

Welcome to chemo@home

On behalf of the team at chemo@home we would like to welcome you to our service. We are committed to providing exceptional, safe patient care, and compassionate service to all our patients and their families.

We understand that this may be a difficult time for you and your family. We believe being treated in the comfort of your own home helps to alleviate some of the discomfort and apprehension surrounding your treatment.

Chemo@home administer a variety of infusions including cancer treatments and infusions for chronic illnesses (such as rheumatoid arthritis, multiple sclerosis and inflammatory bowel disease). Our team works in close partnership with your Doctor to provide you with expert clinical care, safely in your own home or a place which is convenient for you.

We have a dedicated, highly experienced nursing and pharmacy team who will provide optimal personalised care to you and your family.

This education pack contains relevant information regarding our service and your treatment regimen. It is important that you are well informed and comfortable in being actively involved in your care.

We encourage you to visit our website at chemoathome.com.au where you will find additional information regarding the services we offer and our team. You can also follow us on Facebook and Twitter.

Kind regards



Julie Adams
Managing Director



Lorna Cook
Director

Introduction to chemo@home

To be treated at home by chemo@home, your Doctor must refer you to the service. This is because there are a number of factors that may influence whether the treatment you are receiving is suitable to be done at home.

Treatments that may be suitable for home administration include:

- Cancer chemotherapy;
- Cancer immunotherapy;
- Other medications which are sometimes given to cancer patients, called "supportive therapy; and
- Chronic illness infusions.

What happens after I am referred to chemo@home?

After your Doctor has sent us a completed referral form containing the details we need to arrange your treatment, you will be contacted by one of our staff to confirm your details and discuss treatment dates.

When we phone, we will need you tell us a few things about your health and your home environment. These include:

- Your health fund details, Medicare number and any concession cards you hold;
- A list of all your current medications (including inhalers, ear/eye drops, creams/ointments and complementary or herbal therapies); and
- Your usual General Practitioner (GP) and local pharmacy name and phone number.

When we visit

Consent

On our first visit you will be asked to sign that you consent to receive your treatment at home. A copy of the consent form is included in your patient pack.

We will also ask you to agree for us to:

- Share relevant information with your Doctors or other health professionals, if necessary;
- Access your test results from the laboratories where they were performed;
- Take photographs to assist communication with your Doctor or other health professionals regarding your clinical situation (e.g. infection, wound); and
- To use clinical information related to your treatment for clinical research purposes and publication. Any information we use will NOT have any details that can identify you.

Our Focus on Safe Care

We take the responsibility of delivering safe care seriously and encourage you to help us. You can help by providing a clean preparation area such as a coffee table, dining table or bench top where we can set up our equipment when we arrive.

Scheduling Your Visit

The day before your treatment is due, our office will send you a text message or email confirming the time of your Nurse visit (within a two hour window). If you have a special request with regards to what

day or time your treatment is given, please inform our office one week prior.

It is important that you respond to this message so we can order your treatment.

If you are not home when our Nurses visit to administer your treatment we reserve the right to charge the visit fee to you. Please note this cannot be claimed back from the health fund.

Also you can help by actively being involved in your own health care by:

- Knowing who your care providers are. If we don't wear a name badge or introduce ourselves, ask for our names and positions;
- Asking if we have washed our hands – we won't be offended;
- Signing an "Education Checklist" to confirm you understand your treatment;
- Making sure we confirm your identity when drawing blood or giving treatment;
- Asking what new medications are for;
- Questioning us if a medication looks different, the wrong colour or the wrong amount;
- Writing down any questions you may have as they arise or write them in your diary. If you don't understand what we are talking about, please ask us;
- Being sure you can read and understand any information given to you; and
- Making sure you understand any instructions we give you to follow after we leave your home.

If some part of your treatment does not go to plan or you feel you have been put at risk as a result of our care, we will:

- Say we're sorry for what has happened;
- Investigate what has happened;
- Give you the opportunity to discuss what has happened;
- Let you know what the consequences are; and
- Explain to you the steps we have taken to make sure this doesn't happen again.

Privacy and Confidentiality

Your privacy is very important to us. Please talk to our staff or read our Privacy Policy for further information.

Medications

We actively encourage you to help us manage your medications. You will be provided with a copy of "Mistakes Can Happen With Your Medication" to explain what you can do to minimise the chance of mistakes happening with your medications.

If you have a medication list, our staff will assist you in updating it with any changes to your medications. If you do not have a medication list and would like one, the chemo@home Clinical Pharmacist will be happy to provide you with one. The Clinical Pharmacist makes sure your medications are managed in the best way while you are under our care and they will be happy to explain any questions you may have about your treatment.

Unless your medication is packed into an administration aid (e.g. Webster pack or dosette box) we would ask you to leave

your medications in their original containers so they can be easily identified.

