

# Children's Home Healthcare's Parent Handbook

## Information regarding the care of your child

Thank you for choosing Children's Home Healthcare, the region's only home care agency dedicated exclusively to the care of children. We understand that the care of your child is your primary focus, and we want you to gain access to the wealth of information available in a format that is easiest for you. This Parent Handbook is a resource to help you care for your child. While the handbook provides the basics, we have a wealth of information available on our website. Our goal is to provide you and your child with the care, information and support that will help make your home care experience a pleasant one.

Information is also at your fingertips through our website: [www.childrensnebraska.org/department/home-healthcare/](http://www.childrensnebraska.org/department/home-healthcare/)

On our website there are links to developmental milestones, immunization, and safety information, recall alerts and important product information regarding home medical equipment. If your home is not equipped with a computer with Internet, please indicate your need for a paper copy from your visiting clinician.

## Important Contacts

### Children's Home Healthcare

3000 S. 84th Street  
Omaha, NE 68124  
**402.955.7777**  
**800.747.7334**

### Home Health Administrator

Joe Heck  
3000 S. 84th Street  
Omaha, NE 68124  
402.955.7790

## Home Health Services

Children's Home Healthcare offers the following services to meet your child's needs:

- **HOME INFUSION:** Our pharmacists provide for your child's intravenous (IV) needs with Total Parental Nutrition (TPN), IV antibiotics and other medications administered intravenously, and IV hydration.
- **RESPIRATORY CARE:** Our respiratory therapists manage your child's respiratory needs such as oxygen, apnea monitor, nebulizer, tracheostomy, and ventilator needs.
- **HOME HEALTH NURSING:** Nurses provide visits in your home to monitor your child's condition, provide information regarding your child's care, collect samples for laboratory analysis, and manage central line, IV, enteral and phototherapy needs.
- **PRIVATE DUTY SERVICES:** Private Duty Nursing offers in-home nursing care for your child. The nurse may provide services in the child's home or attend school with the child through one of our many contracts with local school districts.
- **THERAPY SERVICES:** Physical and Occupational therapists assist patients and families to enhance positioning, support function and provide access within their home. Physical Therapists (PT) & Occupational Therapists (OT) assist with positioning in adaptive equipment for use during bathing, toileting, dressing, feeding, sleeping, transfers and mobility. Services include assessment of equipment/positioning needs and training in safe use of equipment in the home setting. PT and OT commonly work with equipment vendors to obtain medically necessary adaptive equipment.
- **SOCIAL WORK SERVICES:** Social Workers support families with their child's medical journey by assessing for needs, providing resource and care coordination, connecting them to needed financial supports, and advocates for parents/children. Social workers also provide supportive counseling, crisis intervention and bereavement support as needed.
- **HOME MEDICAL SUPPLIES:** Our warehouse staff is able to assist you with your child's equipment and supply needs, including urinary, ostomy, respiratory or enteral supplies, and various other medical supplies your child may need. To place a supply order, call during normal business hours (Monday through Friday 8 a.m. to 5 p.m.). We are unable to process supply orders after business hours. Please notify us at least two (2) business days before your order is needed. If you have a more urgent need, you may pick up your child's supply order at our office during business hours. Requests for after-hour routine supplies may incur a \$30 service fee.

You may also email supply orders to [chhcintake@childrensnebraska.org](mailto:chhcintake@childrensnebraska.org) E-mail supply requests are processed the next business day. Be sure to include your child's full name and date of birth in the subject line of the email and provide a contact phone number so we may reach you with any questions.

## Hours of Operation

Children's Home Healthcare's office hours are Monday through Friday, 8 a.m. to 5 p.m. On-call service is provided for your urgent needs 24 hours a day, seven days a week. Our 24-hour telephone number is **402.955.7777**, or toll free, **800.747.7334**

It may take our on-call staff up to 30 minutes to return your call since they may be with another patient.



## Care Planning & Communication

We communicate your child's plan of care revisions and/or new physician orders using the Children's Connect Health Portal software. The software is available 24 hours per day, 7 days per week to parents/caregivers. By utilizing the link within **MyChart/ Children's Connect** parents/caregivers have the ability to see their child's medication lists, physician order changes and the clinician visit schedule. For information on how to get signed up for Children's Connect go to [ChildrensNebraska.org](http://ChildrensNebraska.org) and look for the Children's Connect link.

## Emergencies Happen- What To Do If Services Are Interrupted

If there is an emergency in the community that might disrupt care, or service that Children's Home Healthcare provides, and it is necessary for your family to relocate we have some instructions that may help during such a situation.

1. If you are without electricity, we recommend staying with a family member, friend or if the disaster is large, the Red Cross will set up shelters. To locate a Red Cross shelter near you, listen to the media (TV or radio) or call 211 for the United Way Helpline.
2. If & when your family relocates, be sure to take the following:
  - a. A copy of your child's medical information,
  - b. All medications your child needs,
  - c. Any medical equipment & equipment supplies,
    - o **Phototherapy:** In case of emergency, take all phototherapy equipment with you to your emergency location.
    - o **Infusion Services:** Infusion Pump, Medications & Supplies stored in a cooler with ice packs

- o **Enteral Services:** Enteral Pump, Enteral Supplies & Formula, store the formula in a cooler with ice if opened
- o **Respiratory Services:** All respiratory equipment/supplies needed to safely care for your child as instructed by your respiratory team
- d. Include several days' worth of supplies when packing
- e. Call us after relocating and let us know how to reach you.

Service can be interrupted due to natural disasters, inclement weather, or community disasters. During such emergencies, we need to work together as partners to ensure your child receives the level of care needed. If you have an identified need for your child during such an emergency, call Children's Home Healthcare immediately. If your child is unstable, call the local Emergency Medical Service (911) to help transport your child to the nearest health care facility (hospital). Bring a copy of your child's medical information with you to an emergency department or hospital to share with all health care providers involved in your child's care.

### **Patient Rights**

Children's Home Healthcare provides the patient/caregiver with a written notice of the patient's rights in advance of furnishing care to the patient. During the initial evaluation visit before the initiation of treatment, each family is given a listing of their Patient Rights. Children's Home Healthcare maintains documentation showing that the parent/caregiver received and understood the patient rights by signing the Parent Handbook Client Equipment Rental Agreement receipt. The patient has the right to exercise his or her rights as a patient of Children's Home Healthcare at any time during service.

Patients have the right to:

1. Choose the home health agency that provides their care.
2. Participate in the planning of care to be furnished, based upon the comprehensive assessment and to receive appropriate instructions and education regarding the plan, prior to the care being provided and as changes are made in the plan of care. Patients/caregivers shall have the right to participate in consideration of ethical issues related to their care. The patient/caregiver has the right to be informed, in advance, about the care to be furnished, and of any changes in the care to be furnished. Children's Home Healthcare must advise the patient, in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished. Children's Home Healthcare must advise the patient in advance of any change in the plan of care before the change is made and any factors that could impact treatment effectiveness.
3. Receive information about their diagnosis, prognosis, and treatment, including alternatives to care and risks involved, in terms that they and their families or designees can readily understand so they can give their informed consent. Receive information in a manner that the patient/caregiver can understand in order to make informed choices.
4. When staff identify that a patient or caregiver who does not speak English, the Children's Home Healthcare staff member identifies the appropriate interpreter for the family so their patient rights can be explained in a language the patient/family understands. Interpretation services are provided at no cost. Staff communicate with the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient needs.
5. Expected outcomes of care, including patient identified goals and anticipated risks and benefits of care.
6. Receive information about patient transfer or an identified discharge plan as it is recognized based upon the comprehensive assessment. Discharge is appropriate when the plan of care is achieved, and the physician agrees that the patient no longer needs services.
7. Privacy while receiving personal care from Children's Home Healthcare staff.
8. Ensure personal security is not violated when staff is providing care and service.
9. Have appropriate pain management. The patient has the right to receive comprehensive assessment of pain as warranted by their condition and scope of service provided. The patient, families and caregivers are educated about pain and management of pain as part of their treatment as appropriate.
10. 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 finished, based upon 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 of care, and factors that could impact treatment effectiveness and any changes in the care to be furnished. May refuse home health care services or elect to be transferred or discharged within the confines of the law and to be informed of possible health consequences of this action.
11. Impartial access to care, treatment or services that are medically indicated regardless of race, color, creed, sex, age, handicap/disability, national origin or sources of payment for care. As required by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. Each patient has the right to have his or her cultural, psychological, spiritual, and personal values, beliefs, and preferences respected. Children's Home Healthcare accommodates the right to pastoral and other spiritual services. Children's Home Healthcare offers uniformity of care to all children having the same health problems who receive services. Children's Home Healthcare provides access to its services in a non-discriminatory basis, which is responsive to the unique needs of the patients and their families.
12. Be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed and to reasonable continuity of care.
13. Confidentiality of all records, communications, and personal information. Patients shall have the right to review all health records pertaining to them unless medically contraindicated in the clinical record by the child's physician.
14. Review all health records pertaining to them unless the physician has documented otherwise in the medical record.
15. Be fully informed of agency policies and charges for services, including eligibility for third-party reimbursement, prior to receiving care.
16. Be free of verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property. Right to expect staff to respect property and person.
17. Treat the patient in a dignified and respectful manner. Have his or her property treated with dignity and respect.
18. Have information about advanced medical directives available. Information is located on page 4.

