REVISED: 2013
(revision dates included on individual policies)
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORMULATION AND REVIEW POLICY</td>
<td>5</td>
</tr>
<tr>
<td>POLICY AND PROCEDURE MANUAL DEFINITIONS</td>
<td>5</td>
</tr>
<tr>
<td>PRIMARY CARE SERVICES DESCRIPTIONS AND HOURS</td>
<td>2</td>
</tr>
<tr>
<td>EXPECTATIONS OF REGULATED HEALTH PROFESSIONALS</td>
<td>7</td>
</tr>
<tr>
<td>PRIMARY HEALTH ELIGIBILITY GUIDELINES</td>
<td></td>
</tr>
<tr>
<td>PH-101: PRIMARY CARE CLIENT ACCESS.</td>
<td></td>
</tr>
<tr>
<td>APPENDIX: ACCESS FLOW CHART</td>
<td></td>
</tr>
<tr>
<td>PH-102: TEMPORARY CLIENTS</td>
<td></td>
</tr>
<tr>
<td>PH-103: INTERIM FEDERAL HEALTH CLIENTS</td>
<td></td>
</tr>
<tr>
<td>PH-104: INTAKE FOR PERMANENT, ENROLED CLIENTS</td>
<td></td>
</tr>
<tr>
<td>PH-105: NON-INSURED VISITORS</td>
<td></td>
</tr>
<tr>
<td>APPENDIX: GOVERNING LAW AND JURISDICTION AGREEMENT</td>
<td></td>
</tr>
<tr>
<td>APPOINTMENTS</td>
<td>25</td>
</tr>
<tr>
<td>PH-201: BOOKING APPOINTMENTS</td>
<td>25</td>
</tr>
<tr>
<td>APPENDIX: APPOINTMENTS BOOKED BY MEDICAL RECEPTIONIST</td>
<td></td>
</tr>
<tr>
<td>PH-202: SCHEDULE CHANGES – PROVIDER APPOINTMENTS</td>
<td>28</td>
</tr>
<tr>
<td>PH 203: CHECK -IN</td>
<td>29</td>
</tr>
<tr>
<td>PH-204: LATE ARRIVAL</td>
<td>30</td>
</tr>
<tr>
<td>PH-205: MANAGING NO SHOWS</td>
<td>32</td>
</tr>
<tr>
<td>PH-206: WALK-IN CLIENTS</td>
<td>41</td>
</tr>
<tr>
<td>MEDICAL EMERGENCIES</td>
<td></td>
</tr>
<tr>
<td>PH-301: MEDICAL CLIENTS</td>
<td></td>
</tr>
<tr>
<td>APPENDIX: RESUS ROOM ROLES AND RESPONSIBILITIES</td>
<td>45</td>
</tr>
<tr>
<td>PH-302: STAFF MEDICAL EMERGENCIES</td>
<td>46</td>
</tr>
<tr>
<td>PH-303: NON-MEDICAL CLIENT EMERGENCIES</td>
<td>47</td>
</tr>
<tr>
<td>REFERRALS AND CONSULTS</td>
<td></td>
</tr>
<tr>
<td>PH 401: NON-URGENT</td>
<td></td>
</tr>
<tr>
<td>APPENDIX: REFERRAL LOG</td>
<td></td>
</tr>
<tr>
<td>APPENDIX: APPOINTMENT LETTER</td>
<td></td>
</tr>
<tr>
<td>PH-402: URGENT REFERRALS/CONSULTS</td>
<td></td>
</tr>
<tr>
<td>PH-403: INTERNAL REFERRALS</td>
<td></td>
</tr>
<tr>
<td>PH-404: CULTURAL INTERPRETATION FOR SPECIALIST OR CONSULT APPOINTMENTS</td>
<td></td>
</tr>
<tr>
<td>APPENDIX: LETTER FOR SPECIALIST OFFICES RE: CULTURAL INTERPRETATION</td>
<td></td>
</tr>
<tr>
<td>CULTURAL INTERPRETATION</td>
<td>49</td>
</tr>
<tr>
<td>PH-501: CULTURAL INTERPRETATION GUIDELINES</td>
<td>49</td>
</tr>
<tr>
<td>PH-502: BOOKING INTERPRETATION SERVICES</td>
<td>50</td>
</tr>
<tr>
<td>PH-503: PROCEDURAL GUIDELINES FOR INDEPENDENT CULTURAL INTERPRETERS</td>
<td>53</td>
</tr>
<tr>
<td>CLIENT RECORDS</td>
<td>54</td>
</tr>
<tr>
<td>PH-601: CHART COMPOSITION AND LOCATION</td>
<td>54</td>
</tr>
<tr>
<td>PH-602: CHART CONTROL</td>
<td>56</td>
</tr>
<tr>
<td>PH-603: CHART PREPARATION</td>
<td>57</td>
</tr>
<tr>
<td>PH-604: CHART FILING AND MAINTENANCE</td>
<td>..........................................................</td>
</tr>
<tr>
<td>PH-605: SAME NAMES</td>
<td>..........................................................</td>
</tr>
<tr>
<td>PH-606: PROFESSIONAL CHARTING/DOCUMENTATION</td>
<td>..................................................</td>
</tr>
<tr>
<td>PH-607: ACCEPTED ABBREVIATIONS</td>
<td>..........................................................</td>
</tr>
<tr>
<td>APPENDIX: ABBREVIATION LIST</td>
<td>..........................................................</td>
</tr>
</tbody>
</table>

**TELEPHONE PROCEDURES**

| PH-701: TELEPHONE - GENERAL | .......................................................... | 66 |
| PH-702: TELEPHONE TRIAGE | .......................................................... | 68 |
| PH-703: TELEPHONE REQUEST FOR EMERGENCY APPOINTMENT | .............................................. | 69 |
| PH-704: TELEPHONE MESSAGES AFTER HOURS | .................................................. | 70 |
| PH-705: TELEPHONE MESSAGES FOR PROVIDERS | .................................................. | |
| PH-706: LEAVING MESSAGES FOR CLIENTS | .................................................. | 72 |
| PH-707: TELEPHONE – HANDLING TELEPHONE TREE | .......................................... | 73 |
| APPENDIX: PHONE MESSAGE SCRIPTS | .......................................................... | 74 |