Most medications are funded by the Australian Government through the Pharmaceutical Benefits Scheme. The cost of some medications however, may be high. There may be more than one way to fund high cost medications (private health insurance, pharmaceutical company compassionate programs or self funded). Our Clinical Pharmacist will be happy to help you understand the costs of your medication and we can provide you with our helpful information booklet "Medication Charges Explained".

We will obtain your chemotherapy, immunotherapy and / or other supportive care medications from a licensed Pharmacy. The Pharmacy will invoice you separately for any medications supplied to you. Any queries you have regarding your Pharmacy invoice should be directed to the relevant Pharmacy.

Account Information

You, or your Health Fund, will need to pay the following fees:

- Your service fee (each day of treatment will be listed separately on the account); and
- Protheses fee (e.g. infusion devices)

However, if you have private health insurance we will submit a private hospital claim form on your behalf and, as we are a "no-gap" provider there should be no out of pocket expenses for your home visit.

Separate to your chemo@home account, you may receive invoices

from one or more of the following:

- Doctor;
- Allied health e.g. Physiotherapy;
- Radiology;
- Pathology; and
- Pharmacy.

Some health providers may reduce their fees for certain groups of patients, such as cancer patients. When you see other health providers you can discuss this with them.

We recommend that you talk to your private health fund prior to treatment so that you are fully aware of your entitlements and any out of pocket expenses for your care.

Any questions about your account

Our staff are happy to assist with any questions you may have about charges, benefits or payments. Please feel free to contact them during office hours.

After Hours Service

Our business hours are 8:30am to 4:30pm, Monday to Friday.

If you feel unwell, or need to speak to a chemo@home health professional outside of the above business hours, you will need to contact one of the following:

- In the event of an emergency (see page 13) you should **DIAL 000** for an ambulance to take you to hospital;
- For nursing advice ring 1300 HOME CHEMO (1300 466 324) (**FOLLOW THE INSTRUCTIONS FOR YOUR STATE**); or
- For non-urgent matters you may leave a recorded message on 1300 HOME CHEMO (1300 466 324). Please note any message left will be attended to during business hours only.

Australian Charter of Healthcare Rights

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe.

The Charter recognises that people receiving care and people providing care all have important parts to play in achieving healthcare rights. The Charter allows patients, consumers, families, carers and services providing healthcare, to share an understanding of the rights of people receiving healthcare. This helps everyone to work together towards a safe and high quality health system. A genuine partnership between patients, consumers and providers is important so that everyone achieves the best possible outcomes.

Guiding Principals

These three principles describe how this Charter applies in the Australian health system.

- Everyone has the right to be able to access healthcare and this right is essential for the Charter to be meaningful.
- The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.
- Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.

What can I expect from the Australian Healthcare System?

My Rights	What this means
Access I have the right to healthcare.	I can access services to address my healthcare needs.
Safety I have a right to receive safe and high quality care.	I receive safe and high quality health services, provided with professional care, skill and competence.
Respect I have a right to be shown respect, dignity and consideration.	The care provided shows respect to me and my culture, beliefs, values and personal characteristics.
Communication I have a right to be informed about services, treatment, options and costs in a clear and open way.	I receive open, timely and appropriate communication about my healthcare in a way I can understand.
Participation I have a right to be included in decisions and choices about my care.	I may join in making decisions and choices about my care and about health service planning.
Privacy I have a right to privacy and confidentiality of my personal information.	My personal privacy is maintained and proper handling of my personal health and other information is assured.
Comment I have a right to comment on my care and to have my concerns addressed.	I can comment on or complain about my care and have my concerns dealt with properly and promptly.

We welcome your feedback. If you have a complaint, please contact chemo@home on 1300 HOME CHEMO (1300 466 324). If you have tried this and are still unsatisfied, you can make a complaint to the Healthcare Complaints Commissioner, www.healthreview.wa.gov.au.

For more information on how to make a complaint, please visit www.safetyandquality.gov.au.

Chemotherapy and Immunotherapy Alert

While you are receiving treatment you may be at risk of serious infection and/or bleeding.

Ring 000 and attend your nearest Emergency Department if you have:

- Temperature of 38°C or above
- Shakes, chills or sweating - whether or not you have a temperature
- Excessive bruising, or bleeding that will not stop
- Chest tightness or chest pain
- Any changes or difficulties with your breathing
- Confusion or changes in consciousness
- Ongoing or repeated seizure activity
- Unexplained aggression
- Severe headache
- Vomiting lasting more than 24 hours and/or if you are unable to keep fluids down
- Changes in bowel or bladder control
- Severe pain or changed feelings in your feet, legs, hands or arms

Contact the chemo@home after-hours Nurse if you experience:

- Any redness, pain, swelling or discharge at the site of the infusion
- Any mouth soreness and/or mouth ulcers that prevent you from eating or drinking
- Any pain or burning when urinating, increase in frequency of urination or decrease in urine volume
- If you haven't had your bowels open for more than 2 days or you are experiencing abdominal pain
- Any suspected reaction to medications

Privacy Policy - Patient Information

Chemo@home is committed to ensuring your personal information is professionally managed in accordance with the Privacy Act 1988 and all relevant State legislation (Privacy Legislation).