### **Right to Terminate Care, Treatment and Services**

As described above #6 patients have the right to understand patient transfer and discharge planning. Patients have the right to:

- a. The patient has the right to terminate care, treatment, and services at any time without recourse, upon notification to Children's Home Healthcare.
- b. Receive both an oral and written explanation from Children's Home Healthcare regarding termination if services are terminated for any reason other than discharge. The patient/parent/caregiver is given information on community resources. Patients must receive at least a 30-day notice prior to termination of services. When a patient is discharged by the physician's written order, a 30-day notice is not required.
- c. A 30-day notice is not required when patient services are being terminated based on an unsafe care environment in the patient's home, patient, or parent/caregiver noncompliance with the plan of care, or failure to pay for services rendered.
- d. If and when Children's Home Healthcare can no longer meet the patient's needs based upon the patient's acuity. Children's Home Healthcare must arrange safe transfer of care.
- e. If the patient's (or other persons in the patient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability to operate effectively is seriously impaired.
- f. The patient or the payer no longer is paying for services provided by Children's Home Healthcare.
- g. Children's Home Healthcare may also terminate our agreement with the patient at any time upon giving 30-day advance notice to the patient/caregiver. We work with the family to find another agency to provide the care treatment and services. Once the parent/caregiver chooses the new provider, Children's Home Healthcare gives the provider information about the patient as the parent/caregiver requests.
- h. The patient/caregiver is responsible for the return of any equipment within two weeks after termination, or additional charges for the rental or purchase of the equipment may be assessed.

## Transfer of Care & Discharge Processes

Children's Home Healthcare staff assist parents/caregivers should the need arise to transfer patient care to another organization. The parents/caregiver and the affected department work to ensure appropriate organizations are identified, information shared with parents/caregivers and once the parents/caregivers choose the new organization Children's Home Healthcare assists with a smooth safe transfer of care transition.

**Patient/Parent/Caregiver Initiated Transfer:** Patients/Parents/Caregivers can initiate a transfer to another home health organization any time during care with Children's Home Healthcare. A completed transfer summary is sent within 2 business days to the new agency. Children's Home Healthcare cooperates with the chosen agency.

## Patient Rights Concerning Payment

Patients/families have the right to be advised, before care is initiated, of the extent to which payment for services may be expected from Medicare, Medicaid or other sources, and the extent to which payment may be required from the patient. Before the care is initiated, Children's Home Healthcare must inform the patient, orally and in writing, of:

- The extent to which payment may be expected from Medicare, Medicaid, or any other federally funded or aided program known to Children's Home Healthcare.
- The charges for services that are not covered by Medicare, Medicaid or any other federally funded or program. CHHC is not a provider for Medicare. If your child requires dialysis and is transitioned to Medicare or if the parent/caregiver transitions the patient to Medicare, CHHC needs to transition the patient to a provider that does provide covered Medicare services.
- The charges that the patient/family may have to pay.
- Any changes in the charges for services provided when they occur. Children's Home Healthcare must advise the patient of these changes orally and in writing as soon as possible, but no later than 30 calendar days from the date Children's Home Healthcare becomes aware of a change.

If you have not met your insurance deductible, you may be responsible for your insurance deductible amount.

## Payment Policies & Billing Process

If you have medical insurance, Children's Home Healthcare can file your insurance claims for service charges once we obtain an assignment of benefits from you. You agree to the assignment of benefits by signing the Client Rental Equipment Agreement form or a Delivery Ticket. If your child's insurance is Medicaid, routine monthly statements *are not* mailed to the family. If you have private insurance, *you will receive a monthly statement* for any amount the insurance does not pay. This amount is to be paid each month. We accept cash, check, Visa, or MasterCard. If you have any questions about billing, please call 402.955.7777. and ask to speak to a patient account representative. If you are unable to pay your account in full upon receipt of your statement, we ask that you contact our Patient Services department to make payment arrangements. Accounts are considered delinquent 60 days following the date of service.

## Insurance

Even though patients have medical insurance and benefits, the insurance contract is between the insured responsible party and insurance company; therefore, the prompt payment for our fees remains the personal responsibility of the insured responsible party. It is your responsibility to report any change in insurance coverage immediately to Children's Home Healthcare.

## Credit Policy

In accordance with federal and state laws and to assure the integrity and quality of our products and services, we are unable to accept returned products for credit.

## Patient Responsibilities

Patients and families also share a responsibility in the care your child receives from Children's Home Healthcare. Among those responsibilities are to:

- Provide accurate and complete information regarding medical history, allergies, medications, communicable diseases and other health matters, including any changes in this information.
- Provide accurate and complete information regarding names, addresses, telephone numbers, and insurance information, including any changes in this information.
- Inform Children's Home Healthcare immediately of any change in employment status, insurance, and address or phone numbers.
- Participate in care decisions with the health care team to ensure the best possible outcome. Patients/parents/caregivers shall participate in care by asking questions and expressing concerns.
- Inform the health care team if the patient/parent/caregiver does not understand or cannot follow the health care instructions.
- Treat Children's Home Healthcare staff in a considerate, courteous, and cooperative manner.
- **Gun Safety:** during home visits staff should expect no firearms (guns) to be unsecured, or in plain site during a home visit whether or not the gun owner has a concealed carry permit. Firearms/Guns and ammunition should be stored separately in a safe secured location. If a patient/parent/caregiver cannot abide by this requirement home care services will be discontinued, the CHHC Manager & Director are notified and the ordering provider for home care services notified.
- Properly care for leased medical equipment and notify Children's Home Healthcare when rented equipment is no longer needed. Equipment is to be returned in the same condition as it was received. Children's Home Healthcare can request payment for any damage done to the equipment while in the care of the patient/family.
- Allow Children's Home Healthcare the right to inspect the equipment upon reasonable notice to the user.
- Promptly notify Children's Home Healthcare of any malfunction or abnormality in the equipment, change of residence while using equipment, and any hospitalizations.

Patients/families:

- Shall remain under physician's care while receiving home care services and notify Children's Home Healthcare upon changing physicians.
- Shall cooperate with agency, physician, and staff by compliance with agreed-upon therapy.
- Shall accept responsibility for refusal of care.
- Are financially responsible for all charges incurred whether or not they are paid for by insurance.
- Are responsible to report any unexpected changes in the patient's condition to their physician.
- Shall notify Children's Home Healthcare if they are not home for a previously scheduled visit or shift or if they are canceling an upcoming visit or shift.

## Complaints, Concerns & Grievances

Patients/designee have the right to voice complaints/grievances and suggest a change in service or staff without fear of reprisal or discrimination. Complaints made by the patient/designee received by the home health agency regarding care of treatment must be investigated. The agency must document both the existence and the resolution of the complaint. The patient/designee must be informed of the outcome/resolution of the complaint/grievance.

Our goal is to provide you with the best services possible! In order to do so, we need feedback from you. If we did not meet all expectations with the service provided, please call any manager at **402.955.7777** and discuss the situation. Our patients/families have the right to be advised of the availability of the 24-hour toll-free "Medicare Home Health Hotline," 800.245.5832. This Home Health Hotline is available to the public and allows customers to verbalize complaints or ask questions about local providers. Another avenue is for parents/caregivers to report any safety or quality of care concerns to the Joint Commission by calling 800.994.6610. Although the last two options are always available, please consider calling Children's Home Healthcare and asking for the administrator or manager of the department serving your child to discuss your problem or concern. We welcome the opportunity to work with you to find an acceptable resolution to your issue.

## RESOURCE AGENCIES

### Center for Independent Living

League of Human Dignity  
5513 Center St.  
Omaha, NE 68108  
402-595-1256

### Aging and Disability Resource Center

Eastern Nebraska Office on Aging,  
4780 S. 131st St.  
Omaha, NE 68137  
402-444-6536

### Protection and Advocacy Agency

Disability Rights Nebraska  
134 South 13th St., Suite 600  
Lincoln, NE 68508, 402-474-3183

### Great Plains Quality Innovation Network (QIN) (CIMRO)

1200 Libra Dr., Suite 102  
Lincoln, NE 68512  
402-476-1399

## Oasis Privacy Notice

Children's Home Healthcare has available for parents/caregivers for patients older than 18 years of age an OASIS privacy notice. For patients older than 18 yrs. of age, there are assessment criteria that is shared with the state. The OASIS privacy notice only applies to those patient assessments being shared with the state.

1. The right to be informed that OASIS information is collected and the purpose of the collection.
2. The right to have the information kept confidential and secure.
3. The right to be informed that OASIS information is not disclosed except for legitimate purpose allowed by the Federal Privacy Act.
4. The right to refuse to answer questions.
5. The right to see, review, and request changes on their assessment.

## Advance Directives

In Nebraska, adults who are capable of making health care decisions generally have the right to say yes or no to medical treatment. As a result, you have the right to prepare a document known as an Advance Directive. The document states in advance what kind of treatment you do or do not want under special, serious medical conditions – conditions that would prevent you from telling your doctor how you want to be treated. This Advanced Directive applies to a small percentage of the children we serve. For more information on Advanced Directives please go to <https://www.childrensnebraska.org/department/home-healthcare/> and click on the "Advanced Directives" brochure or ask your clinician for a copy.

If you are a parent/caregiver of a child with a life-threatening condition, you may work with your child's physician for specific directions in the event your child stops breathing or does not have a heartbeat. This type of directive is referred to as "Code Orders" and is not to be confused with Advanced Directives. Advanced Directives are intended for an adult making decisions about themselves, not a parent/caregiver deciding on "Code Orders" for their child.