**CLINICAL CARE GUIDELINES**

| PH-801: ANONYMOUS HIV TESTING | .......................................................... | 75 |
| PH-802: SUPPORT OF BREAST FEEDING SERVICES | ............................................. | 81 |
| PH-803: CASE REPORTING OF COMMUNICABLE DISEASES | ........................................ | 85 |
| APPENDIX: REPORT OF DESIGNATED COMMUNICABLE DISEASES | ..................................... | 86 |
| PH-804: CHANGE OF PRIMARY PROVIDER | .................................................. | 90 |
| PH-805: CONSENT TO TREATMENT AND DETERMINING CAPACITY | .................................... | 91 |
| PH-806: CONSENT TO DISCLOSE PERSONAL HEALTH INFORMATION | ...................................... | |
| PH-807: FEMALE GENITAL CIRCUMCISION | .................................................. | 92 |
| PH-808: FLU VACCINE CLINICS | .......................................................... | 93 |
| PH-809: FRENOTOMY (TONGUE-TIE RELEASE) | .................................................. | 96 |
| PH-810: HARM REDUCTION SUPPORT | .......................................................... | |
| PH-811: IMMUNIZATIONS | .......................................................... | 44 |
| PH-812: INFANT CIRCUMCISION | .......................................................... | 98 |
| PH-813: INTEGRATED PRENATAL SCREENING (IPS) | ............................................ | 99 |
| PH-814: LABELLING OF DISPENSED MEDICATION | ........................................... | 101 |
| PH-815: MEDICAL DIRECTIVES | .......................................................... | 102 |
| APPENDIX: MEDICAL DIRECTIVE TEMPLATE | .................................................. | 103 |
| PH-816: MEDICAL BAGS | .......................................................... | 106 |
| PH-817: NURSING FOOT CARE SERVICES | .................................................. | 108 |
| PH-818: TELEPHONE TRIAGE - PROVIDERS | .................................................. | 109 |
| PH-819: PHYSIOTHERAPY | .......................................................... | |
| PH-820: VERIFICATION OF LABORATORY RESULTS | .................................................. | 110 |
| PH-821 HOME VISITS | .......................................................... | 112 |

**PATIENT RISK MANAGEMENT**

| PH-901: CLEANING, DISINFECTING AND STERILIZING MEDICAL INSTRUMENTS | .................................................. | 119 |
| PH-902: AUTOCLAVE MAINTENANCE “M11 ULTRA_CLAVE” | .................................................. | 122 |
| PH-903: CLEANING CONTAMINATED SURFACES | .................................................. | 123 |
| PH-904: EMERGENCY CART | .......................................................... | 124 |
| PH-905: EQUIPMENT MAINTENANCE | .......................................................... | 120 |
| APPENDIX: EQUIPMENT MAINTENANCE CHECKLIST | .................................................. | 126 |
| PH-906: SUPPLY ORDERING | .......................................................... | 128 |
PH-907: DISPOSAL OF SOILED WASTE .................................................................................. 131
PH-908: MEDICAL EQUIPMENT ......................................................................................... 132
PH-909: MEDICATION STORAGE ....................................................................................... 134
PH-910: NARCOTIC CONTROL .......................................................................................... 135
PH-911: SAFEGUARDING BLANK PRESCRIPTIONS ............................................................ 136
PH-912: CHAPERONING OF PHYSICAL EXAMINATIONS .............................................. 137
PH-913: VACCINE STORAGE, HANDLING & ORDERING .............................................. 138
PH-914: MEDICATIONS AND TREATMENT ERRORS ..................................................... 139
APPENDIX: MEDICATION/TREATMENT ERROR REPORT ............................................... 140

OUTREACH SERVICES ...................................................................................................... 142

PH-1001: CARLING FAMILY SHELTER (CFS) ................................................................. 142
PH-1002: WOODROFFE HIGH SCHOOL ......................................................................... 146

CLINIC ADMINISTRATION ................................................................................................. 150

PH-1101: CLINIC TEAM MEETINGS ............................................................................... 150
PH-1102: PROVIDER SCHEDULES .................................................................................... 152
PH-1103: PROVIDER ON-CALL ......................................................................................... 164
PH-1104: REQUEST FOR LEAVE ..................................................................................... 154
PH-1105: SAME DAY ABSENCES ................................................................................... 157
APPENDIX: MANAGING SAME DAY ABSENCE OF CLINIC STAFF .............................. 158
PH-1106: PHARMACEUTICAL REPRESENTATIVES ......................................................... 159
PH-1107: THIRD PARTY BILLING/ PAYMENTS ............................................................. 160
PH-1108: PASSPORTS ....................................................................................................... 162

LABORATORY PICK-UP ......................................................................................................

APPENDIX: DAILY LAB PICK-UP SHEET .......................................................................

WAIT LIST ............................................................................................................................

ASSIGNMENT OF CLIENTS ................................................................................................

TERMINATION OF CLIENT FROM CLINIC SERVICES ....................................................

TERMINATION OF CLIENT FROM PQCHC ....................................................................

LIVING WILLS .....................................................................................................................
All policies contained herein have been formulated in response to a need which may be centre-related, issue-oriented, or in response to governmental or legislative requirements. These policies are complemented by risk management, client services and privacy and confidentiality policies. Staff must familiarize themselves with all relevant policies.

Clinic policies or revisions to existing clinic policies may be proposed by any member(s) of the clinic team. Requests for review/changes would be directed to the Director of Health Services. Where there are substantive changes, clinic staff will be consulted appropriately. The Director of Health Services is responsible for approval of clinic policies and revisions to these.

Current policies are reviewed every three years unless a policy requires a review prior to the established cycle based on legislative or organizational requirements.

Approval and revision dates are indicated on individual policies.
# Definitions:

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PQCHC (or PQ)</td>
<td>Pinecrest-Queensway Community Health Centre</td>
</tr>
<tr>
<td>SNSCHC (or SN)</td>
<td>South Nepean Satellite Community Health Centre</td>
</tr>
<tr>
<td>MR</td>
<td>Medical Reception</td>
</tr>
<tr>
<td>Insured</td>
<td>Individuals with a valid OHIP or extended health benefits (e.g. foreign students) coverage.</td>
</tr>
<tr>
<td>Non-insured</td>
<td>Individuals who do not have provincial, federal or secondary health coverage (including refugees, landed immigrants until they obtain OHIP coverage, foreign students without other health coverage)</td>
</tr>
<tr>
<td>Interim Federal Health Benefits</td>
<td>Residents of Ontario who receive Interim Federal Health benefits are provided support for urgent care needs under temporary client status until OHIP coverage is available. <a href="http://www.fasadmin.com/">http://www.fasadmin.com/</a></td>
</tr>
<tr>
<td>Visitor</td>
<td>Non-residents from another province or country without OHIP insurance who are in the area temporarily and who need urgent care only.</td>
</tr>
<tr>
<td>Catchment for PQ CHC</td>
<td>- North: Ottawa River&lt;br&gt;- East: Sherbourne/Maitland to Queensway then west to Woodroffe&lt;br&gt;- South: Baseline&lt;br&gt;- West: Inclusive of the Bayshore area</td>
</tr>
<tr>
<td>Catchment for SN CHC</td>
<td>Draw a line from the corner of Baseline and Fisher to the east, along Baseline Road to Robertson Side Road and Eagleson/Richmond Road to the west creates the northern boundary of the catchment. Edwards Ave up to Lietrim and along Leitrim Road South of the Ottawa Airport and west of the Rideau River up to Fisher and Baseline.</td>
</tr>
<tr>
<td>PHCSD</td>
<td>Primary Health Care Services Director</td>
</tr>
<tr>
<td>CSC</td>
<td>Clinical Services Coordinator</td>
</tr>
<tr>
<td>MD</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>NP</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>MR</td>
<td>Medical Receptionist</td>
</tr>
<tr>
<td>RD</td>
<td>Registered Dietitian</td>
</tr>
<tr>
<td>CA</td>
<td>Clinical Assistant</td>
</tr>
</tbody>
</table>

