

Patient Handbook

Home Medical Equipment



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01

Medical equipment delivered to your home

When you have health problems that make daily life tough, our team is here to help you feel better and more comfortable at home. We will work with you, your family and caregivers, and your care team to make sure you get the tools and care you need.

We work with Total Home Health to deliver your equipment to your home. Total Home Health is an accredited supplier of home medical equipment. The credentialed clinical professionals from Total Home Health are responsible for educating you and your caregivers, monitoring your equipment and communicating with your care team about changes.

We provide innovative and comprehensive services to meet your needs. We offer full service, support and education on all equipment.

This booklet describes the available equipment and important guidelines about their use. The equipment lists are organized into 3 categories: home care and mobility, respiratory and sleep therapy.

Information or concerns

If you have any questions, you may call the Corporate Compliance and Integrity Office at **312.926.4800** (TTY: 711).

You can get a copy of the full Notice of Privacy Practices at **nm.org**.

Additional information about filing a complaint can be found at **hhs.gov/ocr/privacy**.

02

Home care and mobility equipment

We have equipment that can help you move in and out of bed and around your home and community. Some equipment helps you rest better and avoid or treat pressure injuries.



Adjustable hospital bed

The semi-electric hospital bed combines the electric adjustments in the head and foot and manual adjustment in the bed height. Note that you should never put up or take down the bed yourself. A trained technician knows the instructions and safety precautions to use during these tasks.

Follow these guidelines when using the bed:

- › When using the bed, side rails should always be in the upright position.
- › At least 2 bed wheels should be locked at all times.
- › A standard hospital bed has a weight limit of 450 pounds, but you can request a bariatric bed if you need one.

Hoyer lift

A Hoyer lift helps a single caregiver lift and transfer a patient. It uses hydraulics to increase lifting potential with less effort.

Any caregiver using a Hoyer lift should follow these guidelines:

- › Always close the hydraulic valve before attaching the lift to the patient.
- › Attach the sling to the patient.
- › Move the lifter to a position that puts the weight of the patient in the center of the lift.
- › Lock the wheels if applicable.
- › Attach the sling to the hooks on the lifter.
- › Raise the lift and watch closely as the patient starts to rise.
- › Make sure all the connections are in place before removing the patient.
- › Move the patient to the designated place.
- › Make sure the lift is secure and will not move or shift when placing the patient.
- › Always lower the patient slowly.

Low air loss mattress

A low air loss mattress is a specialty mattress that replaces a standard hospital bed mattress when a patient needs less pressure on their skin. The mattress helps prevent and treat the breakdown of the skin (pressure injury).

A low air loss mattress has chambers of air with small holes that leak air. The leaking air helps keep skin dry and reduce friction. It also increases the area of the mattress that the body is lying on while reducing pressure.

Knee continuous passive motion unit

A knee continuous passive motion (CPM) unit is an electrical device that moves a knee through its range of motion. By using a motorized device to gradually move the knee joint, it is possible to significantly accelerate recovery time by:

- › Decreasing joint stiffness
- › Increasing range of motion
- › Promoting healing of joint surfaces and soft tissues
- › Preventing the development of motion-limiting adhesions (scar tissue)

A technician will set up the CPM. They will adjust the CPM to your leg length by measuring you from your hip to your knee joint. They will also set the unit's extension and flexion angles. They will apply an interface kit that provides padding to make it more comfortable.

Follow these guidelines when using the CPM unit:

- › Change the settings according to what your care team gives you.
- › Do not adjust these prescribed settings.

Call your surgeon or therapist immediately if you experience pain.

Negative pressure wound therapy

Negative pressure wound therapy is a way of drawing out fluid and infection from a wound to help it heal. A clinician seals a special dressing over the wound. They attach a gentle vacuum pump with tubing. The canister of the vacuum collects the fluid.

Walker

A walker is a frame with handgrips to provide stability and help you balance while you walk.

Take these steps to use the walker correctly and safely:

- › Your wrists must be straight as you firmly grasp the handgrips.
- › Your first step should be even with the back 2 legs of the walker.
- › Your second step should be into the middle of the walker.
- › Then, move the walker forward, stepping through the walker last (exactly the same as a normal walk).

Note: Your feet do not meet side by side unless you stop for a reason.

These walker types need special attention:

If your walker has a seat: Fully engage the brake when using the seat.

If your walker is the folding type: Make sure the spring buttons are fully engaged.

Wheelchair

You can use a wheelchair if you have difficulty walking, so you can move around inside buildings or outside. At the right are important guidelines for using the features of a wheelchair.

Folding and unfolding the chair:

- › Lift up under the center edge of the seat upholstery.
- › To unfold, tilt the chair slightly to one side and raise the wheels on the opposite side off the floor. Then, press down on one or both seat rails.

To engage the wheel locks, push forward on the lock tips until the locks snap into locked position.

Adjusting the footrests:

- › Activate the release mechanism and swing the footrests (front rigging) around to the side of the wheelchair.
- › Adjust the footrest length:
 - Loosen the adjustment bolt with a wrench.
 - Telescope the footplate in or out of the position you want.
 - Then, retighten the bolt securely.

