Nursing Orientation Manual for Our Contracted Nursing Partners
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**HomeMed**

*HomeMed* is the University of Michigan Hospital’s home infusion provider. In the transition from hospital to home, an individualized care plan is created with the patient, caregiver, physician and *HomeMed* clinicians. Prior to starting therapy, Training Team nurses and dietitians work directly with patients and their caregivers whenever possible to teach individuals their medications, determine the best ways to provide therapy that is convenient, educate them and develop therapy goals. Our branch clinical staff begins the referral process and performs follow-up and monitoring of selected patients by phone and consists of registered nurses, pharmacists, dietitians and team technicians. They are divided into 6 clinical teams. Another individual who is a key member of our staff is the Team Technician. The Team Technician organizes the delivery of supplies to the home. If additional supplies are required, please ask for them. A Patient Accounts Representative is also available should you or patients have questions or concerns regarding insurance billing.

**HomeMed Hours**

All *HomeMed* staff is available during regular business hours, Monday through Friday from 8:00 AM to 5:30 PM. We are open limited hours on Saturday. The telephone number for *HomeMed* is 1-800-862-2731. Should you have questions outside of business hours an answering service will page the *HomeMed* clinician on call for you. A nurse or a pharmacist is available 24 hours a day, 7 days a week including holidays. The answering service will ask for your name, telephone number and a brief message explaining what you need. A clinician will call back as soon as possible. You should receive a call back within 15 minutes.
**Information We Give to Patients**

At the time of discharge, patients receive the following: instructions sheets on how to administer the medication, catheter care, drug information sheet, a copy of the prescription, cost estimate sheet, and a HomeMed admission packet that describes patient rights and responsibilities, basic home safety, return policy, advance directives, how to dispose of needles and hazardous waste, infection control and emergency/disaster planning. If patients are discharged with an infusion pump, or receiving chemotherapy, parenteral or enteral nutrition, a separate manual will be given to them.

**Authorizations and Reauthorizations**

Prior to the initiation of visits, you will receive an authorization form (Appendix A). This form will indicate the referral date, the individual’s name in your organization who we spoke to, therapy type, reasons for nursing visit, an authorization number for billing and any other comments. We attempt to authorize all nursing visits at the time of admission so that you do not need to call for reauthorization numbers. The number of visits is based upon therapy type and the patient’s/caregiver’s ability to perform the therapy. If you should need to obtain reauthorizations, please call the clinical team as stated on the initial referral form. They will ask you for an update as to the patient’s progress up to that point.
Information Helpful to You

In the patient’s initial delivery, we include an envelope that provides the patient and you important information regarding their care. In this envelope, you will find copies of the prescription (Appendix B), infusion pump programming sheet (if applicable), lab requisition (if applicable), and estimated cost of therapy and medication information sheets. Please note that the prescription includes drug, dose, frequency, diluents, amount of diluent, method of administration, duration of therapy, dressing change frequency and type, and the labs and frequency which the physician has ordered. If at any time, you are unsure of any instructions or paperwork, please call us. Also located on this website (UM-HomeMed), are examples of the patient instructions, catheter care grid for pediatrics and adults, policies and procedures that you may find helpful.

Nursing Notes

Your nursing and education notes are extremely important to us!! It is also part of the contract for you to send them so that we can care coordinate with you. Please fax them within 3 days to our fax number: 734-975-3079.

Care Coordination

If you need to arrange a conference call to discuss difficult cases, please let a pharmacist or nurse know the times and dates you are available. Based upon the patient need(s), we may also be able to arrange health care professionals within our health care system who may be of value. You may also receive a faxed cover sheet with a note and separate prescription orders from us to notify you of any changes in the patient’s condition or change in the prescription.
**Blood Draws**

If at all possible, we encourage you to use the University of Michigan’s Health System Health Centers M-Labs. This will insure that the lab values will be available to the attending physicians for review and promote patient safety. Click on [http://mlabs.umich.edu/pdfs/INF-Blood_Draw_Maps.pdf](http://mlabs.umich.edu/pdfs/INF-Blood_Draw_Maps.pdf) for a list of locations and phone numbers. If this is not possible, please call one of our clinicians to let them know the name and phone number of the lab so that we can follow-up with the patient’s physician. Blood specimens should be checked with the Blood drawing staff for accuracy prior to leaving the lab.

