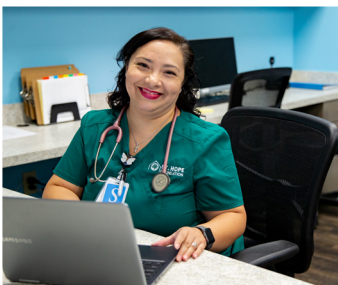
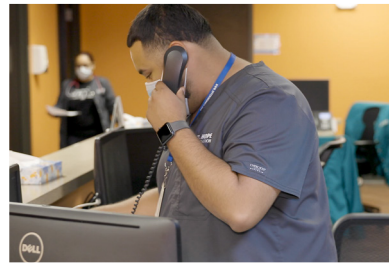
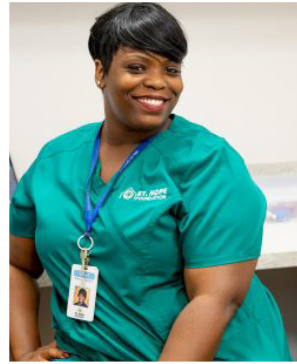


PATIENT CARE MEDICAL HOME BOOKLET



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OUR MISSION

Patient Care Medical Home:

The patient care medical home provides patient health care that is relationship-based with an orientation toward the whole person. Partnering with patients and their families requires understanding and respecting each patient's unique needs, culture, values, and preferences. The patient care medical home practice actively supports patients in learning to manage and organize their own care at the level the patient chooses. Recognizing that patients and families are core members of the care team, patient care medical home practices ensure that patients are fully informed partners in establishing care plans.



ST. HOPE FOUNDATION IS COMMITTED TO YOUR HEALTH AND WELLNESS!

This is our #1 priority. We strive to offer the best Patient Care Medical Home.
This is the purpose of the Patient Care Medical Home accreditation.

OUR SERVICE LINE INCLUDES:



Internal Medicine



Family Medicine



Women's Health



Diabetes Specialty Care



HIV Specialty Care



Hepatitis C Specialty Care



Psychiatry/ Behavioral Health



Pharmacy (On-Site)



Podiatry Care



Comprehensive Dental Care



Dental Implants



Clinical Research



Vision Care



Clinical Case Management



Community Outreach



Pediatrics



Nutrition



Diagnostic X-Ray

AS YOUR MEDICAL HOME, OUR RESPONSIBILITIES ARE

- Explain diseases, treatment, and results in an easy-to-understand by listening to your questions.
- Keep your treatments, discussions, and records confidential.
- Provide same day appointments whenever possible.
- Provide 24-hour medical care access when our office is not open through the SHF's answering service.
- Incorporate your family and significant other into your care plan when possible.
- Send you to a trusted specialist, if needed.
- End every visit making sure you have clear instructions about expectations, treatment goals, and future plans.

AS OUR PATIENT, YOUR RESPONSIBILITIES ARE

- Ask questions, share your feelings, and take an active part in your care.
- Be honest about your history, symptoms, and other important information, including any changes in your health and wellbeing.
- Take all your medicine as directed.
- Inform us whenever there is a problem with the medication you are taking.
- Make healthy decisions about your daily habits and lifestyle.
- Keep your scheduled appointments or reschedule in advance whenever possible.
- Call us first with your health concerns, unless it is an emergency.
- Be sure you leave our office with a clear understanding of our expectations, treatment goals, and future plans.

EVIDENCE-BASED PRACTICE

St. Hope Foundation uses Evidence Based Practice (EBP) which leads to higher quality care, improved patient outcomes, reduced costs, and greater nurse satisfaction than traditional approaches to care (Melnik & Fineout-Overholt, 2015). We use EBP guidelines to provide care to our patients including care plan development, prescribing medications, and our quality improvement plan. We provide our patient's a resource list supported by the highest level of evidence and recognized sources such as National Institute of Health, Center of Disease Control and Prevention, American Heart Association, American Diabetes Association, etc.