The Privacy Act 1988 contains the National Privacy Principles which, in conjunction with other Privacy Legislation, sets the standards for the way chemo@home handles your personal health information.

The aim of this leaflet is to explain clearly how personal information about you and your health is recorded and managed by chemo@home.

What we may do with information collected

Clinical care

Primarily, your personal information is collected by us to ensure you receive quality health care. Accordingly, this information may need to be shared among members of your treating team. Where necessary your personal information may be disclosed to other health care providers such as your specialist, general practitioner or allied health professionals or other health care facilities, and such disclosure may be by fax or email.

Monitoring quality and satisfaction

In addition, aspects of the personal information we collect may be used to monitor the quality of care we provide, the appropriateness and effectiveness of our services and the level of your satisfaction with our services. As a result, we, or someone we authorise, may contact you in the future to request your feedback on our services.

Research

Chemo@home conducts research to improve our understanding of treatments and to find better ways to deliver therapy. We may also collaborate with other research facilities for research purposes. We will only do this if we can ensure all necessary ethical and privacy safeguards are in place. The research conducted maybe published in medical journals or presented at scientific meetings in the future, but you will not be identified in any publications. You are not obliged to give your consent to be involved in research.

Data required by law

We have legal and contractual obligations to provide information to various entities, including State Health Departments (all patients and all notifiable diseases), Medical Indemnity Insurance, Registrar General's Office (births & deaths), Cancer Registry (cancer patients), and Private Health Insurers. More information regarding these obligations is available on request.

Business management

From time to time we may need to use or disclose aspects of your personal information for administrative purposes, such as accreditation and evaluation, quality assurance activities and liaising with your doctors or our insurers, lawyers or other advisers in the ordinary course of managing our business. For example, your medical record may be subpoenaed or you may have given permission to your solicitor or insurer to access your medical record.

Billing

For billing purposes we may, from time to time, share relevant aspects of your personal information with third parties such as your other health care providers, Medicare, your private health insurance fund and if necessary, outside collection agencies.

Direct marketing

If you indicate that you are happy to be contacted by us in relation to other services we offer or have access to (e.g. home help, psychologists, physiotherapists, dietitians) we may contact you regarding these services. You may withdraw your consent at any time (please see section on withdrawing consent).

Data Quality

All patient information held by chemo@home is relevant to the functions of providing health care and will be maintained in a form that is accurate and up to date.

Data Security

The storage, use and where necessary transfer of personal health information will be undertaken in a secure manner that protects patients' privacy. It is necessary for us to keep patient information after a patient's last visit or service for as long as is required by law (7 years or until a minor turns 25) or is prudent having regard to administrative requirements.

Keeping your information confidential

Apart from the uses listed in this brochure or otherwise permitted under Privacy Legislation, using or disclosing your personal

information will only be done with your consent. Information will be disposed of confidentially, in line with accepted document disposal schedules. If you have concerns about the use or disclosure of any of your information, please contact us.

Your rights to access

Under the Privacy Act 1988, you generally have the right to access personal information held about you. This includes information we store electronically or in printed format. chemo@home acknowledges the right of children and young people to privacy of their health information. Based on professional judgment of the Director and consistent with law, it might be necessary at times to restrict access to personal health information by parents or guardians.

Applying for access

If you wish to access your personal information, you should request access by contacting the Director(s) of chemo@home. Whilst there is no application fee, you may be charged administration, photocopying or counter fees.

Granting access / making amendments

Your request for access will normally be processed within 30 days of its receipt. You will be contacted to arrange for you to view your records and photocopy documents if required. If, following your review, you consider the personal information requires correction or amendment; the relevant officer may make arrangements for alterations to be made or noted. If we do not believe an amendment is necessary, you may insert an addendum (noting your comments) into the record.

Withdrawing consent

If you have provided your consent to release information to other parties and would like to withdraw this consent, please contact us.

Complaints

The best way to deal effectively with concerns and complaints is to communicate openly and respectfully. This reduces the likelihood of the problem becoming difficult to deal with. The staff can usually allay your concerns. If you are dissatisfied with any aspect of our Privacy Policy, and satisfaction is not gained by discussing your concern with us, you may complain to the Office of the Federal Privacy Commissioner 1300 363 992.