**Board Approval:**
Sept 2008
November 2012

[Return to Table of Contents](#)
POLICY STATEMENT

PQCHC expects that all Regulated Health Professionals, are aware of, understand and adhere to the standards of practice set out by their specific regulating body, including reporting requirements. It is the responsibility of the organization to report if there are reasonable grounds to believe that an employee is incompetent and/or incapacitated.

Procedures

1. It is the responsibility of each professional to remain informed of new and evolving guidelines relevant to their respective discipline.

2. Concerns or complaints about a professional’s practice should be reported to the Program Manager and, where appropriate, to the individual regulating body. Refer to contact information for relevant Colleges on next page.

3. Staff are encouraged to self report if they have concerns related to their competency to practice.

4. Where there are reasonable grounds to believe that an individual is incapacitated, the employer through the Executive Director or his/her designate is required by legislation to report this to the staff member’s professional college. The employer must have grounds to believe that the staff member both suffers from a condition or other deficiency and that this is impacting on the staff member’s practice. Once a report is made, it is the regulator body that has the responsibility to determine incapacity. In all situations, the organization will proceed as best as possible in collaboration with the staff involved.

5. Where there are reasonable grounds to believe that an individual is incompetent, the employer through the Executive Director or his/her designate is required by legislation to report this to the staff member’s professional college. Once a report is made, it is the regulator body that has the responsibility to determine incapacity. In all situations, the organization will proceed as best as possible in collaboration with the staff involved.

6. If a situation arises in which it is unclear whether the mandatory obligation arises, advice may be sought from legal counsel or from the respective College on a ‘no name’ basis.

7. Any information related to this reporting process is confidential. In the event that a situation of potential competency/incapacity is revealed through an Occupational Health and Safety review, the information must be treated according to the OH&S legislation as this legislation takes precedence. Information learned during the course of these investigations cannot be disclosed except in accordance with the Act.
Definitions (as provided by the Regulated Health Professional Act Code):

Incapacitated: “... The member is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member’s practice be subjected to terms, conditions or limitations, or that the member no longer be permitted to practice.”

Incompetent: “… the member’s professional care of a patient displayed a lack of knowledge, skill or judgment of a nature or to an extent that demonstrates that the member is unfit to continue to practice or that the member’s practice should be restricted.”
1. **College of Nurses of Ontario**  
101 Davenport Road  
Toronto, On  M5R 3P1  
Tel:  1-800-387-5526 or  
1-416-928-0900  
Fax:  1-416-928-6507  
[www.cno.org](http://www.cno.org)

2. **College of Dietitians of Ontario**  
5775 Yonge Street  
Suite 1810, Box 30  
Toronto, ON  M2M 4J1  
Tel:  1-416-598-1725 or  
1-800-668-4990  
Fax:  1-416-598-0274  
[www.cdo.on.ca](http://www.cdo.on.ca)

3. **College of Physicians and Surgeons of Ontario**  
80 College Street  
Toronto, ON  M5G 2E2  
Tel:  1-416-967-2603 or  
1-800-268-7096  
Fax:  1-416-961-3330  
[www.cpso.on.ca](http://www.cpso.on.ca)

4. **College of Chiropodists of Ontario**  
180 Dundas Street West, Suite 2102  
Toronto, ON  M5G 1Z8  
Tel:  1-461-542-1333 or  
1-877-232-7653  
Fax:  1-416-542-1666  
[www.cocoo.on.ca](http://www.cocoo.on.ca)

5. **College of Chiropodists of Ontario**  
180 Dundas Street West, Suite 2102  
Toronto, ON  M5G 1Z8  
Tel:  1-461-542-1333 or  
1-877-232-7653  
Fax:  1-416-542-1666  
[www.cocoo.on.ca](http://www.cocoo.on.ca)

6. **Ontario College of Social Workers and Social Service Workers**  
250 Bloor Street East, Suite 1000  
Toronto, ON  M4W 1E6  
Tel:  1-416-972-9882 or  
1-877-828-9380  
Fax:  1-416-972-1512  
[www.ocswssw.org](http://www.ocswssw.org)

7. **College of Audiologists and Speech Language Pathologists of Ontario**  
5060 – 3080 Yonge Street  
Toronto, ON  M4N 3N1  
Tel:  1-416-975-5347 or  
1-800-993-9459  
Fax:  1-416-975-8394  
[www.caslpo.com](http://www.caslpo.com)

8. **College of Early Childhood Educators**  
438 University Avenue, Suite 1900  
Toronto ON  M5G 2K8  
Tel:  1-416-961-8558 or  
1-888-961-8558  
Fax:  1-416-961-8772  
info@collegeofece.on.ca
Pinecrest-Queensway Community Health Centre (PQCHC) medical clinic provides primary care services that are flexible and responsive to client needs. Programs and services are delivered in an accessible manner and are inclusive of the spectrum of services from prevention to treatment. Outreach programs, drop in groups, clinical assessment and treatment offer many different ways in which clients can participate in their own health.

Services at PQ site:
- Pinecrest-Queensway Primary Care Clinic – open Monday through Friday with evening hours Monday, Tuesday and Wednesday. Clinic clients also have access to daily afternoon walk-in service and after hour on-call support for urgent health concerns.
- Chiropody and Foot Care Services - offered twice a week to provide foot care assessment, treatment and intervention to medical clinic clients
- Dietitian Services – nutritional counseling and healthy lifestyle supports offered daily to clinic clients
- Breastfeeding Support Services – weekly drop-in group offered to new families to provide education, support and assistance with infant feeding and baby care
- Outreach Health Clinics - offered throughout the week at Carling Family Shelter (CFS) and Woodroffe High School (WHS) to provide advice and intervention on general health issues and concerns
- Harm Reduction Programs - access to quick, essential health status information available daily through walk-in. Needle Exchange and Safe Inhalation programs address early intervention and prevention of the spread of disease.
- Sexual Health Clinic
- Lung Health Clinic
- Dental Screening

Services at SN site:
- South Nepean Primary Care Clinic – open Monday through Friday with evening hours on Tuesday and Wednesday. Clients have access to same day or next day appointment bookings and after hour on-call support for urgent health concerns.
- Breastfeeding Support Services – weekly drop-in groups offered through Ottawa Public Health to new families to provide education, support and assistance with infant feeding and baby care
- Dietitian Services – nutritional counseling and healthy lifestyle supports offered daily to clinic clients
- Sexual Health Clinic
- Lung health Clinic
- Arthritis Society
- Diabetes Chiropody
- Foot Care
- Dental Screening

Board Approval: 
Revision Dates: Sept 2008
November 2012
POLICY STATEMENT

Pinecrest-Queensway Community Health Centre (PQCHC and SNCHC) will accept new clients for primary care services when resources permit and when prospective clients meet the criteria for eligibility for services. Resources will be focused on serving the needs of the people, living in the respective site catchment areas, who face the greatest barriers to accessing primary care services. An access list with a maximum of 20 prospective new client names will be maintained to expedite access when practices are open.