Adjusting the leg rests:

- Lift up the leg rests to the position you want.
- To lower them again, support each leg rest with one hand while activating the elevation release mechanism with the other hand, and lower it to the position you want.

Removing and replacing the arms:

- › Release the arm lock on the front receiver socket.
- › Lift the arms from the center to avoid binding.
- › To replace the arm, reverse this procedure.

To use the tipping levers, push downward with one foot on the end of the tipping lever while pressing down on the push handles of the wheelchair.

03

Respiratory equipment

Equipment that helps you breathe better might involve concentrating oxygen, delivering medications by mist or removing secretions. This section describes the types of respiratory equipment we offer.

Oxygen concentrator and portable oxygen concentrator

These electric devices produce oxygen by concentrating the oxygen that is already in the air and eliminating other gases. Some concentrators use compressed cylinders that contain oxygen under pressure and allow portability.

A technician will deliver and set up the oxygen according to the description from your physician.

It is important that you follow your physician's guidance and all safety instructions you receive with the device.

Nebulizer

A nebulizer is a delivery device that provides medication in the form of a mist that you inhale into your lungs.

There are multiple varieties of nebulizers. We will give you instructions for the type of device you will use.

It is important to follow the instructions so that your device works properly.

Noninvasive ventilator

A noninvasive ventilator delivers breathing support through a noninvasive method, like a nasal mask, instead of an invasive approach, like a tracheostomy. The ventilator works by helping to fully inflate the lungs. This improves your blood oxygen levels and reduces carbon dioxide levels.

Suction devices

Suction devices use controlled vacuum pressures and catheters to remove secretions. You must have an order from your physician to use a suction device.

A nurse or respiratory therapist will teach you the suctioning techniques. The delivery technician will teach you how the device operates. It is important to follow all the operating and safety instructions from the manufacturer.

04

Sleep therapy equipment

Sleep therapy devices help you breathe better while you sleep. They use a motor and a blower to keep air flowing into your airways, so they don't collapse. This way, you can breathe easily without interruptions at night.

Adaptive servo-ventilation

Adaptive servo-ventilation (ASV) is a type of positive airway pressure therapy. An ASV device adjusts the air pressure based on how you breathe. It changes the pressure as needed instead of using a steady pressure.

Bilevel positive airway pressure

Bilevel positive airway pressure (BiPAP) uses 2 different pressure levels. The higher pressure helps you breathe in, called inspiratory positive airway pressure (IPAP), and the lower pressure helps you breathe out, called expiratory positive airway pressure (EPAP). The device switches automatically between the 2 levels every time you breathe.

Continuous positive airway pressure

Often called simply CPAP, a continuous positive airway pressure device can be either fixed pressure or auto-adjusting. A fixed-pressure CPAP uses 1 pressure that your physician sets based on your sleep study.

An auto-adjusting CPAP uses a set range of air pressures, usually between 4 and 20 centimeters of water pressure (cm H₂O). It measures your breathing while you sleep and changes the pressure to help with any breathing problems.



05

Basic home safety recommendations

When using medical equipment your physician ordered for you, it is important to take precautions for your comfort and safety. Always use the equipment according to your physician's instructions.

This section describes steps you can take to keep yourself and your home safe and practice infection control. In addition, you should keep emergency numbers near your phone. Make sure you can reach your phone easily.

We can help you with the storage of your equipment and supplies. Ask us to provide written instruction on the best ways to handle and get your supplies.

Preventing falls

The following conditions make you more likely to have a fall at home:

- › **Multiple medications:** The more medications you take, the more likely you are to experience dizziness or other side effects. Tell all your care team about all of the medications you take. Ask them about any side effects that might put you at risk for falls.
- › **Walking difficulties:** Shuffling, weakness, stooped-over posture, inability to walk in a straight line, numbness or tingling of toes or feet can make falls more likely. Ask your physician about assistive devices such as a cane or walker, and learn how to use them correctly.
- › **Chronic conditions:** Conditions that interfere with thinking, such as Alzheimer's disease, increase your risk of falls. Impaired vision or hearing can increase your risk.
- › **Repeated falls:** If you have had 2 or more falls in the past 6 months, see your physician. It is important to find out why you are falling.
- › **Weakness:** Do not cut back on your normal activities. Inactivity can lead to more falls because of lost muscle strength. Your physician can also recommend an exercise program to increase muscle strength and coordination, which can help reduce the risk of falling.

Remember: Most falls occur at home. You can avoid many accidents by creating a safer home environment. You may need to consider the following changes:

- Reorganize your storage areas.
- Rethink the way home is decorated.
- Change the way you do activities such as bathing and cooking.

It is easier to prevent a fall than to recover from one. The lists below describe changes you can make in each room of your home. Ask your family, caregivers or professionals to help make these changes.

In the bathroom:

- › Put nonstick surfaces inside any tubs and showers.
- › Install grab bars to help you transfer in the tub, toilet and shower area. Use bath benches when needed.
- › Use extreme care with slippery floors or wet floors.