Contact Information

For further information you can speak directly to the Director(s) of chemo@home:

Ms Julie Adams

Phone: 0416 654 203

Email: julie.adams@chemoathome.com.au

PO Box 378, North Perth 6906

Ms Lorna Cook

Phone: 0418 791 707

Email: lorna.cook@chemoathome.com.au

PO Box 378, North Perth 6906

Consent - It is your choice

The purpose of this brochure

Your agreement is needed before a doctor, nurse, pharmacist or anyone looking after you examines or treats you. We call this agreement your 'consent'. Sometimes you can say that you consent to what we need to do. We call this 'oral consent'. For example, if we need to take your blood pressure or examine your throat or take some blood samples, you might say 'yes' or 'OK' to confirm your consent. At other times we need you to sign a form to confirm your consent. We call this 'written consent'. For example, you'll be asked to give written consent, by signing a consent form, to have your chemotherapy, targeted therapy or supportive care given at home with chemo@home.

What should I know before giving my consent to have my chemotherapy, targeted therapy or supportive care at home with chemo@home?

You must understand:

- what is to happen and why
- the choices
- the risks
- the benefits
- your responsibilities

This information will be explained to you. We will discuss any choices you need to make, with their risks and benefits. You will be given a copy of the consent form to keep. You will also be given any information leaflets we have about your treatment. If you'd

rather not know about certain things, say so. Some people prefer not to know all the details, but it's important that you understand broadly what is to happen, and why, so you can give proper consent. Also, say if there's anything you don't want to happen during the treatment.

Should I ask questions?

It's important that you understand what is to happen and why. If one of our staff doesn't know the answer to your question, they'll find someone else to explain. Our staff will answer your questions in an appropriate time-frame depending on the complexity and urgency of your question. Sometimes it helps to have a friend or relative present so you can talk it over later. You may like your friend or relative or someone else to speak for you. If you have hearing problems or don't understand English very well, let us know and we will arrange for an interpreter.

Questions to ask

As well as giving you information, we must listen to you and do our best to answer your questions. Some examples of questions you may want to ask are:

- What are the benefits of having my treatment at home?
- What are the risks of having my treatment at home?
- Can I work during treatment?
- Will having treatment at home affect my family?

Who is involved in my treatment?

You will remain under the care of your specialist whilst having your treatment at home. Whilst being treated at home, highly

experienced nursing staff will visit you at your home to administer your treatment and any other care necessary.

There may also be times when we ask you to attend a health care facility (for example a hospital or day unit) to receive further care. Such care may include administration of blood products or review by a doctor. If you become unwell at home it may be necessary for you to attend the emergency department of a health care facility for treatment. It is important that you understand your responsibilities with regard to attending a health care facility when it is necessary.

Confidentiality

Because information on your treatment (clinical notes, blood tests, scans etc) may be kept by a number of different health care services or facilities it is important that we are able to access the information we need to make sure your care can be given safely. We also need to share clinical information about your care with your treating medical team and other health care professionals as necessary so they may make appropriate decisions about your care. Information about your care will always be kept in strict confidence by our staff for viewing by authorised people only.

Photographs, audio or video recordings?

Photographs, audio or video recordings may be made during your treatment. You will be told in advance if this is going to happen. Images or recordings made as part of your care and treatment will be held in your clinical record. If you can be identified from them, then only those involved in your care, or those who need to check the quality of care, will be allowed to see them without your consent. Sometimes we make images and recordings for teaching and research only. If you can be identified from them, we will always ask for your written consent before using them.

Research

Chemo@home conducts research to improve our understanding of cancer treatments and to find better ways to deliver cancer treatments. We do this through:

- Accessing and reviewing specific health information about you (for example, your blood results or any complications from your treatment)
- Asking you questions about your treatment (for example by asking you to fill in a questionnaire).

We may also collaborate with other research facilities for research purposes. We will only do this if we can ensure all necessary ethical and privacy safeguards are in place.

The research conducted maybe published in medical journals or presented at scientific meetings in the future, but you will not be identified in any publications. The results of any research may not benefit you directly. It is more probable that the information will be used to help guide decisions for patients in the future.

All research we do has to be approved by a Human Research Ethics Committee certified by the National Health and Medical Research Council. This Council is responsible to the Commonwealth Minister for Health and Ageing. You are not obliged to give your consent to be involved in research.

Remember...

It's up to you to give consent. You can change your mind at any time, even after signing the consent form. Ask as many questions as you like, and tell us about anything that worries you.