Determining Capacity to Accept New Clients

The capacity to accept new primary care clients is dependent on resources such as program staffing, staff vacancies, provider workload, panel size determinants, the complexity of current practices and the number of clients whose care was terminated (through transferred care, moved, deaths, declared inactive) in the preceding year. Quarterly, the Clinical Services Coordinator (CSC) will review available reports and in collaboration with the primary care providers, will determine the number of available new client admissions.

Types of Access

A. Priority Access
B. Permanent Client Access
C. Temporary Client Access (see Policy PH-102)

Criteria for Eligibility for Access to Primary Care Services:

A. Priority Access

The following will be given priority access with no access list requirement:

1. Newborns and children (under 18 years) of an existing client who is the parent or legal guardian of the child/children where the children reside with the parent/guardian.
2. For the PQ site, youth who were enrolled at Woodroffe High School, who have been registered at the school clinic, have now graduated from school, who live in the PQCHC catchment area and have no other family practitioner.

B. Permanent Client Access

When practice(s) are open, intake to Primary Care will generally be managed from the access list, with designated priority populations receiving first priority. Thereafter, admissions will generally be accepted in the order that their names were placed on the access list. Prospective new clients will be screened by MR and an RN using the Access to Care Screening Tool to determine their eligibility for admission and the scope of practice required for care. This assessment may also influence the order in which eligible clients are admitted.

cont’d...
The following are eligible to put their names on the primary care access list:

1. People with insurance, without a primary care practitioner, who live in the catchment area of the applicable site. These requests will primarily come from Health Care Connect.

Note: Those who have an existing community primary care provider but wish to change providers will be referred to the Clinical Services Coordinator for assessment of need. In exceptional circumstances, their name may be placed on the access list but they will not receive priority over those without a primary care provider.

Priority for admission from the access list will be given to the following:

1. Transgender clients without a Primary Care Provider
2. Inter-CHC referrals
3. Family members over 18 years of age (i.e. husbands, partners, parents) of existing clients living at the same address
4. Seniors (especially those who do not have a provider or whose provider is retiring)
5. Referrals from Public Health
6. Referrals from the outreach providers whose clients meet the access criteria

C. Temporary Client Access

The following persons meet the Criteria for Eligibility for Temporary Client Access:

Note: Some of these individuals may become eligible to Request Permanent Client Status when OHIP is activated.

1. Non-insured residents living in the applicable site catchment area.
2. Non-insured children living in the applicable site catchment area who are referred by Ottawa Public Health for immunization. See Immunizations policy.
3. Newcomers to Canada with IFHB living in the applicable site catchment area.
4. Non-insured residents of Ontario who live outside of the PQ/SN site’s catchment areas when PQCHC and/or SNSCHC are the closest CHC to their residence may access services for urgent care only.
   – At PQCHC, these persons are directed to the walk-in clinic
   – At SNSCHC the RN will meet with the client and explain the limitations of their access to primary care services through booked appointments until they receive OHIP

For specific information and procedures to follow see Policy PH-102: Temporary Clients.

Not Eligible for Access

The following persons are not eligible for permanent primary care services (and therefore also not eligible to have their name placed on the access list):

cont’d...
1. Residents of Ontario, with insurance, who live outside of the PQ/SN site’s catchment areas.
2. Individuals with valid out-of-province or other extended health benefits (i.e. foreign students and visitors).

Special Circumstances

Any special circumstances or exceptions to the above will be considered on a case by case basis by the Clinical Services Coordinator in consultation with the providers and the Primary Health Care Services Director as necessary.

Procedures

Clinical Services Coordinator (CSC):

1. Will use reports as a tool to determine practice capacity.
2. Quarterly, in consultation with the primary care team, the CSC will determine which practices are open or closed and communicate this to the team.
3. Quarterly, the CSC in consultation with providers with open practices will determine the number of new client appointments available in their schedules.
4. Quarterly, in consultation with RN and open providers, the CSC will determine appropriate provider assignment of eligible clients.
5. Quarterly, in consultation with RN and open providers, the CSC will prioritize the access list, assigning first priority to the identified priority groups.
6. Health Care Connect Referrals: As HCC referrals are received, the CSC will review each referral and based on the capacity for access, the CSC will inform HCC which, if any, clients we can accept.

Registered Nurse (RN):

1. RN’s will screen persons on the access list by completing the Access to Care Screening Tool Part B to confirm their suitability for admission and to determine the scope of practice required.
2. RN’s will encounter this assessment using the new patient clinical note template.
3. The completed Screening Tool will be filed in the Access Binder located at reception.
4. Quarterly an RN will meet with the CSC and open providers to determine provider assignment of clients from the access list and to prioritize their order of admission.
5. The RN will see the new client 20 minutes prior to the provider appointment to provide orientation to the CHC practices and policies, to obtain relevant medical, social and medication history, etc.

Medical Receptionist/s (MR):

A. Booking Procedures for Priority Access Clients:

1. Children of existing clients: Newborn babies are to be seen within 72 hours of hospital discharge; where possible book into the schedule of the Mom’s provider; if this provider does not have an appointment within the timeframe, book the baby into the schedule of an available NP. Older children can be booked into the next available appointment with the mom’s usual provider.
2. For Woodroffe High School students previously registered at the school clinics: students have until September 1st of their graduating year to request and receive priority access. After this time, if they remain living in the
catchment area, and wish to register as a permanent client, they will be required to put their name on the access list and wait for an available admission.