In stairs, hallways and passageways:

- › Keep these areas well lit and free of blockages.
- › Remove torn or curled rugs.
- › Remove throw rugs or runners.
- › Repair weakened floors.

Outdoors:

- › Pathways, walkways, stairways and entranceways should be clear of leaves, snow and ice.

In every room and area, put the furniture closer to walls. Keep all pathways clear of items that could block your path.

Fire safety tips for home medical oxygen

If your equipment uses oxygen, it is important to practice fire safe behaviors. Oxygen itself does not burn, but a fire needs oxygen to start and keep burning. When more oxygen is in the air, the fire will burn hotter and faster.

Never allow smoking in a home where you are using oxygen. This includes cigarettes, e-cigarettes, vaping devices, cigars, pipes, and any other device that ignites or creates a spark or flame. Even if you are not using oxygen at the time, oxygen may have saturated the home, including clothing, curtains, furniture, bedding, hair and anything in the area. This means there is a higher risk of both fires and burns.

Follow all of these fire safety tips:

- › Post “No smoking” signs inside and outside of the home to remind residents and guests not to smoke.
- › Never use an open flame, such as candles, matches, wood stoves, or sparking toys, when oxygen is in use.
- › Keep a phone nearby if anyone may have difficulty escaping a fire.
- › Make sure there is at least 1 smoke detector on every level in the home. Test them at least monthly, and change the battery often.
- › Make a home fire escape plan with 2 ways out of every room and an outside meeting place. Practice the fire escape plan with your family and caregivers at least twice a year.
- › Keep fire extinguishers in your home, and know their exact locations.

Electrical safety

When medical equipment requires electricity, you may need to take steps to use outlets safely. Make sure your power source meets the requirement of the equipment. Ask the technician who delivers your equipment about how to check the requirement.

Follow these tips to keep yourself and your home safe:

- › Do not use multiple outlet adaptors on electrical outlets.
- › Do not overload extension cords. Check the rating of the cord and appliance to prevent overload.
- › Replace any damaged cords immediately.
- › Use properly grounded outlets.
- › Never remove the ground plug of a 3-prong electrical plug-in to put it in a 2-hole electrical wall receptacle. Use a 3-to-2 adapter.
- › If you use an electric blanket or heating pad, check the condition of the cord. Do not leave them on when you are not using them.
- › Do not let liquids spill on any electrical equipment.
- › Always disconnect electric-powered equipment from the power source before cleaning it. Never submerge the equipment in water or cleaning liquids.

A cleaning solution of mild soap and warm water is recommended. Always discard old cleaning solutions.



Hazardous or infectious materials

To help avoid spreading germs and disease as related to medical equipment, we offer the following suggestions to patients, their family members and caregivers.

All body fluids, either wet or dried, are potentially infectious. They might get on the equipment as you use it. The person doing the cleaning should wear gloves, gown, mask and goggles.

Wash your hands with soap and water after handling or cleaning equipment. Wash any other skin that got exposed during cleaning with soap and water.

For cleaning the equipment, use a solution of mild soap and warm water. Always discard old cleaning solution.

In an emergency, **call 911**.

- 1 Give your location (full address).
- 2 Explain what happened.
- 3 Tell how many people need help.
- 4 Do not hang up.

06

Rental, purchase and warranty information

You may have choices in how you get your home medical equipment. After you get the equipment, a warranty will cover your rental or purchase for a period of time in case you need a repair or replacement.

Rent and purchase options

Medicare has 2 main categories for equipment: “Capped Rental Items” and “Inexpensive and Routinely Purchased Items.”

You have the right to choose between these rental and purchased options as shown on the Delivery Ticket:

- › The “Rental” option for all Capped Rental Items
- › The “Purchase” option for all Inexpensive and Routinely Purchased Items

Capped rental items

Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to you, the Medicare beneficiary. After Medicare transfers ownership to you, it will be your responsibility to arrange for any required service or repair.

Examples of this type of equipment include hospital beds, wheelchairs, alternating pressure pads and nebulizers.

Inexpensive or routinely purchased items

You can purchase or rent equipment in this category. If you rent, the total amount paid for monthly rental cannot exceed the fee schedule purchase amount.

Examples of this type of equipment include canes, walkers, crutches, commode chairs and patient lifts.



Equipment warranty information

Every product that we sell or rent has a warranty from its manufacturer. Warranties may last from 90 days to 1 year. Check the owner's manual for specific information about your equipment.

We will repair or replace, at no cost to you, Medicare-covered equipment that is under warranty. In addition, we will give you an owner's manual with warranty information for all durable medical equipment where a manual is available.

Medicare supplier standards

Every Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) supplier must meet certain standards to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 Code of Federal Regulations Section 424.57(c). The following list is a short version of the supplier standards:

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll-free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.

13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

The products and/or services provided to you by Northwestern Medicine Home Medical Equipment are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.



Northwestern Medicine Home Medical Equipment

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