## Nondiscrimination Statement & Language Assistance

Children's Home Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Children's does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Children's provides free access to auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Children's also provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact **Children's Interpreting Services** at **402-955-5417**.

If you believe Children's has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **Bart Sturdy**, Compliance Officer/Privacy Officer, 8200 Dodge St., Omaha, NE 68114, **402-955-4122**, by fax (402-955-4100), or by email ([bsturdy@childrensnebraska.org](mailto:bsturdy@childrensnebraska.org)). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Bart Sturdy, Compliance Officer/Privacy Officer, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>

## Our Mission

*To improve the life of every child.*

We sincerely hope our services assist you with the care of your child, support your needs as a caregiver, find our clinicians knowledgeable & caring, and discover our services aided keeping your child at home with their family, where they belong. Thank you for choosing Children's Home Healthcare with the care of your child.

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ MRN: \_\_\_\_\_  
 (patient sticker)



### Children’s Home Healthcare Client / Equipment Rental Agreement

Children’s Home Healthcare and named responsible party (“User”) agree to the following terms when using any CHHC equipment, healthcare products or receiving services from any CHHC staff member (collectively, “CHHC Services”).

**1. Parent Handbook Acknowledgement:** Thank you for choosing Children’s Home Healthcare, the region’s only home care agency dedicated exclusively to the care of children. We understand that the care of your child is your primary focus, and we want you to gain access to the wealth of information available in a format that is easiest for you. Information is at your fingertips through our web site: [www.childrensnebraska.org/departments/home-healthcare/](http://www.childrensnebraska.org/departments/home-healthcare/). On our web site you will find links to developmental milestones, immunization, and safety information, recall alerts, and important product information regarding home medical equipment. If your home is not equipped with a computer with Internet, please indicate and request a paper copy from your homecare staff. Our Parent Handbook is also a useful guide and serves as your source for important information. I acknowledge that Children’s Home Healthcare offered their Parent Handbook, and additional pediatric information via the web or by paper copy. I also acknowledge I received and understand the intent of the Patient Rights which are located in the Parent Handbook. This information was reviewed and explained to my satisfaction.

**2. Privacy Notice Written Acknowledgement:** A copy of the Children’s Nebraska’s Joint Notice of Privacy Practices has been provided and I understand the patient’s medical information may be used and disclosed in accordance with the terms of that Notice of Privacy Practices. I understand I may direct any questions or concerns to the Privacy Officer at (402) 955-4122.

**3. Request for Provision of Services:** I am aware that Children’s Home Healthcare (CHHC) is affiliated with Children’s Nebraska. I authorize CHHC to provide CHHC Services for my use, or for the use of my child or ward and I hereby consent to the provision of healthcare services to me or my child or ward by CHHC employees or authorized agents. I am aware that I can obtain healthcare products and/or services from other companies but I wish to purchase CHHC Services. I have been instructed on the use of the equipment and supplies and I understand how to use them. I have been informed of hazards and contraindications of use and the items have been received in a safe, clean and usable condition.

**4. Claims, Warranties and Responsibility:** I understand that CHHC makes no claims, warranties, or representations other than stated. CHHC shall not be liable or assume any responsibility for the success or failure of therapy received by User or User’s Child of CHHC Services. The equipment remains the property of CHHC. User is leasing the equipment and may use it only for the purposes for which such equipment is intended. User agrees to properly care for the equipment while in User’s possession, to return it to CHHC in the same condition as when received, except for usual wear of expected usage, upon completion or termination of this Agreement and to pay upon demand for any damage done to equipment while in User’s possession.

**5. Agreement to Pay:** In consideration of CHHC’s undertaking to supply User with any CHHC Services ordered by the User or on behalf of the User, spouse, parent, guarantor and/or guardian agree that each of them is responsible for payment to CHHC for all CHHC Services provided. This responsibility is for any outstanding balance regarding any denied or pending third party claims. User understands that User or any other responsible party identified in this Agreement is financially responsible for all charges whether or not paid for by insurance. Charges will be assessed for the rental of the equipment regardless of whether or not it is being used. The charges will not be prorated if the equipment is returned before the end of the rental period. All charges for equipment and/or products issued to User will be provided on the User’s delivery ticket upon receipt of such equipment and/or products. Clinical service charges are indicated below and noted as applicable. If User is not covered by third party insurance, User is responsible for monthly payment in full on the equipment for that month’s charges. Any laboratory testing done will be billed separately by Children’s Nebraska and User’s insurance will require User to pay any additional amount for these tests.

Applies	Service	Price: Visit or Hourly
<input type="checkbox"/>	Skilled Nursing Visit	\$192.05 /Visit
<input type="checkbox"/>	Physical Therapy Visit	\$245.80/Visit
<input type="checkbox"/>	Occupational Therapy Visit	\$245.80/Visit
<input type="checkbox"/>	Medical Social Worker Visit	\$0/Visit
<input type="checkbox"/>	PDN RN Per Hour	\$75.95/Hour
<input type="checkbox"/>	PDN LPN Per Hour	\$72.45/Hour
Applies	Equipment Rental	Price Per Day
<input type="checkbox"/>	Phototherapy Single Bank	\$154/Day
<input type="checkbox"/>	Phototherapy Double Bank	\$308/Day

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ MRN: \_\_\_\_\_

(patient sticker)

6. **Financial Assistance Policy:** I understand that Children's has a financial assistance policy and that I may ask about it at any time if my family needs financial assistance. I understand that there is an application process for financial assistance, and that eligibility is based on family income, family size, and other special circumstances. I understand that I may request a copy of the policy, a plain language summary of the policy, or a financial assistance application at any time.

7. **Assignment of Benefits:** User authorizes CHHC to request and to collect on their behalf all public and private insurance coverage benefits due directly for the CHHC Services supplied to User by CHHC. User authorizes payment of insurance benefits directly to CHHC and if payments for these benefits are made directly to User, the payee will endorse over to CHHC all checks for such payment.

8. **Notification:** User shall promptly notify CHHC of any change in User's address, phone number or insurance while CHHC Services are being provided. If the equipment is permanently removed from the address on file without notification to CHHC, User shall be liable immediately for the retail purchase price of the equipment and any outstanding balance. **If User chooses Medicare for insurance the care, treatment and services will be transferred to a Medicare provider. CHHC is not a provider for Medicare. If Medicare services are required and the patient is transitioned to Medicare, CHHC will work with the User to transition to an adult-based provider that is a Medicare provider.**

9. **Inspection/Replacement:** CHHC shall have the right to inspect and/or replace the equipment whenever it is being used, upon reasonable notice to User.

10. **Safe Use of Equipment:** User was informed to check the condition of electrical outlets and extension cords for grounding and the possibility of circuit overload prior to using equipment. User was notified of the importance of an emergency power source, such as a generator or a charged backup battery for situations of power loss. User was notified to inform CHHC whether the home can or cannot accommodate the specific electrical and environmental requirements for the equipment.

11. **Termination and Equipment Return:** User may terminate this Agreement at any time, without recourse, upon notification to CHHC. CHHC may terminate this Agreement at any time upon giving 30 days advance written notice to User. User is responsible for the return of the equipment (and accessories which go with the equipment) within two weeks after termination of this Agreement or upon completion of therapy, extended hospitalization, or when preventative maintenance is due. Returns can be made to 3000 S 84<sup>th</sup> Street, Omaha, NE 68124 or by scheduling a representative to pick up your equipment by calling 402.955.7777 or 1.800.747.7334. To prevent loss or misplacement, please do not return the equipment to any other Children's location. **If User fails to return the CHHC equipment indicated as applicable below in a timely manner, User will be responsible for the replacement cost of the equipment.** User is made aware of their responsibility to safeguard equipment at all times. User will not expose equipment to heat sources, open flames or liquids that could damage the equipment. User will promptly report any real or suspected malfunctions, abnormalities, or damage to equipment by calling CHHC at 402.955.7777 or 1.800.747.7334. This Agreement is also in effect for any equipment exchanges.

I acknowledge that I received the following equipment on rent from CHHC:

Applies	Equipment	Replacement Cost / Each
<input type="checkbox"/>	50 PSI Compressor	\$335.00
<input type="checkbox"/>	Apnea Monitor	\$1795.00
<input type="checkbox"/>	BD / Baxter Syringe Pump	\$997.50
<input type="checkbox"/>	BIPAP Device & Humidifier	\$1,925.00
<input type="checkbox"/>	CADD Prizm	\$4,830.00
<input type="checkbox"/>	Cough Assist Device	\$2,500.00
<input type="checkbox"/>	CPAP Device & Humidifier	\$300.00
<input type="checkbox"/>	Infinity Feeding Pump	\$400.00
<input type="checkbox"/>	Fisher Paykel Humidifier Heater	\$929.25
<input type="checkbox"/>	Oximeter	\$1000.00
<input type="checkbox"/>	Oxygen Concentrator	\$950.00
<input type="checkbox"/>	Oxygen Home fill Unit	\$4,987.50
<input type="checkbox"/>	Oxygen Pedi Remote flowmeter	\$393.75
<input type="checkbox"/>	Phototherapy Unit blanket Bed	\$3497.75 \$2995.00
<input type="checkbox"/>	Portable Oxygen Tank System	\$474.38
<input type="checkbox"/>	Suction Machine	\$539.70
<input type="checkbox"/>	Ventilator	\$18,900.00
<input type="checkbox"/>	Wheelchair Reclining	\$587.14
<input type="checkbox"/>	Wheelchair Standard	\$396.00

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ MRN: \_\_\_\_\_

(patient sticker)

12. **Release of Information:** CHHC will release medical information as necessary to process insurance claims for CHHC Services. User authorizes insurer(s) and any other third-party payer who provides User with coverage to disclose to CHHC any information regarding such coverage, including, but not limited to (a) payments made by such insurer(s) or third-party payer(s) to CHHC, for home therapy rendered to User by CHHC and (b) the scope and extent of coverage available. User authorizes all medical personnel to provide information to CHHC concerning User or User’s child’s medical history as it may relate to home therapy. User also authorizes CHHC personnel to provide medical personnel information as it may relate to home therapy. This release of information will expire upon discharge of service.

