Welcome

to Your Patient Care Kit!

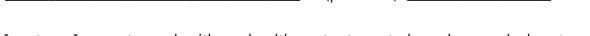
Patient-Provider Agreement

I am now the proud owner of this Patient Care Kit with a set of tools and tips for better health.

- ✓ With my Patient Care Kit, my health center provider and care team will:
 - Teach me how to use each tool at home
 - Help me eat better and stay active
 - Show me how to take my medicine safely

If I have questions about the Kit or my health I can call,

- Help me keep important health appointments
- _____ at (phone #): _____



- In return, I agree to work with my health center team to learn how and when to use each tool in the Kit to improve my health. I understand this Kit is given to me as part of the Leading Change: Transforming At-Home Care project. The project aims to learn if an At-Home Care Kit can help patients and their care teams reach better health.
- ✓ I agree to be part of the *Leading Change: Transforming At-Home Care* pilot project until June 30, 2020. During the project I will:
 - ☐ Complete one (1) colorectal cancer screening test. ☐ Complete the Kit's blood glucose tests (my provider will tell me how and when to do each test). There are four (4) tests in the Kit. I will also check my blood sugar (with fingersticks) as my provider instructs.
 - ☐ Use the Kit's supplies to measure my blood pressure, weight, and temperature.
 - ☐ Write (record) my blood pressure, weight, and temperature in my "log".
 - ☐ Report these readings to my health center team.
 - ☐ Contact my doctor when:
 - My blood pressure reading is more than ______.
 - My blood glucose reading is more than ______.
 - My temperature is more than______.



Patient-Provider Agreement continued

✓ If I use the Kit as directed from November 2020 – June 2021, I can keep the supplies to improve my health. If I no longer want to be part of this project or use the Kit, I can return the supplies to my health center. If I do not use the Kit, the health center can ask for the supplies back.

I agree to participate in the Leading Change: Transforming At-Home Care project:	
Patient Name:	Medical Record #:
Patient Signature:	
Date:	
Staff confirming receipt and training on Patier	nt Care Kit (name):
Staff signature:	

Your Kit includes:



Quidel Corporation: **Colorectal Cancer Screening Test/iFOB**

(includes 1-2 gloves)

WHAT TOOL DOES

Checks for possible colon cancer by looking for blood in stool (poop).

WHEN TO USE

Complete this test within one (1) week of receiving the Kit.

SCHEDULE

Nov 2020



✓ ZOETOUCH Digital **Bodyweight Bathroom Scale**

WHAT TOOL DOES

Measures weight.

WHEN TO USE

Measure weekly.

SCHEDULE

• Nov 2020 – June 2021: weekly



American Diagnostic **Digital Forehead Thermometer**

WHAT TOOL DOES

Measures temperature.

WHEN TO USE

Measure weekly or when I think I have a fever.

SCHEDULE

 Nov 2020 – June 2021: weekly



Omron Healthcare BP7450

WHAT TOOL DOES

Measures blood pressure.

WHEN TO USE

Measure daily for one (1) week after I get the Kit, then every week for first month, with once per month after that (or as instructed by my provider).

SCHEDULE

- Nov 2020 (after getting Kit): 4x/day for 1 week (2x morning, 2x night)
- Nov 2020 (rest of month): weekly
- Dec 2020 June 2021: monthly

Or as instructed by provider.



✓ PTS Diagnostics A1CNOW® **Self Check Test Kit**

(includes finger stick supplies such as alcohol swabs, extra lancets, gauze pads, and Band-Aids)

WHAT TOOL DOES

Measures average blood sugar levels for the past 2-3 months.

WHEN TO USE

Measure at the visit when I get the Kit, then as instructed by my provider.

SCHEDULE

- Nov 2020 Test #1
- Jan/Feb 2021 Test #2
- April/May 2021 Test #3
- As instructed Test #4