B. When the Access List is at Capacity (20 persons):
1. Inform the person that the access list is full and that we cannot take their name at this time.
2. Advise the person to call Health Care Connect and give them the HCC phone number.
3. Advise the person to try calling back in 3 months time.
4. Ensure that the person is aware of the eligibility criteria to put their name on the access list in the future:
   - that they must reside in the catchment area
   - that they must have a valid OHIP card
   - that they must not have a Primary Care Provider already

When the Access List is Open (less than 20 persons on the list):

1. Phone Calls: When phone calls are received from individuals who have OHIP and who live in the catchment area advise them to call Health Care Connect.
2. Walk-Ins: When a person walk-ins and request access as a permanent client, screen for eligibility using the Access to Care Screening Tool Part A.
3. For families: Each person must have a separate Access to Care Screening Tool completed.
4. Ensure the person meets the eligibility criteria and if yes add their name to the access list.
5. File the screening tools in the order that they are completed in the Access Binder in reception.
6. Advise the prospective client that they need a phone appointment with an RN to determine their care needs and to determine if we have an available provider.
7. Book an appointment with the RN for 20 minutes.

Booking New Client Appointments from the Access List:

1. When new client appointments are available, the screening tools are completed and respecting the order of assigned priority, MR will call the client and book them into a new client appointment with the designated provider.
2. MR will book the new client with the RN for 20 minutes prior to the provider appointment.
3. MR will book the new client with the assigned provider for 40 minutes in a new client appointment slot.
4. MR will advise the client that if they no show for their appointment that their name will be removed from the access list.
5. MR will advise the client that if they need to cancel or reschedule their appointment they must give at least one day of notice so that another client may be offered the appointment.
6. When MR is unable to contact the prospective new client by phone, a letter will be sent advising the client of the new appointment and informing them that they have 15 business days to call and book their appointment.
7. Potential clients who fail to respond to the letter will be removed from the access list. A note will be made on the other line/Screening Summary Section of the Access to Care Screening Tool that a letter was sent and that no response was received.
8. When booking the new client appointment, MR will ask the client to arrive 10 minutes prior to their appointment time to fill in any necessary forms.
9. At the first visit, MR will ensure that the client fills in the Client Registration Form, including signing the consent box.
10. As clients from the access list are admitted, their names are removed from the access list. The appointment date and time is written on the Access For Care Screening Tool and the form is scanned into the Electronic Health Record.
11. Potential new clients may then be added to the access list.

C. Procedures for Access of Temporary Clients:
See Policy PH-102: Temporary Clients.
Person calls or presents at CHC

MR Screening
- Screen for priority access
- Obtain address - if not in catchment area but have OHIP
- If access list is closed (max 20 clients)
- Obtain insurance information – if screened as a Temporary Non-Insured client (see Policy PH102)
- If access is open see steps below

Temporary Clients

- PQCHC: Refer to Walk-in Clinic
- SNSCHC: Book appointment

Priority Access
1. Newborns and children (under 18 years) of existing clients who live with their parent. **Note:** Newborns to be seen within 72 hours of hospital discharge. Book with Mom’s provider or available NP
2. PQCHC: Graduating Woodroffe High School Youth previously registered in school clinic (within 3 months of graduation)

Not in Catchment Area
- Advise client they are not eligible for access. Provide info re other resources: HCC, other CHCs, WI Clinics, CPSO etc.

Access List is Closed
- Give phone number of Health Care Connect to client. Advise client to call back in 3 months.

Clinical Services Coordinator/RN/Open Providers
- Quarterly the CSC in consultation with the team will determine practices that are open and closed
- Quarterly CSC/RN/Open providers will meet to determine assignment of clients on the access list
- Quarterly CSC/RN/Open providers will prioritize the access list for intake/document on tool. (Policy PH-101 defines priority groups)

Referrals from Health Care Connect (HCC):
- CSC will review HCC requests as received and will determine and communicate with HCC the capacity to accept new clients
Access List is Open

**MR**
- Phone calls: when people who have OHIP and live in the catchment area call; advise them to call HCC
- Walks-ins: determine access eligibility by completing Part A of the Access to Care Screening Tool
- When screening determines eligibility- advise potential new client that they will need a phone assessment with RN to determine care needs and availability of appropriate provider
- Book 20 minute phone appt with RN
- Add name to Access List

**RN**
- Calls client to determine suitability for access and to determine scope of practice required. Complete Part B of the Access to Care Screening Tool
- Advises client they will be called by MR when practices are open and an appt is available
- File completed screening tool in appropriate section of Access Binder in reception
- Participates in provider mtg to assign clients
**Note:** If RN screening determines that an MD is the scope of practice required and no MDs have open practices the client is advised by CSC their name will remain on the access list until an MD practice is open (max 10 people on that list)

**MR Booking**
- When client is screened appropriate for intake, contact client by phone or letter
- Book client in order of priority in new client appointment with the designated PCP. Book 20 min with RN and 40 min with PCP
- Advise client to arrive 10 mins before appt
- Advise client of consequences of no shows
- If Release of Information form is required email or mail to client

**MR - When Client Arrives**
- Ensure client completes Client Registration Form
- Check statue of any ROI request
- Ensure Screening Tool is scanned into client record
- Remove client name from Access List

**NP**
If a client is booked with an NP and the client needs are beyond the NP scope of practice, discuss the case with the CSC.
# Access To Care Screening Tool

## PART A: MR SCREENING

<table>
<thead>
<tr>
<th>Date of Request: _____________________</th>
<th>Telephone Request □</th>
<th>Request in Person □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ______________________________</td>
<td>DOB: ___ / ___ / ___</td>
<td>M □ F □</td>
</tr>
<tr>
<td>First name</td>
<td>Day / Month / Year</td>
<td></td>
</tr>
<tr>
<td>Family name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address: ____________________________</td>
<td>Postal Code: ________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone: □ No □ Yes: Home: __________</th>
<th>Cell: __________</th>
<th>Work: __________</th>
</tr>
</thead>
</table>

If this is a child, please print name of parents/guardian: ______________________________________________________

Do any of your family members see a health care provider here? □ No □ Yes

What is the name of your family member(s) and who do they see here? __________________________

Do you currently have a Family Physician or Nurse Practitioner elsewhere? □ No □ Yes

If yes, why do you wish to change providers? ____________________________________________________________

First Language Spoken: ______________________ Other Languages Spoken: __________________________

Insurance Status: OHIP Number: __________ Version Code: __________

☐ OHIP Pending  Date: __________ ☐ Non-Insured ☐ IFHB  Form Obtained: ☐ Yes ☐ No

Screened Non – Insured, lives in catchment area, no Primary Provider ➔ Eligible as Temporary Client

PQCHC: Referred to Walk- In ☐ SNSCHC: Given booked Appointment ☐

Screening Finished. File Form in Access Binder/Temporary Client section.

Access Open: ☐  Meets Eligibility for Access: Place Name on Access List
Book appt with RN to continue screening for care needs and scope of practice required.
Booked with RN on: ______________________

File form in Access Binder/RN Screening section.