PATIENT EDUCATION RESOURCES

American Heart Association

<https://www.heart.org/>

American Diabetes Association

<http://www.diabetes.org/>

Glucose Monitor Log

<http://www.ada-ksw.com/pdfs/BloodGlucoseLog.pdf>

Healthy Eating

<https://www.helpguide.org/articles/healthy-eating/healthy-eating.htm/>

The DASH Diet Food Plan and Tools for Lowering Blood Pressure

https://www.nhlbi.nih.gov/files/docs/public/heart/dash_brief.pdf

HIV Information

<http://www.thebody.com/>

BLOOD PRESSURE CATEGORIES



BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (Upper Number)		DIASTOLIC mm Hg (Lower Number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 - 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 - 139	or	80 - 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (Consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

BLOOD SUGAR CHART

FASTING

Normal for person without diabetes	70-99 mg/dl (3.9-5.5 mmol/L)
Official ADA recommendation for someone with diabetes	80-130 mg/dl (4.4-7.2 mmol/L)

2 HOURS AFTER MEAL

Normal for person without diabetes	Less than 140 mg/dl (7.8 mmol/L)
Official ADA recommendation for someone with diabetes	Less than 180 mg/dl (10.0 mmol/L)

HBA1C

Normal for person without diabetes	Less than 5.7%
Official ADA recommendation for someone with diabetes	7.0% or Less

HYPOGLYCEMIA SYMPTOMS

LOW BLOOD SUGAR

Sleepiness



Sweating



Lack of Coordination



Irritability



Pallor



Hunger



HYPERGLYCEMIA SYMPTOMS

HIGH BLOOD SUGAR

Dry Mouth



Increased Thirst



Blurred Vision



Weakness



Headache



Frequent Urination



DEPRESSION TEST (OVER AGE 18)

Are you feeling depressed?

Take this test and bring your score to the clinic with you.

1. Over the past two weeks, how often have you been bothered by any of the following problems? Little interest or pleasure in doing things?

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

2. Feeling down, depressed, or hopeless.

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Total Point Score: _____



CRISIS NUMBERS (SPANISH SERVICES AVAILABLE)

National Suicide Prevention Lifeline 800-273-TALK (8255)

Veterans Crisis (same as above) 800-273-8255 then press “1”

National Youth Crisis Hotline 800 442-HOPE (4673)

Star of Hope (assisting those homeless) 713-748-0700

Harris County Emergency Services 3-1-1

Ft. Bend County Emergency Management 281-342-6185

Conroe Emergency Management 936-523-3900

Poison Control 800-222-1222



S.M.A.R.T. GOALS

Crafting S.M.A.R.T. Goals are designed to help you identify if what you want to achieve is realistic and determine a deadline. When writing S.M.A.R.T. Goals use concise language but include relevant information. These are designed to help you succeed, so be positive when answering the questions.

INITIAL GOAL	Write the goal you have in mind.
SPECIFIC	What do you want to accomplish? Who needs to be included? When do you want to do this? Why is this a goal?
MEASURABLE	How can you measure progress and know if you've successfully met your goal?
ACHIEVABLE	Do you have the skills required to achieve the goal? If not, can you obtain them? What is the motivation for this goal? Is the amount of effort required on par with what the goal will achieve?
RELEVANT	Why am I setting this goal now? Is it aligned with overall objectives?
TIME-BOUND	What's the deadline and is it realistic?
SMART GOAL	Review what you have written, and craft a new goal statement based on what the answers to the questions above have revealed

YOUR S.M.A.R.T. GOALS

TRY IT OUT!!!

Create your own S.M.A.R.T. Goals!!!

INITIAL GOAL	
SPECIFIC	
MEASURABLE	
ACHIEVABLE	
RELEVANT	
TIME-BOUND	
SMART GOAL	

HOW TO EAT HEALTHY: PROPORTIONS

Cooked Meat



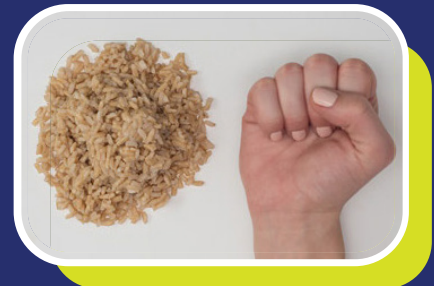
1 Serving Size = 3 ounces
127-230 calories