13. **Recording Caregivers:** I understand that Children’s employees have a right to know if they are being recorded and I must inform Children’s of any video recording equipment which could record Children’s employees while they provide health care services in my home.

14. **Shadowing and Observation:** I understand that some persons involved in the Patient’s Care may be medical, nursing, or other health care personnel in training and I consent to their participation. From time to time, other non-Children’s staff members may observe the Patient’s Care. I understand I have the right to request that any of these individuals not participate in or observe the Patient’s Care and that such request will not affect the Patient’s ability to receive Care with Children’s.

15. **Questions/Concerns:** The “Medicare Home Health Hotline” is available should User have questions or concerns regarding services. The number is 1-800-245-5832. User may also choose to report any safety or quality of care concerns to the Joint Commission by calling 1-800-994-6610.

16. **Certification:** User certifies that he/she has read the foregoing and received a copy. User also certifies that he/she is the User or is authorized by the User as User’s agent to execute this Agreement and accept its terms.

17. **Contact by Telephone:** By providing CHHC with my landline and/or cell phone number(s), I give my express consent for CHHC, its independent contractors, its agents, and its collection agents to contact me at these numbers, or at any number that is later acquired for me, and to leave live or pre-recorded messages or to send text messages regarding any accounts or services. I understand that for greater efficiency, calls may be delivered by an auto-dialer.

**USER**

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_

**OTHER RESPONSIBLE PARTY (optional)**

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_

Parent / Caregiver Signature



## Emergency Equipment Plan at Children's Home Healthcare

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**Instructions for Emergencies:** If there is an emergency in the community that might disrupt care, or service that Children's Home Healthcare provides, and it is necessary to relocate we have some instructions that may help during the situation.

- If you are without electricity, we recommend staying with a family member, friend or if the disaster is large the Red Cross will set up shelters. To locate a Red Cross shelter near you, listen to the media (TV or radio) or call 211 for the United Way Helpline.
- If & when you relocate, be sure to take the following:
  - a copy of your child's medical information,
  - all medications your child needs,
  - any medical equipment and equipment supplies
  - include several days' worth of supplies when packing
  - Call us after relocating

Services provided:

Infusion Services

- Infusion Pump, Medications and Supplies

Enteral Services

- Enteral Pump
- Enteral Supplies and Formula

Respiratory Services

- All respiratory supplies needed to safely care for your child as instructed by your medical equipment supplier and/or respiratory team

CHHC's 24-hour phone number is available for assistance: **402-955-7777**



### Caregiver Report – Home Phototherapy at Children’s Home Healthcare

This Caregiver Report contains the parent/caregiver instructions that you may refer to between home care visits. We encourage our parents/caregivers to be actively engaged in their child’s care. If you have any questions or concerns, contact us as we welcome the opportunity to work with you to ensure your child’s needs are met.

We communicate your child’s plan of care revisions or new physician orders using the Children’s Connect account. By utilizing the link parents/caregivers have the ability to see their child’s medication lists, physician orders, the visit schedule, and the contact information of the clinical manager. To sign up go to [ChildrensOmaha.org](http://ChildrensOmaha.org) and look for the Children’s Connect link.

**Emergency Preparedness:** In case of an emergency or loss of power please go to location discussed with Children’s Home Healthcare nurse.

**Visit schedule:** You will have visits daily from a nurse or see your child’s physician while on phototherapy to assess bilirubin level, intake and output, and weight until bilirubin is at an acceptable level.

**Medications:** To the best of our ability from the information you provided this is the most accurate list of medications. This list should be carried at all times in case of an emergency and should be shared with your physician. It is important to compare this list with your prescription bottles at home. If you have any questions or concerns, contact your primary care physician’s office.

Medication: \_\_\_\_\_

#### Treatments / Plan:

- Perform daily bilirubin lab draws and notify physician of results.
- Monitor intake and output and weigh child at each visit.
- Instruct on use of phototherapy equipment and monitor compliance with treatment plan.
- Assess umbilical site for infection.
- Encourage patient/family to express feelings regarding newborn's condition.
- Educate on appropriate parameters for follow up with provider.
- Document temperature, including any instability and actions taken.
- Educate caregivers on thermoregulation.

#### Goal:

- Patient bilirubin level will return to normal levels for age. Patient will tolerate phototherapy treatment without adverse reactions.
- Caregiver will verbalize adequate support systems and availability of additional appropriate resources. Caregiver will verbalize decreased anxiety and increased comfort in caring for newborn.
- Caregiver will verbally express understanding of jaundice diagnosis. Caregiver will understand importance of compliance with prescribed treatment.
- Patient body temperature will remain between 97-99 degrees F, axillary, throughout phototherapy treatment.

**Nutritional requirement:** as discussed with your child’s physician; recommend feeding every 2-3 hours.

**Emergency Plan:** In case of emergency, take all phototherapy equipment with you to your emergency location.

**Financial & Billing:** If you have not met your insurance deductible you may be responsible for your insurance deductible. If you have billing questions, please call 402.955.7724 and ask to speak with a biller.

CHHC's 24-hour phone number is available for nurse assistance. Clinical Nursing Manger: Erin Ryan 402.955.7777

Thank you for choosing Children's Home Healthcare to assist with the care of your child. Please call **402.955.7777** or **800.747.7334** and ask for a department below that meets your need or question. **Joe Heck** is our Home Care Director and he can be reached by calling 402.955.7790.

Children's Home Healthcare Department Name	Department Information
<b>Patient Services Intake</b> <b>Lisa Gusman</b> Manager Home Health Intake	<b>Convenience</b> We offer text reminders for monthly patient supply re-ordering. Parents/Caregivers receive a text message from Children's Home Healthcare which notifies them their child's monthly supply order is coming due. Parents may e-mail their supply order using the provided email link within the text. Phone lines are also open for ordering Monday through Friday, 8:00 am to 4:30 pm. Please note that we are closed on weekends and major holidays. Non-emergent calls after 4:30 pm are transferred to voicemail and processed the following business day. Ordering via e-mail is available 24 hours per day/7 days a week, although orders are processed the following business day.  Your area's delivery day is: _____
<b>Patient Services Billing</b> <b>Lisa Gusman</b> Manager Home Health Billing	Staff members available to answer your questions about insurance billing and patient statements. Accounts are assigned to staff based on a patient's last name.
<b>Respiratory</b> <b>Rachel Shirk RRT</b> Respiratory Director	Staff members available to answer questions regarding respiratory equipment, ventilators, apnea monitors, oxygen, suction, and oximetry.
<b>Home Health Nursing</b> <b>Erin Ryan, MBA, BSN, RN</b> Intermittent Nursing Visit Manager	Staff members available to answer questions regarding home nursing visits, to schedule the next home visit or to notify of a patient care issue.
<b>Private Duty Nursing</b> <b>Jessica Fogelstrom MSN, BSN, RN</b> Private Duty Nursing Manager	Staff members provide nursing shifts for medically complex children.
<b>Pharmacy</b> <b>Julie Wurdeman, PharmD RP</b> Pharmacy Manager	Staff members available to answer ongoing infusion/pharmacy supply order questions, or any questions about your child's infusion medication(s). Patient Services Intake staff does not take pharmacy supply orders.
<b>Enteral Nurses</b> <b>Michael Coe</b> Warehouse & Distribution Manager	Staff members available to assist with new feeding orders or any problems with feeding pumps or feeding devices such as NG's or buttons.

Children's Home Healthcare's office hours are **Monday through Friday, 8 am to 5 pm**. On-call service is provided for your urgent needs 24 hours a day, seven days a week.



# CHILDREN'S HOME HEALTHCARE

## YOUR SOURCE FOR PEDIATRIC HOME CARE SUPPLIES

Children's Home Healthcare (CHHC) supports a variety of conditions and provides supplies to care for children at home. With a current physician's order and insurance authorization, we offer a complete range of home health care medical supplies, including but not limited to:

- Accessory supplies for rental equipment
- CPAP/BIPAP supplies
- Formula
- Incontinence supplies
- Ostomy supplies
- Oxygen supplies
- Urological supplies
- Wound supplies
- Tracheostomy supplies

*Note: Children's cannot supply items that are retail in nature or considered over-the-counter, not covered by insurance.*

### Convenient Reminders:

**BY TEXT:** Children's will send reminders via text for monthly patient supply re-ordering. Parents and caregivers can opt into this service by providing a primary cell phone number. The reminder text will read: "Your child's monthly supply order is coming due. Please click on the email link @ [\\_CHHCIntake@ChildrensNebraska.org](mailto:_CHHCIntake@ChildrensNebraska.org) to place an order."