If you have any concerns or questions about chemo@home, please talk to your treating consultant or contact us at:

Chemo@home

PO Box 378

North Perth 6906

Tel: 1300 466 324

Patient Consent Form

I give my consent (please tick):

- To receive my chemotherapy, immunotherapy and/or supportive care at home.
 - I understand that when it is clinically needed I will attend a health care facility (examples include if I have a high temperature, need blood products or need to be reviewed by a doctor.)
- For chemo@home to access relevant clinical information related to my care from other health care services/facilities and to share relevant clinical information related to my care with my treating medical team and other health professionals as necessary to ensure I receive appropriate care.
- For photographs, audio and video recordings to be taken and used where necessary to assist communication of clinical situations (eg infection, wound) with my treating medical team.
- For clinical information related to my treatment to be used for research purposes and publication. Any information used will have any of my identifying details (eg name, hospital record number, date of birth address) removed.

As part of our commitment to patient education, our clinical staff will explain to you the possible side effects of your treatment.

- I understand the side effects of treatment as they have been explained to me.

Please note this consent form relates to having your treatment at home. Consent over your choice of treatment occurs during your consultation with your doctor.

Signature **Date**

Witness (chemo@home)

Medication charges can be confusing when you are receiving medical treatment. This information brochure aims to clarify these charges for patients being treated by chemo@home.

Medication charges cover the pharmacist manufacturing individual doses (such as chemotherapy and immunotherapy), clinically reviewing the prescription/treatment order written by the doctor (particularly important with chemotherapy and immunotherapy medications) and dispensing.

Prescription medication can be supplied to consumers through five different ways:

1. Pharmaceutical Benefits Scheme (PBS)

The Australian Government subsidises medicines that are necessary to maintain the health of the community in a way that is cost effective. This is achieved by carefully assessing the therapeutic benefits and costs of medicines, including comparisons with other treatments where appropriate. If a medicine is found to be cost-effective, then the government negotiates its price with the supplier (i.e. the pharmaceutical company).

Who is eligible for the PBS?

The PBS is available to all Australian residents who hold a current Medicare card. Overseas visitors from countries with which Australia has a Reciprocal Health Care Agreement (RHCA) are also eligible to access the PBS. Australia currently has RHCAs with the United Kingdom, Ireland, New Zealand, Malta, Italy, Sweden, the Netherlands, Finland, Norway, Belgium, and Slovenia.

Who is eligible for a PBS concession?

To be eligible for a PBS concessional benefit, you will have one of the following concession cards:

- Pensioner Concession Card;
- Commonwealth Seniors Health Card;
- Health Care Card;
- Repatriation Health Card GOLD — (eligible for concessional benefits) concessional patients under Repatriation Pharmaceutical Benefits Scheme (RPBS) for all medical conditions;
- Repatriation Health Card WHITE — only regarded as concessional patients for RPBS prescriptions for specific conditions, unless additional separate entitlement from Centrelink, otherwise general patient;
- Repatriation Pharmaceutical Benefits Card ORANGE — concessional patients under RPBS; or
- Safety Net Concession Card or Safety Net Entitlement Card — issued by the Department of Human Services.

Some State / Territory governments issue Seniors Cards. These are not considered concession cards for the purposes of the PBS.

General benefits apply if you do not have any of the above cards.

What is the PBS charge? (current as of March 2017)

Under the PBS, the maximum cost for a pharmaceutical benefit item at a pharmacy is \$38.80 for general patients and \$6.30 for concessional patients, plus any applicable special patient contribution, brand premium or therapeutic group premium.

General patients who have reached the Safety Net threshold (\$1,494.40) may receive pharmaceutical benefits at the concessional rate, plus any applicable special patient contribution, brand premium or therapeutic group premium.

Special patient contributions, brand premiums and therapeutic group premiums

A special patient contribution is payable for a small number of PBS medications (note this does not apply to RPBS benefits). Any extra charge for a higher priced benefit is paid by the patient, together with their usual patient contribution.

Under the brand premium arrangements, reimbursement to pharmacists is based on the lowest priced brand. Any extra charge for a higher priced brand is paid by the patient, together with their usual patient contribution.

Under the therapeutic group premium arrangements, reimbursement to pharmacists is based on the lowest priced benefit items within identified therapeutic groups. Any extra charge for a higher priced benefit is paid by the patient, together with their usual patient contribution.

Section 100 programs

There are several programs funded under Section 100:

- The Highly Specialised Drugs Program; and
- Efficient Funding of Chemotherapy

The majority of chemotherapy drugs listed on the PBS are included on the S100 "Efficient Funding of Chemotherapy" schedule.

Azacitidine (Vidaza[®]) is an exception. The PBS copayment for chemotherapy drugs listed in the S100 "Efficient Funding of Chemotherapy" schedule is charged on the first time the chemotherapy drug is dispensed, but not on the repeats. If a new prescription is written (e.g. because of a dose change), then the copayment will be charged again with the first dispensing.