Oil, Butter, or Margarine



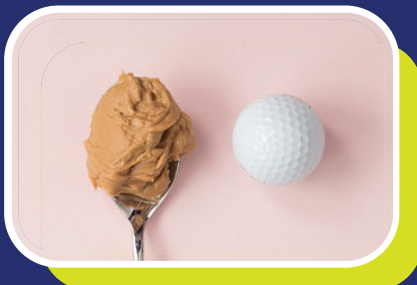
1 Serving Size = 1 teaspoon
34 calories

Cereal or Rice



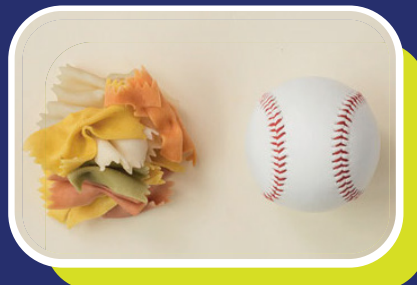
1 Serving Size = 3/4 cup
120-160 calories

Peanut Butter



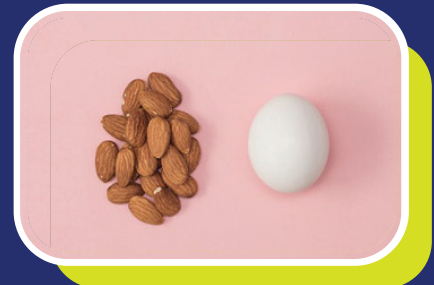
1 Serving Size = 2 tablespoons
70-190 calories

Cooked Pasta



1 Serving Size = 1 cup
220 calories

Dried Fruit & Nuts



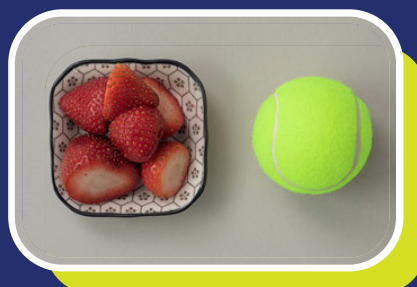
1 Serving Size = 1/4 cup
110-200 calories

Cheese



1 Serving Size = 1.5 ounces
120-170 calories

Fruit



1 Serving Size = 1/2 cup
24-42 calories

Vegetables



1 Serving Size = 1 cup
7-30 calories

LIST OF MEDICATIONS

Drug Name

Strength

How Many Times A Day

Notes or Questions
For Next Appointment

RECOMMENDATIONS FOR PREVENTATIVE VISITS

Adults: 18 - 40 yrs

Pap Smear/ Pelvic (women 21-65 every 3 years with cytology)

HIV/STI Screening (adults at increased risk for STI's-multiple partners or recent STI treatment)

Diabetes Screening in Adults (Asymptomatic adults with sustained blood pressure greater than 135/80 mm Hg)

CKD Screening with high risk (has DM or HTN diagnosis, older age, family history, obesity, CVD)

Blood Pressure Screening (all adults)

Seat belt Use (all)

Lipid Disorders Screening (Men & women over 20 who are at risk for CHD)

Hepatitis C screening (high risk adults & those born between 1945 and 1965)

Skin Cancer Screening (young adults up to age 24 with fair skin-counsel on prevention and adults at increased risk for melanoma)

Healthy Diet and Physical Activity (recommended for all adults without diagnosis of HTN, DM, hyperlipidemia or CVD)

Depression Screening (over 18) (if depression questions do not appear in template-use PHQ tool)

Domestic Abuse Screening (women of child bearing age-if + refer to local resources in your state/ jurisdiction)

Dental Examination and Cleaning (Every 6 months)

Annual Routine Eye Exam (all adults, especially those that are at risk with diabetes, hypertension, HIV, etc.)