**BY E-MAIL:** Please provide:

- Child's full name & date of birth
- Verification of delivery address
- Verification of insurance payers
- Verification of daytime contact phone
- Verification of supply items needed
- Monthly supply order form supplied by CHHC

*We will send an email confirmation with the scheduled delivery date & time. Please allow two business days.*

### Placing an Order:

You may call 402-955-7777 Monday through Friday, from 8 a.m. to 4:30 p.m., except on holidays. Non-emergent calls outside of these hours will be transferred to voicemail and processed the following business day. Ordering via email is available 24 hours per day, 7 days a week. These orders are also processed on the following business day.

### Office Hours:

Our office is open Monday through Friday from 8 a.m. to 5 p.m. We are unable to process supply orders after business hours.

## CHILDREN'S HOME HEALTHCARE — Your Source for Pediatric Home Care Supplies

Children's requires advance notice of at least 48 hours for all supply orders. For orders with less than 48 hours, a \$30 service fee will be charged. This fee is not billable to insurance and must be paid by credit or debit card prior to the order being processed.

### Supply Quantity Limits:

If supply quantities requested exceed insurance allowed amounts, you may change the supply item and/or quantity to match the insurance allowable. To order items outside of insurance limits, those items must be paid for before the order is processed. If a parent or caregiver requests that Children's bills the insurance company for confirmation of overage denial, an Advanced Beneficiary Notice must be signed for at the time of delivery.

### Back-Ordered Items:

Occasionally a temporary shortage of a requested supply will be on back order. Once the requested supply item is available, it will be shipped to the delivery address as soon as possible.

### Specialty, Non-Stocked or Custom Items:

Specialty items are ordered separately from the regular monthly supplies. These items are generally shipped via UPS directly to the patient address. Please allow additional time for obtaining specialty supplies.

### Shipping Supply Orders:

Children's offers free shipping within our service area for routine monthly supply orders. Please allow two business days. We are able to process one free order per month. Above that, a \$30 service fee will be charged. This fee is due prior to order processing and is not billable to insurance. This service fee does not apply to any equipment malfunction, new physician orders or hospital discharges which could require new or additional supplies.

### Pick-Up Orders:

Our office is located at 3000 South 84th Street, Omaha, Neb. If you choose to pick up your order, please notify us two business days in advance. To pick up the order, please pull up to the curb directly in front of the CHHC entrance and call 402-955-7777 to let us know you have arrived. Our staff will bring the supply order to your vehicle and assist you in loading.

### Home Delivery of Supply Orders:

Home delivery orders require a two business day notice to allow our warehouse team time to pull the order and ensure product availability. Please select either a morning or afternoon delivery option from the list below. Please make sure someone is home to receive and sign for packages during the full time slot you have selected when you place your order.

- |   |  |
|---|--|
| <input type="checkbox"/> Anytime morning, 9 a.m. – noon | <input type="checkbox"/> Anytime afternoon, 1 – 5 p.m. |
| <input type="checkbox"/> 9 – 11 a.m.                    | <input type="checkbox"/> 1 – 3 p.m.                    |
| <input type="checkbox"/> 11 a.m. – 1 p.m.               | <input type="checkbox"/> 3 – 5 p.m.                    |

### Equipment Needs:

Please report any equipment repair needs promptly.

### Oxygen Patients:

An expedited service fee charge will not apply to oxygen patients requiring additional tanks. Our respiratory therapist will identify the required number of oxygen tanks needed for back-up and routine oxygen in your home based on your child's physician order. We require that the same number of empty oxygen tanks be exchanged for the same number of full tanks at the time of delivery.

12/2023

## Hand Hygiene in the Hospital, Clinic, and at Home

### What is hand hygiene?

Washing hands with soap and water or using alcohol-based hand rub (hand sanitizer) that contains at least 60% alcohol.

### Why is hand hygiene important?

Keeping hands clean is one of the most important ways to prevent the spread of germs.

### Who should perform hand hygiene?

Everyone including visitors, caregivers, parents, patients, and health care workers should perform hand hygiene.

### When should hand hygiene be performed?

- Before, during and after making food
- Before and after eating
- Before and after caring for someone who is sick
- After using the toilet, after changing diapers, or helping your child to the toilet
- After blowing your nose, coughing, or sneezing
- After handling trash
- Before and after caring for a cut or wound
- After touching an animal, pet food/treats, or handling animal waste
- Before and after removing gloves
- Before and after caring for a central line
- Before entering your child's hospital or clinic room, and before leaving (clean hands in, clean hands out)

### When should I see my health care providers perform hand hygiene?

- Everyone who comes into your child's room or into your home should perform hand hygiene. If you see someone come in that does not perform hand hygiene, speak up and ask them to.
- You may also see them do it more often if they are performing tasks, such as giving an IV medication or drawing labs.
- Health care workers in the hospital or Specialty Pediatrics Center (SPC) will have an electronic badge showing a green hand that tells you they have performed hand hygiene.

### Nail care recommendations if you are caring for your child's central line:

- Keep nails short and clean
  - Avoid wearing artificial nails because they can collect germs.
-

# HAND HYGIENE

## How to clean hands WITH ALCOHOL-BASED SANITIZER



1 Apply a quarter-sized amount of sanitizer to hands. Go to step 3.



3 Rub the palms of your hands together.



4 Rub on the top of each hand, including wrist.



5 Rub in between your fingers.



6 Clean under your fingernails on both hands.



Minimum 20 seconds



7 Rinse hands with water.



8 Dry hands with a clean towel.



9 Use a towel to turn off faucet.



7 ... once dry, your hands are safe.

Please note: Sanitizer must dry completely before touching electrical equipment.

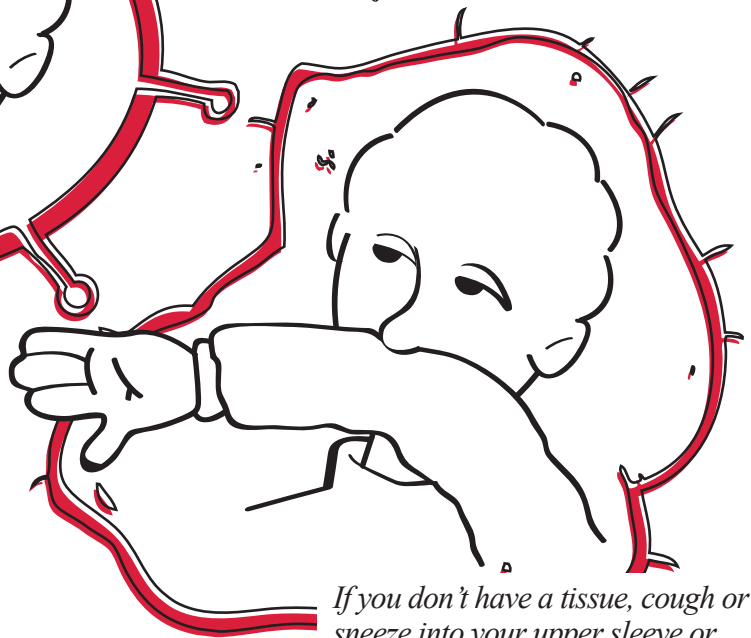
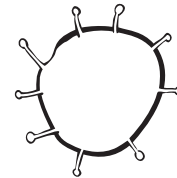
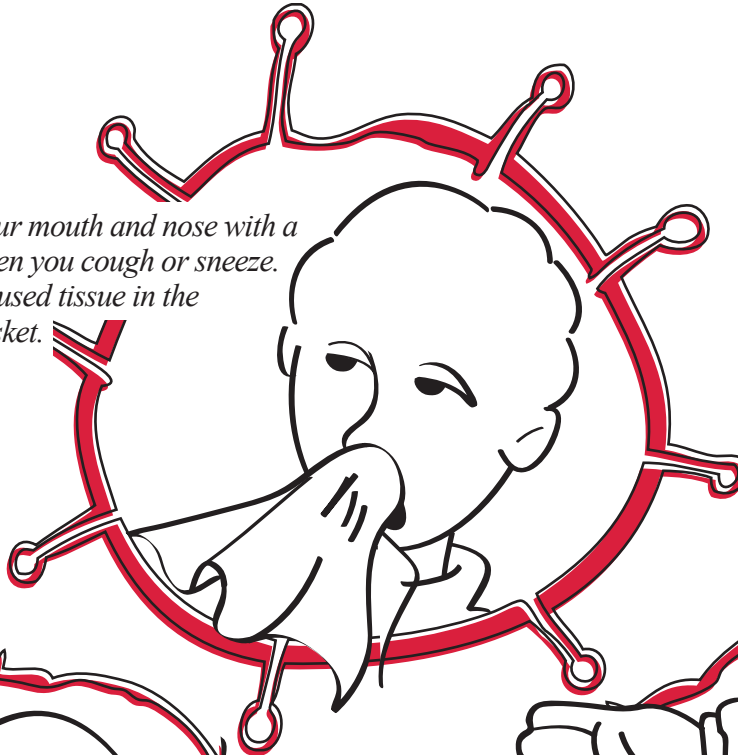


10 ... and your hands are safe.