2. Private prescriptions (non-PBS medications)

Medications which are approved by the Australian Government's Therapeutic Goods Administration (TGA), but have not been added to the PBS schedule, are available on a private prescription. The cost of dispensing a private prescription is largely based on the cost price of the medication, but includes a mark-up, preparation and dispensing fees. For chemotherapy and immunotherapy medications the preparation fee involves making up the dose using highly specialised facilities and equipment and there is usually a charge (commonly between \$40-60) for each item dispensed.

3. Clinical trials

Clinical trials are research investigations in which people volunteer to test new medications. Some investigations look at how people respond to a new medication and what side effects might occur. This helps to determine if a new medication works, if it is safe, and if it is better than the medications that are already available.

Medications provided on clinical trials in Australia are generally provided at no cost to people participating in the trial.

4. Compassionate use programs

Sometimes a pharmaceutical company will make medications available to certain patients under a compassionate use program. This may be because:

- The medication has not been approved by the TGA for use in Australia yet;
- It is approved by the TGA but has not yet been marketed by the pharmaceutical company; or
- It is being used for a disease or condition which has not been approved by the TGA (off-label use)

These programs are provided by pharmaceutical companies, through health services, usually with a patient contribution towards the cost of the medication. This cost can be significant.

5. Medications not marketed in Australia

Medications not marketed in Australia can be supplied under the TGA's Special Access Scheme (SAS). The SAS allows for the import and/or supply of an unapproved medication for a single patient, on a case by case basis. Patients are grouped into two categories under the scheme:

- Category A is defined as 'persons who are seriously ill with a condition from which death is reasonably likely to occur within a matter of months, or from which premature death is reasonably likely to occur in the absence of early treatment'. Most medications for cancer and other serious illnesses fall into this category; or

- Category B includes all other patients that do not fit the Category A definition.

The cost of medications supplied under the SAS (including importation costs) is generally charged to the patient. The costs can be significant.

Health Funds and Pharmacy Charges

There are a number of different ways that Health Funds manage pharmacy charges. Each fund is different, and it is best to confirm with the Health Fund and chemo@home how this affects your pharmacy charges.

As a guide:

- Patients NOT admitted to hospital (or hospital-substitute service)

Prescriptions dispensed for patients NOT admitted to hospital are charged depending on the way they are supplied (i.e PBS, Private, Clinical Trial, Compassionate Supply or SAS). For PBS prescriptions, health funds cannot pay the co-payment, hence this cost is paid by the consumer. For private and compassionate supply, the health funds may pay some of the cost of the prescription.

- Patients admitted to hospital (or hospital-substitute service)

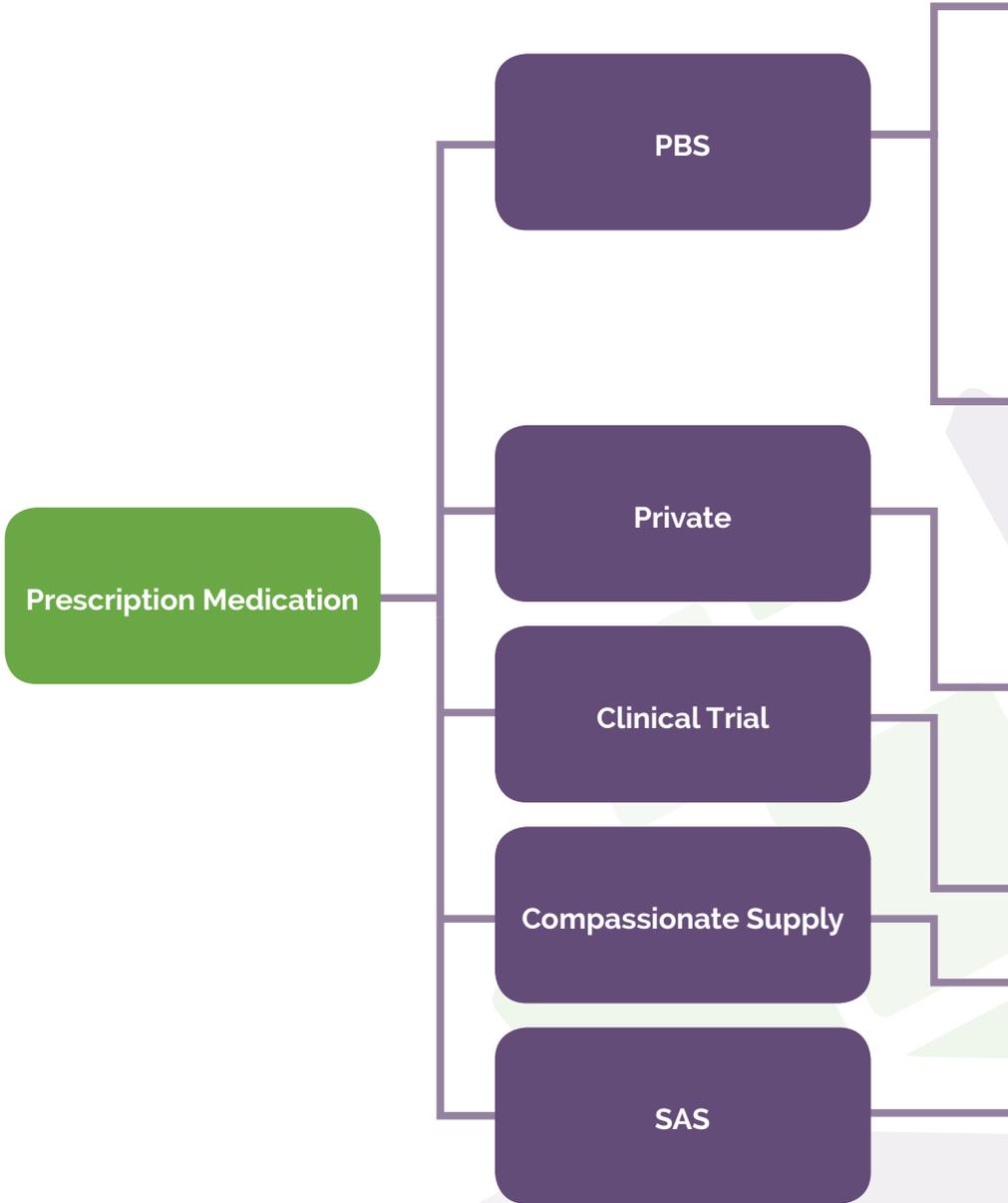
Some Health Funds may include pharmacy charges in the admission costs (known as bundled charges), and some Health Funds may not. For those who do not include pharmacy charges in their admission costs, these are generally charged by the pharmacy separately.

