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| Document Code:      | DPOTMH-I-35-P02    |  |
|---------------------|--------------------|--|
| Effective Date:     | 07-31-2022         |  |
| Document Type:      | Policy             |  |
| Page Number:        | 1 of 4             |  |
| Department/Section: | Wound Care Center  |  |
| Document Title:     | HOME CARE SERVICES |  |

### **PURPOSE:**

To extend quality healthcare services of Dr. Pablo O. Torre Memorial Hospital (DPOTMH) Wound Care Center to the client's home.

#### LEVEL:

Wound Care Center Staff

#### **DEFINITION OF TERMS:**

Home Care Service- a service provided in the patient's place of residence for the purpose of promoting, maintaining, or restoring health or minimizing the effects of illness or disability.

#### POLICY:

- 1 The policy is designed for clients who need home care services.
- 2 Adjunct to the policy of the Wound Care Center Home Care Services this policy applies in cases when the need for home care services requires Medical Services.
- 3 The wound care staff shall reaffirm the request by calling the client prior to deployment.
- 4 The completion of an informed consent form before the procedure shall be strictly obtained at all times together with the physician's order. The Wound care staff reserves the right to postpone or refuse the procedure when:
  - 4.1 There is no doctor's prescription and the consent is not signed.
  - 4.2 The present clinical condition of the patient warrants further assessment and management; or
  - 4.3 There are other reasonable grounds that make the delivery of care unsafe for the team/client.
- 5 The equipment and materials to be used in the services shall be exclusively provided by the DPOTMH with the applied appropriate charges.
- 6 Payments shall be settled in accordance with the existing Cashiering policy.
- 7 The Home Care Services shall be available from 8 AM to 4 PM only. Mondays to Fridays. The area covered will be at a 10 km radius as DPOTMH is the point of reference. Landmarks are as follows.



| Document Code:      | DPOTMH-I-35-P02    |  |
|---------------------|--------------------|--|
| Effective Date:     | 07-31-2022         |  |
| Document Type:      | Policy             |  |
| Page Number:        | 2 of 4             |  |
| Department/Section: | Wound Care Center  |  |
| Document Title:     | HOME CARE SERVICES |  |

- 7.1 North-Brgy. Bubog, Talisay City
- 7.2 South-Sum-ag Elementary School, Bacolod City
- 7.3 East-Bacolod Boys Home, Brgy. Granada, Bacolod City
- 7.4 South East-Paglaum Village, Bacolod City
- 8 All procedural techniques and policies shall follow the approved policy of the given procedure contained in the procedures manual.
- 9 In case of refusal of procedure by the patient, he or she shall sign a refusal form. The patient shall pay the appropriate charges incurred during the visit of wound care staff.
- 10 The Wound care staff who shall do Home Care Service shall be accompanied by the patient's representative in going to the client's home and in coming back to the hospital. Transportation shall either by a hospital vehicle.
- 11 In the event that there is no available hospital vehicle a private vehicle or taxi cab shall be provided by the requesting party.
- 12 The following Home Care service will be as follows:
  - 12.1 Wound Care
  - 12.2 NGT insertion
  - 12.3 Foley Catheter Insertion
  - 12.4 Tracheostomy Care
  - 12.5 Colostomy Care
  - 12.6 Intravenous Insertion
  - 12.7 Intravenous Medication Administration
- 13 Other Home Care procedures shall done by Emergency Room Home Care Service Program nurses.



| DPOTMH-I-35-P02    |
|--------------------|
| 07-31-2022         |
| Policy             |
| 3 of 4             |
| Wound Care Center  |
| HOME CARE SERVICES |
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# **DOCUMENTATION:**

New Policy

### **DISSEMINATION:**

Policies and Procedures Manual Hospital Communicator



| Document Code:      | DPOTMH-I-35-P02    |  |
|---------------------|--------------------|--|
| Effective Date:     | 07-31-2022         |  |
| Document Type:      | Policy             |  |
| Page Number:        | 4 of 4             |  |
| Department/Section: | Wound Care Center  |  |
| Document Title:     | HOME CARE SERVICES |  |

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| Approved:    | GENESIS GOLDI D. GOLINGAN               | #         | delan     |
|              | President and CEO                       | TOX       | 11/12     |



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|---------------------|------------------------------|--|
| Effective Date:     | 07-31-2022                   |  |
| Document Type:      | Standard Operating Procedure |  |
| Page Number:        | 1 of 3                       |  |
| Department/Section: | Wound Care Center            |  |
| Document Title:     | HOME CARE SERVICES           |  |

#### **PURPOSE:**

To provide a detailed steps on how to carry out the processes in providing home care services to patients.