# Cover Cough

*Stop the spread of germs that can make you and others sick!*

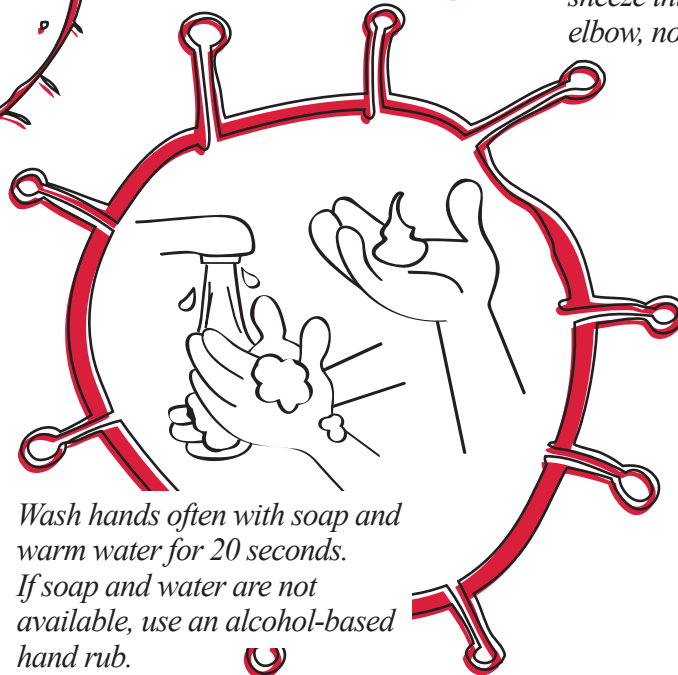
*Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.*



*If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.*



*You may be asked to put on a facemask to protect others.*



*Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.*



TAKE 3 ACTIONS TO

# FIGHT FLU



Influenza (flu) is a contagious disease that can be serious. Every year, millions of people get sick, hundreds of thousands are hospitalized, and thousands to tens of thousands of people die from flu. CDC urges you to take the following actions to protect yourself and others from flu.

## GET YOURSELF AND YOUR FAMILY VACCINATED!



A yearly flu vaccine is the first and most important step in protecting against flu viruses.

Everyone 6 months or older should get an annual flu vaccine. Protect Yourself. Protect Your Family. Get Vaccinated. #FightFlu

## STOP THE SPREAD

Take everyday preventive actions to help stop the spread of flu viruses!

Avoid close contact with sick people, avoid touching your eyes, nose, and mouth, cover your coughs and sneezes, wash your hands often (with soap and water).



## ASK YOUR DOCTOR ABOUT FLU ANTIVIRALS

Take antiviral drugs if your doctor prescribes them!

Antiviral drugs can be used to treat flu illness and can make illness milder and shorten the time you are sick.



[WWW.CDC.GOV/FLU](http://www.cdc.gov/flu)

#FIGHT FLU







# COVID-19 VACCINES FOR CHILDREN AND TEENS

## What Parents and Caregivers Need to Know

**CDC recommends COVID-19 vaccination for everyone 6 months and older, and boosters for everyone 5 years and older, if eligible.**

**Getting children and teens vaccinated can help protect them from getting really sick if they get COVID-19.**

### **If infected with COVID-19, children and teens can:**

- Get very sick from COVID-19
- Have both short- and long-term health problems
- Spread COVID-19 to others

There is no way to tell in advance how children or teens will be affected by COVID-19. Even healthy children can get really sick from COVID-19. Children and teens can also experience ongoing health problems after getting COVID-19, including physical and mental health complications that can affect their quality of life.

### **COVID-19 vaccines are safe for children and teens**

COVID-19 vaccines are monitored under the most intense safety monitoring in U.S. history. Before recommending COVID-19 vaccination for children, scientists conducted [clinical trials](#) with thousands of children to make sure vaccination was safe and effective. The safety of COVID-19 vaccines continues to be monitored, including the risk of [myocarditis and pericarditis](#) in children and teens which continues to be low. [Serious reactions](#), like a [severe allergic reaction](#), after COVID-19 vaccination are rare and are most frequently reported within a few days after vaccination. [Febrile seizures](#), or brief convulsions associated with fever, are also rare after COVID-19 vaccination.

Children and teens cannot get COVID-19 from getting vaccinated, and COVID-19 vaccines do not alter DNA in any way. There is also no evidence that COVID-19 vaccination causes any problems with fertility or becoming pregnant in the future.

**Though ongoing safety monitoring, COVID-19 vaccines continue to be found [safe for children and teens](#).**

### **The benefits of COVID-19 vaccination outweigh the known and potential risks.**

The known risks of COVID-19 and possible severe complications—such as long-term health problems, hospitalization, and even death—outweigh the potential risks of having a rare, adverse reaction to vaccination.



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

## Getting children vaccinated against COVID-19

COVID-19 vaccine dosage is based on age on the day of vaccination, not on size or weight. Children get a smaller dose of COVID-19 vaccine than teens and adults that is the right amount for their age group.

Getting a COVID-19 vaccine will be similar to getting other routine vaccines. Children and teens can safely receive other vaccines the same day they receive their COVID-19 vaccine.

### Children and teens who have already had COVID-19 should still get vaccinated

Emerging evidence indicates that people can get added protection by getting vaccinated after having been infected with the virus that causes COVID-19. So, even if a child has had COVID-19, they should still get vaccinated. For children who have been infected with COVID-19, their next dose can be delayed 3 months from when symptoms started or, if they did not have symptoms, when they received a positive test. This possible delay can happen with a primary dose or a booster dose.

### Common side effects after COVID-19 vaccination

Reported [side effects](#) tend to be mild, temporary, and like those experienced after routine vaccines. Younger children may experience fewer side effects after COVID-19 vaccination than teens or young adults. Some children and teens have no side effects.

Ask your child's healthcare provider for advice on using a non-aspirin pain reliever **after** vaccination. It is not recommended that you give pain relievers before vaccination to prevent side effects. In general, aspirin is **not recommended** for use in children and adolescents less than 18 years of age. You can also ask about other steps you can take at home, including placing a cool, damp cloth where your child got the shot if the area hurts.

- Pain, swelling, and redness where the shot was given
- Headache
- Fever
- Chills
- Tiredness
- Muscle or joint pain
- Swollen lymph nodes

In addition, children 3 years and younger may be irritable, cry and have a loss of appetite.

## Find a COVID-19 vaccine for children and teens

COVID-19 vaccines are free of charge to everyone in the United States. Finding a COVID-19 vaccine is easy:

- Contact your child's doctor or local pharmacy, clinic, or health department to see if vaccines are available.
- Visit [vaccines.gov](https://www.vaccines.gov) and enter your ZIP code to find a location near you.
- Text your ZIP code to **438829** or call **1-800-232-0233** to find COVID-19 vaccines for children and teens.



### Get started with v-safe

After getting your child vaccinated, **enroll them in the v-safe After Vaccination Health Checker**. v-safe provides personalized and confidential health check-ins after COVID-19 vaccination.



For more information visit [cdc.gov/covid-19/children-teens.html](https://www.cdc.gov/covid-19/children-teens.html)

# RSV in Infants and Young Children

Respiratory syncytial virus, or RSV, is a common virus that affects the lungs and breathing passages

**Each year in the United States, an estimated 58,000–80,000 children younger than 5 years old are hospitalized due to RSV infection. Those at greatest risk for severe illness from RSV include:**

- Premature infants
- Infants, especially those 6 months and younger
- Children younger than 2 years old with chronic lung disease or congenital (present from birth) heart disease
- Children with weakened immune systems
- Children who have neuromuscular disorders, including those who have difficulty swallowing or clearing mucus secretions

## Early Symptoms of RSV

RSV may not be severe when it first starts. However, it can become more severe a few days into the illness. Early symptoms of RSV may include:

- Runny nose
- Decrease in appetite
- Cough, which may progress to wheezing or difficulty breathing

**Call your healthcare provider if your child is having difficulty breathing, not drinking enough fluids, or experiencing worsening symptoms.**

## Severe RSV Infection

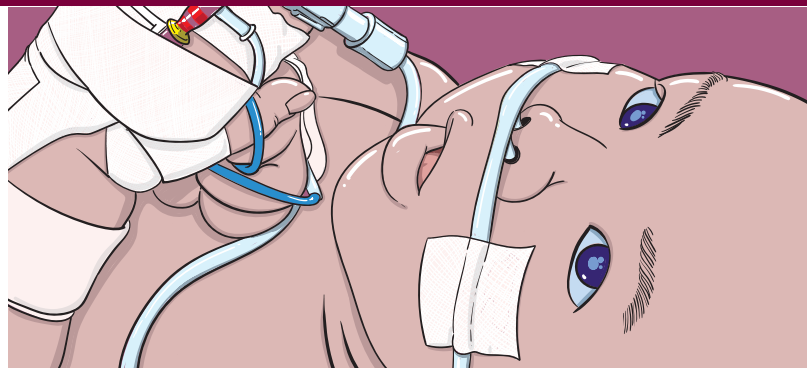
Virtually all children get an RSV infection by the time they are 2 years old. Most of the time RSV will cause a mild, cold-like illness, but it can also cause severe illness such as:

- Bronchiolitis (inflammation of the small airways in the lung)
- Pneumonia (infection of the lungs)

One to two out of every 100 children younger than 6 months of age with RSV infection may need to be hospitalized. Those who are hospitalized may require oxygen, IV fluids (if they aren't eating and drinking), and/or mechanical ventilation (a machine to help with breathing). Most improve with this type of supportive care and are discharged in a few days.