For high cost medications (usually Private, Compassionate Supply or SAS), Health Funds have different rules about how they cover some or all of the costs of these medications. The Health Fund may limit the amount which can be claimed per admission, per year or per lifetime.

Additionally, a financial advisor may be able to provide information on how you can access funds from your assets or superannuation to assist with the costs of your medical treatment.

Please Note: All medication costs in this information brochure (PBS general, concessional and Safety Net threshold limits) are subject to change by the Australian Government.

Prescription Medication Charges



General \$38.80 plus premiums for: special; brand; therapeutic group

Efficient Funding of Chemotherapy: PBS copayment charged on first dispensing, but not on repeats

If Safety Net threshold reached (\$1,494.40)

Concession \$6.30 plus premiums as above

Admitted to a hospital or hospital-substitute service

Health Fund may bundle the copayment with health service fees; otherwise separate pharmacy account

Not admitted to a hospital or hospital-substitute service

Consumer pays copayment

Concession \$6.30 plus premiums for: special; brand; therapeutic group

Efficient Funding of Chemotherapy: PBS copayment charged on first dispensing, but not on repeats

If Safety Net threshold reached (\$378)

No charge plus premiums as above

Admitted to a hospital or hospital-substitute service

Health Fund may bundle the copayment with health service fees; otherwise separate pharmacy account

Not admitted to a hospital or hospital-substitute service

Consumer pays copayment

Based on the cost of the medication plus mark-up, preparation*, dispensing fees

**including chemotherapy and immunotherapy preparation*

Admitted to a hospital or hospital-substitute service

Health Funds may cover some or all of the costs

Health Funds may limit the amount which can be claimed per admission, per year or per lifetime

Not admitted to a hospital or hospital-substitute service

Health Funds may cover some costs under ancillary cover

Usually no cost

TGA approved medication

Health Funds may cover some costs

Costs vary; may be significant

Medication not TGA approved

Health Funds do not generally cover costs

Costs vary; may be significant

Health Funds do not generally cover costs

Date								
Cycle and Day / Week								
Haemoglobin Normal Range (g/dL) 115 - 165 Female 130 - 180 Male								
White Cell Count Normal Range (x 10 ⁹ /L) 4.0 - 11.0								
Neutrophils Normal Range (x 10 ⁹ /L) 2.0 - 7.5								
Platelets Normal Range (x 10 ⁹ /L) 150 - 400								
Creatinine Normal Range (µmol/L) 45 - 90 Female 60 - 110 Male								
Bilirubin Normal Range (µmol/L) ≤20								
Other Results								

Date								
Cycle and Day / Week								
Haemoglobin Normal Range (g/dL) 115 - 165 Female 130 - 180 Male								
White Cell Count Normal Range (x 10 ⁹ /L) 4.0 - 11.0								
Neutrophils Normal Range (x 10 ⁹ /L) 2.0 - 7.5								
Platelets Normal Range (x 10 ⁹ /L) 150 - 400								
Creatinine Normal Range (µmol/L) 45 - 90 Female 60 - 110 Male								
Bilirubin Normal Range (µmol/L) <20								
Other Results								

Date								
Cycle and Day / Week								
Haemoglobin Normal Range (g/dL) 115 - 165 Female 130 - 180 Male								
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Other Results								

Why do Hand Hygiene?