#### SCOPE:

Applies to all Wound Care Center Staff of Dr. Pablo O. Torre Memorial Hospital (DPOTMH)

#### PERSON RESPONSIBLE:

Attending Physician, Wound Care Center Nurses, Wound Care Center Clerks and Cashier

#### PROCEDURE:

### **Receiving Request:**

- 1. The Wound Care Center receives a call requesting for a home care service either from OPD/ER Staff or from the patient or patient's folks.
- 2. The Wound Care Staff gets information such as but not limited to: services requested, patient's data such as name, age gender, doctor's name, address and contact number.
- 3. The Wound Care Center verifies the request, schedules the patient and informs the requesting party of the charges.
- 4. The involve unit shall prepare the necessary supplies for the requested procedure.

#### **Actual Home Care Service:**

- 1. The staff verifies the identity of the client and explains the procedure.
- 2. The informed consent is signed and obtained by the Wound Care Staff before the start of the procedure.
- The Wound Care Staff performs the procedures prescribed in the Manual of Procedures.
- The Wound Care staff gives post-procedure instructions including the next wound care appointment.



| Document Code:      | DPOTMH-I-35-P02-S01          |  |
|---------------------|------------------------------|--|
| Effective Date:     | 07-31-2022                   |  |
| Document Type:      | Standard Operating Procedure |  |
| Page Number:        | 2 of 3                       |  |
| Department/Section: | Wound Care Center            |  |
| Document Title:     | HOME CARE SERVICES           |  |

#### Payment:

- 1. The Wound Care Staff gets the assessment of services.
- 2. The Wound Care Staff prepares the petty cash voucher in case of peso change and returns the same upon remittance of cash to the cashier.
- 3. The Wound Care Staff issues provisional receipt and receives cash from patient.
- 4. The Wound Care Staff endorses the provisional receipt with payment to the Cashier.
- 5. The Cashier prepares the official receipt and endorses to the Wound Care Staff.
- 6. The Wound Care Staff gives the Official Receipt to the representative or to the client (on next appointment).



| Document Code:      | DPOTMH-I-35-P02-S01          |  |
|---------------------|------------------------------|--|
| Effective Date:     | 07-31-2022                   |  |
| Document Type:      | Standard Operating Procedure |  |
| Page Number:        | 3 of 3                       |  |
| Department/Section: | Wound Care Center            |  |
| Document Title:     | HOME CARE SERVICES           |  |

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| Approved:              | GENESIS GOLDI D. GOLINGAN President and CEO                                    |           | 9/1/22    |



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|---------------------|----------------------|--|
| Effective Date:     | 07-31-2022           |  |
| Document Type:      | Work Instruction     |  |
| Page Number:        | 1 of 3               |  |
| Department/Section: | Wound Care Center    |  |
| Document Title:     | HOME CARE SERVICES   |  |

| KEYTASKS                       |   | PERSON RESPONSIBLE         |
|--------------------------------|---|----------------------------|
|                                | requesting for a home care service PD/ER Staff or from the patient                                    |                            |
| services reques                | on such as but not limited to<br>sted, patient's data such as name<br>octor's name, address and conta | e, Wound Care Center Staff |
|                                | equest, schedules the patient ar<br>uesting party of the charges.                                     | nd                         |
| 4. Prepares the no procedure.  | ecessary supplies for the requeste  | ed                         |
| 5. Verifies the ide procedure. | entity of the client and explains t   | ne Nurse-on-Duty           |
| 6. Obtains consen              | t before the start of the procedure.  |                            |
|                                | rocedures and gives post-proceduncluding the next wound ca  | 1                          |
| 8. Gets the assess:            | ment of services.   |                            |
|                                | petty cash voucher in case of peturns the same upon remittance nier.                                  |                            |
| 10. Issues provision patient.  | onal receipt and receives cash fro  | om Cashier                 |
| 11. Endorses the p             | provisional receipt with payment  | to Nurse-on-Duty           |



| Document Code:      | DPOTMH-I-35-P02-WI01 |
|---------------------|----------------------|
| Effective Date:     | 07-31-2022           |
| Document Type:      | Work Instruction     |
| Page Number:        | 2 of 3               |
| Department/Section: | Wound Care Center    |
| Document Title:     | HOME CARE SERVICES   |
|                     |                      |

| 12. Prepares the official receipt and endorses to the Wound Care Staff.                       | Cashier                 |
|---|-------------------------|
| 13. Gives the Official Receipt to the representative or to the client ( on next appointment). | Wound Care Center Staff |



| Document Code:      | DPOTMH-I-35-P02-WI01 |  |
|---------------------|----------------------|--|
| Effective Date:     | 07-31-2022           |  |
| Document Type:      | Work Instruction     |  |
| Page Number:        | 3 of 3               |  |
| Department/Section: | Wound Care Center    |  |
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|                          | Name/Title   | Signature | Date      |
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| Verified by:             | SHALAINE SOCORO L. DURAN, RN Nurse Manager for Operations                              | Seden     | 7/28/m    |
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| Recommending F Approval: | Quality Assurance Supervisor  MARIA LIZA C. PERAREN, RN, MAN  Nursing Division Officer | Jalpuni   | 7/28/2029 |
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| Approved:                | GENESIS GOLDI D. GOLINGAN President and CEO  |           | 9/1/22    |