Preferred time of day to be contacted: ☐ AM ☐ PM ☐ HS
POLICY STATEMENT

Pinecrest-Queensway Community Health Centre (PQ and SNS sites) will provide temporary primary care services to persons who are not eligible for access as permanent clients but who meet the following criteria for eligibility for temporary access.

Criteria for Eligibility for Temporary Access

- Non-insured residents living in the applicable site catchment area.
- Non-insured children living in the applicable site catchment area who are referred by Ottawa Public Health for immunization. See Immunizations policy.
- Newcomers to Canada with IFHB (until OHIP is activated) living in the applicable site catchment area (see Policy PH-103 Interim Federal Health Clients).
- Non-insured residents living outside of the catchment were PQCHC or SNSCHC is the closest CHC.

Temporary Care Specific to the PQCHC site:

- Residents of the Carling Family Shelter who are registered at the CFS outreach site. See Outreach Services policy.
- Students of Woodroffe High School (WHS) who are registered at WHS outreach site and have a family practitioner elsewhere. See Outreach Services policy.

Location of Care

- **PQCHC Site:** Temporary primary care services are provided through the walk-in clinic.

- **SNSCHC Site:** Temporary primary care services are provided by scheduled appointments with an identified practitioner.

Urgent Temporary Care

Any person who presents at either site who appears to be or states that they are in acute distress will be referred immediately to the RN for triage.

Procedures

Medical Receptionist (MR):

A. **Non Urgent Situations**

1. When a person calls or presents for the first time at either site requesting primary care services, MR will assess eligibility using the Access to Care Screening Tool Part A.
2. When the person meets the criteria for eligibility to request permanent access. See procedures in Policy PH-101 Primary Care New Client Access.
1. Visitors /other Individuals with valid out-of-province or other extended health benefits / foreign students are not accepted and are referred to the nearest walk–in or urgent care clinic.

2. When the person meets the eligibility for temporary client services, MR will register the client as temporary non–insured and process the relevant *Temporary Services Agreement (TSA)* package as follows outlining the nature and limitations of temporary service.
   - Package A: TSA for Immunizations
   - Package B: TSA for Interim Federal Health Benefits

3. Every attempt shall be made to ensure all forms will be signed prior to treatment. Signed copies of the documents will be provided to the client, a copy will be scanned into the client record.

4. Provider assessment of the client is dependent on the site and time of access as follows:
   - **PQCHC Site:**
     - *Phone Calls:* When eligibility is confirmed as above, advise the client to come during the walk-in clinic hours of 1-3:30 pm.
     - *Walk-ins:* Place the client record in the walk-in nursing first box. If the client arrives outside of walk-in hours MR will advise the client to return during the walk-in clinic hours.
   - **SNSCHC Site:**
     - *Phone Calls:* MR will inform the client that the RN will call them back. If the client does not have a phone, MR will ask the RN to speak to the client if possible and/or will ask the client to call back during the RN phone consult time.
     - *Walk-ins:* MR will ask the RN to do an assessment of need.

**RN:**

**A. Non Urgent Situations**

1. The RN will complete a new client intake assessment where the nature of temporary service will be outlined including expectations of client and centre, hours of service, description of after-hours service and other communications.

2. Following this first assessment the RN will proceed as follows
   - **PQCHC Site:** Temporary clients are seen by the first available provider through the walk-in. Please refer to *Walk-In Clients* policy for further procedures.
   - **SNSCHC Site:** The RN will book the client an appropriate provider through a scheduled appointment.

**B. Acute Medical Need**

Following assessment, should the RN determine that further assessment is required; the RN will ask the first available medical provider to see the person.

**Physicians and RN(EC):**

1. Provider/s will provide necessary care and arrange follow up visits as required.

2. Attending providers will explore what health care the client has been receiving to ensure continuity of care and to avoid duplication of care.
3. Attending providers will continue to monitor client care and the client’s status until care is terminated and the file is closed.

When a Temporary Client Moves Out of the Catchment Area:

Temporary clients will be advised that if they move out of the catchment area that they will be required to seek care in the closest CHC to their current residence. An Inter-CHC transfer will be requested.

When A Temporary Client Receives OHIP:

When a temporary client secures OHIP they will be advised that new options for care are necessary. Options include the following:

- The usual provider and the Clinical Services Coordinator (CSC) will consult to discuss a plan of action.
- When the access list for their PQCHC site of care has available openings, the client may put their name on the Primary Care access list providing they continue to live in the catchment area.
- When the access list is closed, but the attending provider has the capacity and desire to accept the client in order to provide continuity of care, the case will be discussed with the Clinical Services Coordinator.
- The client will be referred to Health Care Connect to locate a health provider close to their residence.

Termination of Care For Temporary Clients:

1. Quarterly reports will generate a list of temporary clients to determine which clients are eligible for termination of service letters based on the Temporary Service Agreement.

2. The list goes to the CSC/Primary care Director for review and follow-up as appropriate with providers.

3. When access is closed and the decision is made to close a Temporary Client File, MR will send a Termination Notification letter, signed by the Primary Care Director, to the client by registered mail.
Temporary Care Service Agreement

Immunizations

You, or your child, are being seen today by our primary care team for immunization only. The nurse may ask you to come back to the health centre for a follow-up appointment. It is important to note you may be responsible for certain costs associated with your care.

Applying for a Health Card: If you have not yet applied for your health card, we strongly encourage you to do this as soon as possible. The OHIP card generally takes 3 months to obtain. You must apply for this card in person. Please call Service Ontario at 1-866-538-3161 for more information on what you should bring with you. A Service Ontario Centre is located at Ottawa City Hall, 110 Laurier Avenue West, Ottawa.

If you Need a Health Care Provider: If you already have a health card and require assistance to find a health care provider please contact Health Care Connect at 1-800-445-1822 or visit their website at www.ontario.ca/healthcareconnect.

Temporary Health Care: If you do not have a health card, you live in our catchment area and you do not already have a primary care provider you can receive temporary care here for urgent issues.

If you acquire a new health care provider outside of our centre, please let us know so that we can forward a copy of your medical file to your new provider and also close your file at our centre. You will be required to sign a consent for us to release your medical information. This can be done either at our office or through your new provider.

By signing this form you confirm that you understand this agreement and accept the limits of service available to you.

Print Client Name: ________________________________________________
Signature of client/parent or guardian: ________________________________
Witness: __________________________________________________________
Date: ________________________________

Copy to client
Scan copy into file
POLICY STATEMENT

Pinecrest-Queensway Community Health Centre (PQ and SNS sites) recognizes the unique challenges faced by individuals receiving Interim Federal Health Benefits (IFHB). PQCHC will accept clients receiving IFHB who live in the catchment area of either site as Temporary Clients until OHIP is secured. At that time a decision will be made whether or not they become permanent clients of the centre or if they will be referred to other available community resources for care (also see Policy PH-102: Temporary Clients).