Instructed to follow up for age appropriate vaccines

RECOMMENDATIONS FOR PREVENTATIVE VISITS

Adults: 40 - 50 yrs

Mammogram (women over 40 individual decision r/t risk; recommended for women 50-75 every 2 years)

Pap Smear/ Pelvic (women 21-65 every 3 years with cytology)

HIV/STI Screening (adults at increased risk for STI's-multiple partners or recent STI treatment)

Diabetes Screening in Adults (Asymptomatic adults with sustained blood pressure greater than 135/80 mm Hg)

CKD Screening with high risk (has DM or HTN diagnosis, older age, family history, obesity, CVD)

Blood Pressure Screening (all adults)

ASA use for CVD Prevention (men 45-79 & women 55-79 if CVD benefit outweighs risk of GI bleed)

Seat belt Use (all)

Lipid Disorders Screening (Men & women over 20 who are at risk for CHD)

Hepatitis C screening (high risk adults & those born between 1945 and 1965)

Skin Cancer Screening (young adults up to age 24 with fair skin-counsel on prevention and adults at increased risk for melanoma)

Healthy Diet and Physical Activity (recommended for all adults without diagnosis of HTN, DM, hyperlipidemia or CVD)

Depression Screening (over 18) (if depression questions do not appear in template-use PHQ tool)

Domestic Abuse Screening (women of child bearing age-if + refer to local resources in your state/ jurisdiction)

Dental Examination and Cleaning (Every 6 months)

Annual Routine Eye Exam (all adults, especially those that are at risk with diabetes, hypertension, HIV, etc.)

Instructed to follow up for age appropriate vaccines

RECOMMENDATIONS FOR PREVENTATIVE VISITS

Adults: 50 - 65 yrs

Mammogram (women over 40 individual decision r/t risk; recommended for women 50-75 every 2 years)

Pap Smear/ Pelvic (women 21-65 every 3 years with cytology)

Diabetes Screening in Adults (Asymptomatic adults with sustained blood pressure greater than 135/80 mm Hg)

Colorectal Cancer Screening (Adults over 50)

CKD Screening with high risk (has DM or HTN diagnosis, older age, family history, obesity, CVD)

Blood Pressure Screening (all adults)

Dental Examination and Cleaning (Every 6 months)

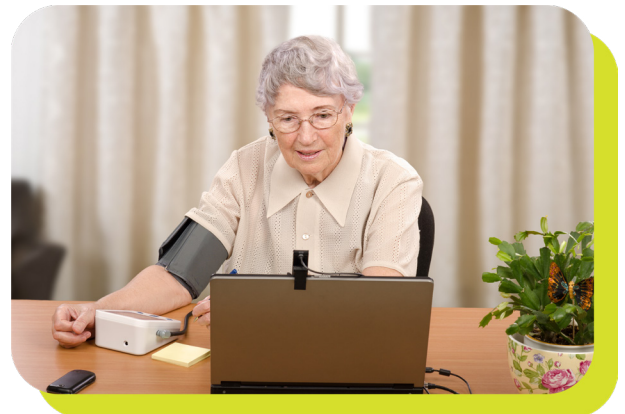
Annual Routine Eye Exam (all adults, especially those that are at risk with diabetes, hypertension, HIV, etc.)

Instructed to follow up for age appropriate vaccines

PATIENT RECORDS AND TELEHEALTH

**How To Access Your
Medical Records Through
The Patient Portal and
How To Schedule Telehealth
Appointments**

<https://www.screencast.com/t/AzmKaLf69>



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OUR HEALTH CENTERS

SHF Bellaire (Houston) Community Health Center

6800 West Loop South, STE 560, Bellaire, TX 77401

Office Phone: 713.839.7111 | Fax: 713.839.7156

SHF Conroe Comminty Health Center

1414 S. Frazier, STE 105/106, Conroe, TX 77301

Office Phone: 936.441.2440 | Fax: 800.249.5020

SHF Greenspoint (Houston) Community Health Center

255 Northpoint, STE 200, Houston, TX 77060

Office Phone: 832.300.8040 | Fax: 832.300.8041

SHF Sugar land Community Health Center

14815 SW Freeway, Sugar land, TX 77478

Office Phone: 281.277.8571 | Fax: 281.277.8564

SHF Dickinson Community Health Center

3750 Medical Park Dr., STE 150, Dickinson, TX 77539

Office Phone: 832.738.1305 | Fax: 866.316.2044

SHF Corporate Office

6200 Savoy Dr., STE 540, Houston TX 77036

Office Phone: 713.778.1300 | Fax: 713.778.0827

TO SCHEDULE AN APPOINTMENT

Established Patients

713-337-4673

New Patients

281-779-8705



**YOU ARE
MORE THAN
JUST A
NUMBER!!!**