

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
- Help me keep important health appointments

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

_____ 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 Patient 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, then 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