefs
- Medical gloves

Extra Resources

Service	Telephone Number
VA Benefits	1.800.827.1000
Vocational Rehabilitation and Employment (additional number)	1.877.222.8387
Education (GI Bill)	1.888.442.4551
Health Care Benefits	1.877.222.8387
Income Verification and Means Testing	1.800.929.8387
Life Insurance	1.800.669.8477
Mammography Helpline	1.888.492.7844
Special Issues—Gulf War/Agent Orange/Project Shad/Mustard Agents and Lewisite/Ionizing Radiation	1.800.749.8387
Status of Headstones and Markers	1.800.697.6947
Telecommunications Device for the Deaf (TDD)	1.800.829.4833
Telecare	1.888.838.6446
Wyoming Health Care Center	616.249.5300
Lansing CBOC	517.267.3925
Benton Harbor CBOC	269.934.9123
Muskegon CBOC	231.798.4445
National Cemetery Administration	1.800.669.8477 or 1.800.749.8387
Billing	1.888.214.1247 ext 35037
Local Numbers	
TDD for the Deaf	1.800.829.4833
VAMC Battle Creek Information	269.966.5600 or 1.888.214.1247
VAMC Battle HBPC	269.966.5600 ext 33700
Websites	
VA Web Home Page	www.va.gov
My Health Vet Website	www.myhealth.va.gov
VA Medline & Health Information Website	www.nlm.nih.gov/medlineplus/