Procedures:

A. Medical Receptionist (MR):

1. When a person calls or presents for the first time at either site requesting primary care services, MR will assess their eligibility using the Access to Care Screening Tool Part A.

2. When the person has IFHB and resides in the respective site catchment area, MR will register the client as temporary IFHB non-insured client.

3. Provider assessment of the client is dependent on the site and time of access:

   PQCHC Site:
   *Phone Calls:* When eligibility is confirmed as above, advise the client to come during the walk-in clinic hours of 1-3:30 pm.
   *Walk-ins:* Place the client record in the walk-in nursing first box. If the client arrives outside of walk-in hours MR will advise the client to return during the walk-in clinic hours.

   SNSCHC Site:
   *Phone Calls:* MR will inform the client that the RN will call them back. If the client does not have a phone, MR will ask the RN to speak to the client if possible or will ask the client to call back during the RN phone consult time.
   *Walk-ins:* MR will ask the RN to do an assessment of need.

4. At the first visit, MR will give the client the **IFH Temporary Services Agreement (TSA)** form which outlines the nature and limitations of temporary service.

5. A signed copy of the form will be provided to the client and a copy will be scanned into the client record.

6. MR will ask to see the client's IFH Benefits form and scan this form into the client record.

7. If a person presents who has IFHB coverage and does not live in the catchment area, refer them to the closest CHC site. **Note:** on occasion they will live outside our respective catchment areas; however we may be the closest CHC site.
Urgent Temporary Care

Any person who presents at either site who appears to be or states that they are in acute distress will be referred immediately to the RN for triage.

A. Physicians and RN(EC):

Providers need to be aware of the type of IFHB coverage the client has in order:

- to assist them in making care decisions with the client
- that the client does not incur billing charges beyond their means

The following tables help explain the types of IFHP coverage and the beneficiaries of each type of coverage.

Table 1: Types of Available IFHP Coverage:

<table>
<thead>
<tr>
<th>Types of Available IFHP Coverage</th>
<th>Basic:</th>
<th>Expanded:</th>
<th>Public Health &amp; Safety:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Care that is “urgent or essential in nature” includes: hospital services, services of a doctor or registered nurse, lab, diagnostic and ambulance services + Medications ONLY when required to prevent or treat a disease posing a public health or safety concern.</td>
<td>Basic coverage + Prescribed medications, limited dental &amp; vision care, prosthetics &amp; devices to assist mobility, home care and long-term care, psychological counseling and post-arrival health assessments.</td>
<td>Care ONLY provided to diagnose, prevent or treat a disease posing a risk to public health or safety.</td>
</tr>
</tbody>
</table>

Table 2: IFHP Coverage & Beneficiary Designation (Table current as of Aug. 2, 2012).

<table>
<thead>
<tr>
<th>Type of IFHP Coverage</th>
<th>Beneficiary Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>Non-Designated Country of Origin (Non-DCO) claimants</td>
</tr>
<tr>
<td>Most Privately Sponsored Refugees</td>
<td></td>
</tr>
<tr>
<td>Most individuals with a + Pre-Removal Risk Assessment decision</td>
<td></td>
</tr>
<tr>
<td>Successful refugee claimants</td>
<td></td>
</tr>
<tr>
<td>Expanded</td>
<td>Victims of human trafficking (with a valid temporary resident permit)</td>
</tr>
<tr>
<td>Government Assisted Refugees</td>
<td></td>
</tr>
<tr>
<td>Ministerial discretion</td>
<td></td>
</tr>
<tr>
<td>Public Health &amp; Safety</td>
<td>Designated Country of Origin (DCO) claimants;</td>
</tr>
<tr>
<td>Rejected refugee claimants</td>
<td><strong>Note</strong>: basic coverage until DCO policy takes effect, date TBD</td>
</tr>
</tbody>
</table>
Refugee Claimants and Refugees:

Providers need to be aware of the medical services covered for refugee claimants/refugees and whether or not they are receiving social assistance.

Table 3: The following table outlines coverage for Refugees Claimants and Refugees:

<table>
<thead>
<tr>
<th>Immigration status</th>
<th>Stage of refugee claim process</th>
<th>Medical services</th>
<th>Medication</th>
<th>Dental, vision and other supplemental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refugee claimants from a non-DCO country¹ AND Claimants from a DCO country¹ who made a refugee claim before June 30, 2012</td>
<td>Until IRB decision on their eligibility to make a claim²</td>
<td>None</td>
<td>Social assistance recipients: Same coverage as other Ontarians on social assistance. Ontario Works covers any meds not covered by the IFH</td>
<td>Social assistance recipients: Same as other Ontarians on social assistance.</td>
</tr>
</tbody>
</table>
| During the refugee claim process until either: acceptance of the refugee claim OR final rejection of the refugee claim (after exhausting all legal procedures) | All medical services and diagnostic tests covered by OHIP are covered by the IFH except for tubal ligation, vasectomies, and rehabilitative and long term care. For hospital stays, the IFH reimburses a per diem rate (for in-hospital medications, see next column) | Social assistance recipients: Same coverage as other Ontarians on social assistance. Ontario Works covers any meds not covered by the IFH | Persons not on social assistance: Medications are not covered, EXCEPT
  - Meds for the prevention or treatment of a condition posing a risk to public health or safety³ AND
  - Meds provided in response to a medical emergency, i.e., an injury or illness that poses an immediate threat to life, limb or function The same limitations apply to in-hospital medications. | None |
<p>| Refugee claimants from a DCO country¹ who made a refugee claim after June 30, 2012 | N/A | No coverage of medical, hospital or diagnostic services EXCEPT for conditions posing a risk to public health or safety³ | Medications are not covered, EXCEPT Meds for the prevention or treatment of a condition posing a risk to public health or safety³ | None |
| Government assisted refugees (GARs) | N/A | GARs are covered by OHIP upon arrival in Canada | Same medication coverage as under Ontario Works | Coverage of vision, audiology, emergency dental, home and long-term care; midwife services; occupational therapy; physiotherapy; psychotherapy by a registered psychologist; speech therapy |</p>
<table>
<thead>
<tr>
<th><strong>Immigration status</strong></th>
<th><strong>Stage of refugee claim process</strong></th>
<th><strong>Medical services</strong></th>
<th><strong>Medication</strong></th>
<th><strong>Dental, vision and other supplemental</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trafficking victims with a temporary resident permit</td>
<td>N/A</td>
<td>The same medical, hospital and diagnostic services as OHIP beneficiaries</td>
<td>Same medication coverage as under Ontario Works</td>
<td>Coverage of vision, audiology, emergency dental, home and long-term care; midwife services; occupational therapy; psychotherapy; psychotherapy by a registered psychologist; speech therapy.</td>
</tr>
<tr>
<td>Privately sponsored refugees</td>
<td>N/A</td>
<td>All medical services and diagnostic tests covered by OHIP are covered by the IFH except for tubal ligation, vasectomies, and rehabilitative and long term care. For hospital stays, the IFH reimburses a per diem rate (for in-hospital medications, see next column)</td>
<td>Medications are not covered, EXCEPT ▪ Meds for the prevention or treatment of a condition posing a risk to public health or safety AND ▪ Meds provided in response to a medical emergency, i.e., an injury or illness that poses an immediate threat to life, limb or function The same limitations apply to in-hospital medications</td>
<td>None</td>
</tr>
</tbody>
</table>