## Medication for Babies at High Risk

There is a medicine that can help protect some babies at high risk for severe RSV disease. Healthcare providers usually give this medicine (called palivizumab) to very



premature infants and young children with certain heart and lung conditions as a series of monthly shots during RSV season. If you are concerned about your child's risk for severe RSV infection, talk to your child's healthcare provider.

## RSV in Very Young Infants

Infants who get an RSV infection almost always show symptoms. This is different from adults who can have few or no symptoms with RSV infection. In very young infants (less than 6 months old), the only symptoms of RSV infection may be:

- Irritability
- Decreased activity
- Decreased appetite
- Apnea (pauses in breathing more than 10 seconds)

## What you should do if your child is at high risk for severe RSV infection

RSV season in most regions of the U.S. starts in the fall and peaks in the winter. If you have contact with an infant or young child, especially those who were born prematurely, have chronic lung or heart disease or a weakened immune system, you should take extra care to keep the infant healthy by doing the following:

- Wash your hands often
- Keep your hands off your face
- Avoid close contact with sick people
- Cover your coughs and sneezes
- Clean and disinfect surfaces
- Stay home when you are sick



**Centers for Disease Control and Prevention**  
National Center for Immunization and Respiratory Diseases

# Speak Up™ Against Discrimination

It is undeniable that racism can harm patients' health. This directly opposes The Joint Commission's mission and vision to help accredited and certified organizations provide safe, high-quality health care for all people. The Joint Commission has standards to guide its organizations and help ensure that all people receive care that is free from discrimination.

The Joint Commission has no tolerance for bias or discrimination in its organizations. But we also know that institutional, systemic racism and bias still exist in health care. Differences in the quality of care received by patients or barriers and impediments to care can be due to:

- Access to care or lack of resources, such as Internet or transportation
- Age
- Education level
- Gender identity or expression
- Geographic location
- Language
- Physical or mental ability
- Race or ethnicity
- Religion or culture
- Sexual orientation
- Social and/or economic status

## Your rights as a patient

As a patient, you have a right to:

- Timely and appropriate care that is free from discrimination.
- Be treated with courtesy and respect.
- An interpreter, who can help you effectively communicate with your care providers in your preferred language.



## What you can do



If you feel you are being discriminated against and are experiencing substandard care, speak up! You can do so by:

- First, finding out about the hospital or health care organization's policy for reporting complaints. If possible, try to work with the organization.
- Talking to the organization's patient advocacy department (sometimes also called the patient liaison office or the patient advocacy team).
- Filing a complaint with the Office for Civil Rights, which is part of the U.S. Department of Health and Human Services, or with your state's health department.
  - o Learn more about filing a complaint at: <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.
  - o File a complaint at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.
- Contacting the U.S. Department of Justice's Civil Rights Division.
  - o By phone: 202-514-3847
  - o By phone device for the deaf (TTY): 202-514-0716

If your issue remains unaddressed and the organization is accredited or certified by The Joint Commission, you can speak up by reporting the patient safety concern to us

- o Online at: <https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx>
- o By mail:
  - Office of Quality and Patient Safety
  - The Joint Commission
  - One Renaissance Boulevard
  - Oakbrook Terrace, Illinois 60181

Everyone deserves to be treated with respect. If you feel you are experiencing racist or discriminatory actions, speak up. By doing so, you may be helping future patients.

The goal of Speak Up™ is to help patients and their advocates become active in their care.

Speak Up™ materials are intended for the public and have been put into a simplified (i.e., easy-to-read) format to reach a wider audience. They are not meant to be comprehensive statements of standards interpretation or other accreditation requirements, nor are they intended to represent evidence-based clinical practices or clinical practice guidelines. Thus, care should be exercised in using the content of Speak Up™ materials. Speak Up™ materials are available to all health care organizations; their use does not indicate that an organization is accredited by The Joint Commission.



## Joint Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

### Who Follows This Joint Notice:

This Joint Notice describes the privacy practices of the following:

- Children's Nebraska and Children's Physicians, which are organizations affiliated under the common control of Children's Nebraska, and;
- The organized health care arrangement composed of Children's Nebraska, the physician and dentist members of Children's medical staff, and other independent health care providers authorized to provide care to Children's patients: including Children's Specialty Physicians.

### Where the Privacy Practices Outlined in this Joint Notice Apply:

- The privacy practices in this Joint Notice shall apply at all Children's facilities. Children's Urgent Care Centers, all Children's Physicians locations, Children's Home Healthcare service delivery locations.

### Our Pledge Regarding Medical Information

Children's Nebraska medical staff members, Children's Specialty Physicians, and other independent providers, Children's Home Healthcare providers and Children's Physicians understand that information about your child or your child's health is personal and we will make every effort to protect that information. We create a record of the care and services your child receive. This record helps us to provide quality care and meet legal requirements. This Notice covers all records of your child's care, whether created by Children's Nebraska, Children's Home Healthcare Providers, a Children's Physicians' office, Children's Urgent Care Center or other Children's facility.

The privacy practices described in this Notice may be different than those of other doctors treating you or your child.

This Notice will tell you about the ways in which we may use and disclose medical information about your child. It also describes your rights and our responsibilities regarding the use and disclosure of your child's medical information.

### We Are Required By Law To:

- make sure that medical information about you or your child is kept private;
- give you this Notice of our legal duties and privacy practices; and
- follow the terms of the privacy notice that are currently in effect.

### How We May Use and Disclose Medical Information About You or Your Child:

Below are some examples of how Children's medical staff, Children's Specialty Physicians and other independent providers, Children's Home Healthcare providers and Children's Physicians (herein collectively referred to as "Providers") may use and disclose medical information. However, not every use and disclosure is listed.

**For Treatment** – We may provide medical information about you or your child to doctors, nurses, technicians, residents, medical students and other personnel who take care of your child. For example, a doctor treating your child for a broken leg may need to know if your child has diabetes, since diabetes may slow healing. In addition, the doctor may also need to call a dietitian that your child has diabetes so we can arrange for the right meals.

We may share medical information about you or your child with people and companies outside the identified Providers that are involved in you or your child's ongoing medical care. We may also access medication history.

**For Payment** – We may use medical information about you or your child so that the treatment and services your child receives can be billed for and payment may be collected from you, an insurance company or a third party. For example, we may need to give your child's insurance company information about you or your child's surgery so the insurance company will pay us for the surgery. We may tell your health plan provider about a treatment you or your child is going to receive to obtain approval or to determine whether your health plan will cover the treatment. We also may provide medical information about you or your child to companies outside the identified Providers who need this information to bill for services they provided.

**For Health Care Operations** – We may use medical information about you or your child for health care operations that help us to provide quality care. For example, we may use medical information to review our treatment, services and the performance of our staff. We may also combine medical information about patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments work. We may provide information to doctors, nurses, technicians, medical students and other personnel for review and learning purposes. We may provide medical information about your child to companies outside of the identified Providers for health care operations as long as both companies have treated you or your child. We may also combine medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in care and services. We will remove information that identifies you or your child from this set of medical information so that others may use it to study health care and health care delivery without being able to identify your child.

**Business Associates** – We may provide medical information to other persons or organizations, known as business associates, who provide services for us under contract. Business associates are required by law to protect the medical information we provide to them.

**Appointment Reminders** – We may use and provide medical information to contact you as a reminder that you or your child have an appointment with us. If you do not want to be contacted for appointment reminders, you must contact the Children's Access Center in writing.

**Treatment Alternatives** – We may use and provide medical information to tell you about possible treatment options or other items of interest. If you do not want to be contacted for these reasons, you must contact the Children's Access Center in writing.

**Health-Related Benefits and Services** – We may use and provide medical information to tell you about health-related benefits or services of interest. If you do not want to be contacted for these reasons, you must contact the Children's Access Center in writing.

**Fundraising Activities** – We may provide information about you or your child to our hospital-related foundation so the foundation may contact you in raising money for the hospital. We will release only information such as you and your child's name, address and phone number, and the dates you or your child received treatment or services. You will be provided the opportunity to opt out of fundraising communications with each solicitation.

**Marketing Services and Sale of Protected Health Information** – Excepted for a limited set of exceptions, Children's will obtain your consent before using you or your child's Protected Health Information for marketing purposes or selling it to third parties.

**Breaches of Protected Health Information** – In the event that a breach of you or your child's unsecured Protected Health Information occurs, we will notify you.

**Uses and Disclosures Made Only with Your Authorization** – The following uses and disclosures will only be made with your authorization: (i) most uses and disclosures of psychotherapy notes; (ii) uses and disclosures of Protected Health Information (PHI) for marketing purposes, including subsidized treatment communication; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in the Notice of Privacy Practices.

**Hospital Directory** – We may include limited information such as your child's name and location in the hospital directory while your child is a patient, unless you notify us that you object. The directory information may also be given to people who contact the hospital and ask for your child by name. This is so your child's family, friends and clergy may visit your child in the hospital.

**Individuals Involved in You or Your Child's Care or Payment for Your Child's Care** – We may provide medical information about you or your child to a friend, family member or any other person you say is involved in your child's medical care or the payment of you or your child's care. We will provide this information only if you tell us to or if we think that normally it is in you or your child's best interest to allow a person to act on you or your child's behalf. For example, you may identify a friend or family member to pick up medical supplies for you or your child. We will provide only the medical information needed to allow the person to complete that task. In addition, we may provide medical information about you or your child to someone helping a disaster relief effort so that your family can be notified about your child's condition, status and location.