Please refer to the prescription to ensure that correct labs are being drawn. Identify the time of lab draw with the drug dosing time if specimen is for a drug level. Labs should be faxed to: 734-975-1046.
Suggestions/Complaints/Process Improvements

HomeMed is committed to maintaining the institution’s tradition of leadership in health care. Consequently, we are continuously working to exceed our reputation for excellence. If at any time, you feel we are not meeting these standards or you have ideas as to how we can improve our services, please contact one of our home care leaders listed below by calling 800-862-2731.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debbie Kovacevich, RN, MPH</td>
<td>Manager, Home Infusion Nursing</td>
</tr>
<tr>
<td>Tricia Sirois, PharmD</td>
<td>Manager, HomeMed Pharmacy</td>
</tr>
<tr>
<td>Chris Maksym, PharmD</td>
<td>Director, HomeMed, MedEQUIP &amp; Wheelchair Seating Service</td>
</tr>
<tr>
<td>Warren Deppong, PharmD</td>
<td>Manager, Reimbursement</td>
</tr>
<tr>
<td>Lisa Klein, PharmD</td>
<td>Manager, HomeMed Pharmacy</td>
</tr>
<tr>
<td>Karolyn Brewer, RN, MSN</td>
<td>Manager, Quality and Compliance</td>
</tr>
<tr>
<td>Ken Bandy, RT</td>
<td>Administrative Director</td>
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Appendix A - Authorization Form

The Regents of the University of Michigan
HomecareNet
Authorization Report

Report Date: 02/06/2010 09:54AM

Authorization Number: 8584

Patient: [Name] - [Address]
Policy: [Policy Name]
Contact/Coverage: [Contact Information]
Physician: [Physician Name]

Authorization Date: [Date]
Call Start Date: [Date]
Authorized Days: [Days]
Authorized Amount: [Amount]
Authorized Services: [Services]
Authorized Codes: [Codes]
Authorized Limits: [Limits]

Number of Authorized Visits

(V) - The limit in terms of visits. (All other limits are in dollars or units)
1 total visits
# Appendix B - Prescription

Return form to: **HomeMed Pharmacy**  
2850 S. Industrial Highway  
Suite 50  
Ann Arbor, MI 48104-9821  
(734) 975-3006

## Medical Authorization / Verbal Order

<table>
<thead>
<tr>
<th>General Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ID#: 01</td>
<td>Policy:</td>
</tr>
<tr>
<td>Patient: Test,</td>
<td>Group:</td>
</tr>
<tr>
<td>Address:</td>
<td>DOB: 08/31/1925</td>
</tr>
<tr>
<td>Phone #:</td>
<td>Height: 72.00 in</td>
</tr>
<tr>
<td>BSA:</td>
<td>Weight: 198.00 lbs</td>
</tr>
<tr>
<td>Allergies:</td>
<td>No known allergies.</td>
</tr>
</tbody>
</table>

## Statement of Medical Necessity

<table>
<thead>
<tr>
<th>Service(s):</th>
<th>Diagnoses:</th>
</tr>
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<tbody>
<tr>
<td>Antibiotic 730.27 OSTEOMYELITIS NOS ANKLE</td>
<td></td>
</tr>
</tbody>
</table>

## Prescription Information

**Pharmacy to Dispense:**  
Vancomycin 1 gm IV Q12H in 250 mL D5W LVP

**Directions:**  
Infuse 1000 mg (250 mL) every 12 hours as directed by physician. Administer intravenously over 2 hours at a rate of one drop every two seconds via gravity.

**Total Doses:** 42  
**Hospital Start Date:** 2/1/2010  
**Home Start Date:** 2/3/2010  
**Stop Date of:** 2/23/2010  
Dispense ancillary supplies and equipment necessary to complete therapy, PRN.  
Dispense ancillary supplies per laboratory orders, PRN. Schedule nursing services as needed for teaching, drug administration, blood draws, and catheter care.

## Lab Orders(s)

Q Week on Monday Vancomycin Trough, Basic, CBC, BMP

## Flushing Protocol

**Access:** Intravenous  
**Flushes:**  
- Sodium Chloride Flush 0.9% 5 mL *WHITE*  
- Heparin Flush 10 Units/mL 5 mL *BLUE*  

**Note(s):**  
- Catheter Type: SL Hickman  
- Sodium Chloride 0.9% 5 mL  
- Medication  
- Sodium Chloride 0.9% 5 mL  
- Heparin 5 mL  
- Heparin 10 units/mL, 5 mL  
- Rush each lumen daily.  
Dispense flush syringe quantities with refill as needed to maintain venous access per protocol, necessary to complete therapy.  
Dispense Transparent Catheter Dressing, Change dressing 1 times per week and PRN.

## Physician

Orders Per:  
SITRIN, ROBERT GARY  
1500 E. Medical Center Drive  
Ann Arbor, MI 48109  
(734) 647-9342, Telephone

**Physician’s Signature:** ____________________________  
**Date:** ____________________________  
**Order taken by:** Hitesh Patel