When we are fit and healthy we can usually defend ourselves against many germs. Having healthy skin that is not damaged is one of the main ways we can do this.

Often our natural defences are weakened when we are not well or after an operation.

This is especially true if you have broken skin areas, like a wound or device like a catheter or IV line.

We encourage you and your family to have clean hands before and after they attend to any aspect of your care.

Working together...

Sometimes your healthcare worker may be audited on their Hand Hygiene practices. If you do not see them perform Hand Hygiene and are worried please feel free to remind them.

We can all play a major role in stopping the spread of infections to our family and friends.

Don't hesitate to ask your Doctor or health care provider for more information.



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Information for Patients/Clients and their families

Hand Hygiene is the single most important factor in reducing the spread of infections.

It is important that Hand Hygiene is performed at the right moment.

Hand Hygiene can be performed by either washing with soap and water or using a waterless alcohol based hand rub.

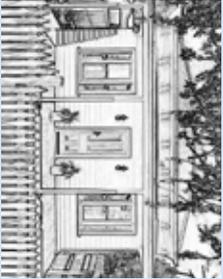


When should your health care provider/carer clean their hands?

There are 5 Moments when hand hygiene should be performed by your healthcare provider/carer:

Moment 1. When arriving to attend your care

- At home
 - After your health care worker has entered your house
- In a clinic
 - On entering the treatment room
- Anywhere
 - Before starting any care
 - Before giving oral medications



Moment 2. Before attending to your care



- Immediately before touching your wounds or giving intravenous medications
- Immediately before touching any device you may have like a catheter or IV line

Moment 3. After attending your care



- After touching your wounds or giving your medications
- Immediately after touching any device you may have like a catheter or IV line
- After they have disposed of used/dirty equipment or rubbish
- After collecting any specimens

Moment 4. When your care is finished



- When they leave your home, room or building you are in

Moment 5. After touching the surroundings but **not the patient**



- After touching any furniture or equipment but not touching you
- After touching any pets

MISTAKES CAN HAPPEN WITH YOUR MEDICINES

Mistakes can happen with your medicines when you go into and come out of hospital, change wards or see different health professionals in the community. Having the right information about your medicines at all times will help prevent mistakes.

Health professionals need to know about all the medicines you use so they can make the right decisions about your health. Medicines include prescription, over-the-counter, herbal and natural medicines, and come in different forms, such as tablets, lotions, patches and drops.

You and your carer can help prevent medicine mistakes

Keep track of all your medicines with a *Medicines List*. Your doctor, nurse or pharmacist can help you fill it out. Speak up if you're ever unsure about your medicines.



LEAVING HOSPITAL

- ▶ Ask which medicines you should continue using at home and for all changes to be explained.
- ▶ Leave with an up-to-date *Medicines List*.
- ▶ Check the active ingredients of all your medicines to avoid doubling up. Ask your health professional if you're unsure.
- ▶ Show your regular doctor and pharmacist your updated *Medicines List* and hospital discharge information so they can update their records.

HELP PREVENT MEDICINE MISTAKES WITH AN UP-TO-DATE **MEDICINES LIST**

Order, print or download an NPS *Medicines List* from www.nps.org.au/medicineslist or ask your pharmacist. It is also available in other languages and as an iPhone app.



AT HOME/SEEING ANY HEALTH PROFESSIONAL

- ▶ Keep your *Medicines List* up to date.
- ▶ Take your *Medicines List* every time you visit your regular health professional or someone new. If you stop or start a medicine, let them know.
- ▶ Ask your doctor or pharmacist for a medicines review if you have any problems with your medicines.



GOING INTO HOSPITAL

- ▶ Take your *Medicines List* and medicine containers with you and show them to the doctor, nurse or pharmacist.
- ▶ Your medicines should be checked on arrival and when you're moved around the hospital.
- ▶ For your safety, you may be asked questions about your medicines, so answer them honestly.

BE MEDICINEWISE

Find out how at www.nps.org.au/medicinewise

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

The role of the Australian Commission on Safety and Quality in Health Care is to lead and coordinate improvements in safety and quality in health care across Australia.

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1300 HOME CHEMO
(1300 466 324)

Ambulance

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Cancer Council

13 11 20

Leukaemia Foundation

1800 620 420

Multiple Sclerosis

ACT / NSW / VIC / TAS

1800 042 138

WA

(08) 9365 4888

SA / NT

(08) 7002 6500

QLD

1800 177 591

Arthritis Australia

1800 011 041

Crohn's & Colitis Australia

1800 138 029

Specialist Doctor

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General Practitioner

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Community Pharmacist

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