**Research** – We may use medical information about you or your child for research purposes. For example, a research project may involve comparing the health of all patients who received one medicine to those who took another for the same condition. All research projects are subject to a specific approval process. This process reviews a proposed research project and its use of medical information, comparing the research needs with patients' need for privacy of their medical information. We may provide medical information about you or your child to people preparing for a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they receive does not leave the hospital. Normally, we will ask you to agree if the researcher will have access to you or your child's name, address or other information that shows you or your child's identity.

**As Required by Law** – We will provide medical information about you or your child when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety** – We may use and provide medical information about you or your child when needed to prevent a serious threat to you or your child's health and safety or the health and safety of other people. The information will be provided only to someone able to help prevent the threat.

**Organ and Tissue Donation** – If you or your child is a potential candidate for organ donation, we may be required to provide medical information to organizations that handle organs for organ, eye or tissue transplantation or to an organ donation bank.

**Worker’s Compensation** – We may provide medical information about you or your child for worker’s compensation or similar programs that provide benefits for work-related injuries or illness.

**Public Health Activities** – We may provide medical information about you or your child for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births or deaths;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition; or
- To notify the government if we suspect a patient has been the victim of abuse, neglect or domestic violence.

We will make the disclosure if you agree or when required or authorized by law.

**Health Oversight Activities** – We may provide medical information to a health oversight agency for activities allowed by law. Oversight activities that allow the government to monitor the health care system, government programs and compliance with civil rights laws include audits, investigations and inspections.

**Lawsuits and Disputes** – We may provide medical information about you or your child in response to court or administrative order. We may also provide medical information about you or your child in response to a subpoena, discovery request or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request.

**Law Enforcement** – We may provide medical information if asked to do so by a law enforcement official, example being:

- Response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- Inquiries as to the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;
- Inquiries as to death we believe may be the result of criminal conduct;
- Inquiries as to criminal conduct at the hospital; and
- To report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors** – We may provide medical information to a coroner or medical examiner. For example, to identify a person who has died or

to determine the cause of death. We may also provide medical information about patients to funeral directors who need to carry out their duties.

**National Security and Intelligence Activities** – We may provide medical information about you or your child to federal officials for intelligence, counter-intelligence and other national security activities.

**Protective Services for the President and Others** – We may provide medical information about you or your child to federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Inmates** – We may provide medical information about you or your child to a correctional institution or law enforcement official if you or your child is an inmate of a correctional institution or under the custody of a law enforcement official. This release would be necessary for; (1) the institution to provide you or your child with health care; (2) to protect you or your child’s health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **Other Uses of Medical Information**

Other uses of medical information not covered by this Notice or the laws that apply to us will be made only if you agree in writing. If you give us the right to use medical information about you or your child, you may change your mind, in writing, at any time. If you change your mind, we will no longer use the medical information for the reasons covered by your written request. You understand that we cannot take back any information that we may have already released with your written agreement and that we are required to retain records of the care we provide.

## **Your Rights Regarding Medical Information About You or Your Child**

You have the following rights regarding medical information we have about you or your child.

**Right to Look at and Copy** – You have the right to look at and copy medical information that may be used to make decisions about you or your child’s care. Usually, this includes medical (including laboratory test results) and billing records. This does not include psychotherapy records.

You must send your request to look at and copy medical information that may be used to make decisions about you or your child in writing to Children’s Health Information Department. If you ask for a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies needed to meet your request.

We may deny your request to look at and copy medical information. If we do not let you look at you or your child’s medical information, you may request that the denial be reviewed. A licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will follow the outcome of the review.

**Right to Change** – If you feel that the medical information we have about you or your child is not correct, you may ask us to change the information. You have the right to ask for a change as long as the information is kept by the identified Providers.

Your request for a change must be in writing and sent to the Children’s Health Information Department. In addition, you must provide a reason that supports your request for change.

We may deny your request for a change if it is not in writing or does not include a reason to support the request. In addition, we may deny your request to change information if the information is:

- Not created by the identified Providers, unless the person or company that created the information is no longer available to make the amendment.
- Not part of the medical information kept by or for the identified Providers.
- Not part of the information you would be allowed to look at and copy under the law, or
- Correct and complete

**Right to an Accounting of Disclosures** – You have the right to ask for an accounting of disclosures, which is a list of medical information given out about you or your child.

To ask for an accounting of disclosures, you must send a request in writing to Children’s Health Information Department. Your request must state a time period that is not longer than six years (three years if disclosures were for treatment, payment or health care operations) and may not include dates before April 14, 2003. Your request should say I what form you want the list (for example, on paper or electronically). The first list of disclosures you ask for within a 12-month period will be free. We may charge for the costs of providing additional lists. We will notify you of the cost and you may choose to remove or change your request before any costs are incurred.

**Right to Request Restrictions** – You have the right to request that we limit the medical information we use or disclose about you or your child for treatment, payment or health care operations. You also have the right to ask for a limit on the medical information we provide about you or your child to someone who is involved in your or your child’s care or the payment for care, like a family member or friend.

We do not have to agree with your request unless the requested restriction relates to disclosures to a health plan for payment and/or health care operations, and the product or service has been paid in full solely out-of-pocket. If we do agree to a limitation, we will follow your request unless the information is needed to provide emergency treatment.

You must request a limitation in writing to Children’s Health Information Department. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**Right to Ask for Private Communications** – You have the right to ask that we communicate with you about your child’s medical matters in a certain way or at a certain place.

You may get a copy of this Notice at our website, [www.ChildrensNebraska.org](http://www.ChildrensNebraska.org). To obtain a paper copy of this Notice, contact the Privacy Officer at 402-955-4122.

To ask for private communications, you must make your request in writing to Children’s Health Information Department. We will not ask you the reason for your request and we will comply with all reasonable requests. Your request must say how or where you wish to be contacted.

**Right to a Paper Copy of this Notice** – You have a right to a paper copy of this Notice. You may ask use to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you may ask for a paper copy.

### Changes to This Notice

We maintain the right to change our privacy practices, and may be required by law to change such practices, which may result in changes to this Notice. We further keep the right to make the most current privacy practices notice effective for medical information we already have about you or your child, as well as any information we receive in the future. We will post a copy of the current Notice in each identified Providers’ service location and the Children’s website. The Notice will include the version number and effective date. In addition, if we make substantive changes to the Notice, the next time you or your child comes to the hospital or are otherwise treated by an identified Provider, we will offer you a copy of the current Notice in effect.

### Complaints

If you think you or your child’s privacy rights have been violated, you may make a complaint to Children’s Privacy Officer or the Secretary of the Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

### Children’s Contact Information

Privacy Officer  
8200 Dodge Street  
Omaha, NE 68114  
(402) 955-4122

Access Center  
8200 Dodge Street  
Omaha, NE 68114  
(402) 955-5410

Health Information  
Department  
8200 Dodge Street  
Omaha, NE 68114  
(402) 955-3800

Foundation  
8401 West Dodge Rd  
Suite 160  
Omaha, NE 68114  
(402) 955-6851



# Pediatrician, Urgent Care or Emergency Department?



## When to go to YOUR PEDIATRICIAN

Turn to your pediatrician's office first – even after hours. Most have an after-hours call line to help parents decide whether their child needs to be seen right away or if the issue can wait until the next day.

Common ailments that can typically wait until the next day include:

- Ear pain
- Cough
- Runny nose
- Sore throat
- Vomiting
- Diarrhea
- Eye drainage
- Fever in children over 1 year

If in doubt, call your pediatrician's office anytime.



## When to go to URGENT CARE

Urgent cares are set up to assist with injuries or illnesses that do not appear to be serious or life-threatening, but can't wait until morning, including:

- Minor illness or injury
- Fracture or broken bones that are not crooked and do not cause severe pain
- Sprains or minor pains
- Worsening fever in infants ages 2 months to 1 year
- Minor burns
- Minor asthma
- Small cuts



## When to go to the EMERGENCY DEPT.

Emergency departments (EDs) are for life-threatening needs. Take your child to an ED anytime you think the problem needs immediate attention, and for the following conditions:

- Shortness of breath or trouble breathing
- Blue or purple lips, skin or fingernails
- Chest or stomach pain or pressure
- Animal, snake or human bites
- Severe bleeding or burns
- Head, spinal cord or eye injuries
- Infants under 2 months of age with a fever
- Signs of allergic reaction, such as hives, swelling of the face, lips, eyes or tongue; fainting or trouble breathing
- Uncontrollable pain

# USE VIRTUAL URGENT CARE TO

- Have shorter wait times.
- See an Urgent Care provider from the comfort of your own home.
- Reduce exposure to other viruses and illnesses.

**Schedule an appointment via Children's Connect or by calling 402.955.8300.**

Common urgent care conditions that can be treated virtually include:

- Fever for a child older than 3 months
- Congestion or cough without respiratory distress
- Dehydration
- Insect bite
- Nausea, vomiting and/or diarrhea
- Eyelid swelling or pimple
- Pinkeye
- Itching
- Rash and skin conditions

**Hours: M–F, 5–9 p.m.;**  
**Weekends and Holidays, Noon–9 p.m.**

Visit [ChildrenNebraska.org/WhenToGo](https://www.childrennebraska.org/WhenToGo) for a full list of symptoms appropriate for a Virtual Urgent Care visit.



*If your child has life threatening needs, visit an emergency department or call 911.*