1. **DCO = Designated Country of Origin.** The Minister of Immigration may at any time place a country on the DCO list. **Note:** As of August 2012, no countries have been placed on this list.
2. Eligibility to make a refugee claim may be assessed immediately when the refugee claim is made (especially if the claim is made upon arrival at the airport or border). However, especially for claims made by individuals who are already in Canada, waiting times for a first interview to assess eligibility may be much longer (up to 6 weeks). About 98% of persons submitting claims are found to be eligible, and can go ahead with the refugee claims process.
3. Rejection of a refugee claim is considered final after: ▪ rejection of judicial review procedures by the Federal Court ▪ rejection of appeal procedures by the Refugee Appeal Division of the Immigration and Refugee Board (the RAD does not yet exist), or ▪ expiry of the delays to submit a judicial review or appeal procedure against the IRB decision rejecting the person’s refugee claim (within 30 days after the decision)
At this point, a date is set by the Canadian Border Services Agency to deport (‘remove’) the refused claimant, usually about a month later but sometimes longer. If the refused claimant remains in Canada beyond the date set for removal, they no longer have any health care coverage. If the refused claimant comes from a “moratorium” country to which there are no removals (provide list), they will remain in Canada indefinitely but will only have access to Public Health/Public Safety coverage.

4. A “disease posing a risk to public health” is defined as a communicable disease that is on the Public Health Agency of Canada’s list of notifiable diseases [provide list]. A “condition posing a risk to public safety” includes psychotic conditions where a person is potentially aggressive or a danger to others.

The following groups have no medical coverage whatsoever:

- Persons who have submitted a refugee claim, but are waiting for their eligibility determination.
- Persons who have withdrawn or abandoned their refugee claim, or who have been found ineligible to make a claim.
- Applicants for a Pre-Removal Risk Assessment who have not previously made a refugee claim.
- Nonstatus persons. This includes:
  - Persons who overstay a visa (visitor, student or work visa)
  - Refused refugee claimants who have received a removal order and who do not show up for removal.

**Billing Procedures for IFHB**

See Policy PH-1107: Third Party Billing

**When a IFHB Temporary Client Receives OHIP:**

When a client with IFHB secures OHIP they will be advised that new options for care are necessary. Options include the following:

- The usual provider and the Clinical Services Coordinator (CSC) will consult to discuss a plan of action.
- When the access list for their PQCHC site of care has available openings, the client may put their name on the Primary Care access list providing they continue to live in the catchment area.
- When the access list is closed, but the attending provider has the capacity and desire to accept the client in order to provide continuity of care, the case will be discussed with the Clinical Services Coordinator.
- The client will be referred to Health Care Connect to locate a health provider close to their residence.
- If the decision is made to close a Temporary Client File, MR will send a Termination Notification letter, signed by the HSM, to the client by registered mail.

<table>
<thead>
<tr>
<th>Approval Date</th>
<th>Revised</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>September 2008</td>
</tr>
<tr>
<td></td>
<td>October 2012</td>
</tr>
</tbody>
</table>
Pinecrest Queensway Community Health Centre

Temporary Care Service Agreement
Interim Federal Health Benefits

The primary care team has agreed to provide you with medical services on a temporary basis until you receive your OHIP health card. The attached package will give you information on our services and how to use them.

It is important for you to know that depending on the type of Interim Federal Health Benefits (IFHB) coverage that you have, you may be responsible for certain costs associated with your care that are not covered by your plan. Please inform our medical receptionists of any changes to your IFHB plan or documentation.

Applying for the OHIP Health Card: If you have not yet applied for your health card, we strongly encourage you to do this as soon as possible. The OHIP card generally takes 3 months to obtain. You must apply for this card in person. Please call Service Ontario at 1-866-538-3161 for more information on what you should bring with you. A Service Ontario Centre is located at Ottawa City Hall, 110 Laurier Avenue West, Ottawa.

When You Receive the OHIP Health Card: Once you receive your OHIP health card you are no longer eligible for temporary care services. Sometimes we have providers who are able to accept new clients at our centre and if you wish to continue to receive your health care here after you get your OHIP card, please speak to our receptionist or to your usual provider to see if this is possible. If we are unable to continue to provide care for you or if you wish to choose another health provider in the community please contact Health Care Connect at 1-800-445-1822 or visit their website at www.ontario.ca/healthcareconnect as they will help you find a new health care provider in your area.

If you acquire a new health care provider outside of our centre, please let us know so that we can forward a copy of your medical file to your new provider and also close your file at our centre. You will be required to sign a consent for us to release your medical information. This can be done either at our office or through your new provider.

By signing this form you confirm that you understand this agreement and accept the limits of service available to you.

Print Client Name: ___________________________________________
Signature of client/parent or guardian: ___________________________
Witness: ______________________________________________________
PH-104: INTAKE for PERMANENT, ENROLLED CLIENTS

POLICY STATEMENT
PQCHC is committed to ensuring all services are offered to clients on an informed consent basis. Intake begins this process. As per the Wait List policy, when space permits all clients coming into medical service at PQ will have a scheduled intake meeting.

Procedures:

1. New permanent, enrollable clients will be booked into available regular appointment spots in a designated provider schedule. When this occurs, a notation will be made in scheduler to identify that this is a new client. A new client intake appointment will be booked at the same time.

2. The new client intake appointment will be scheduled as a 20 minute appointment with the RN, prior to the provider appointment. Clients will be asked to bring all of the medications they currently take to this meeting. At this appointment the RN will complete an intake visit including review of information about the way we work, privacy policies, client’s rights and responsibilities, in addition to ensuring the completion of required documentation. A PQ brochure will also be provided.

3. If the client is unable to attend both appointments at the same time, the new client intake appointment with the RN should be booked first.

4. MR will avoid booking two new patient appointments in one morning or afternoon and no more than one new client booking can be scheduled at the same time. See booking appointments policy.

5. The exception to #4 would be when booking multiple family members. In this case the person booking the appointment will check with the provider to determine if extra time is required.

6. The flow of new patients will be monitored by both the HSM and the practitioner.

Approval Date:  
Revision Dates: Sept 2008  
Nov 2012

return to table of contents
PH-105: NON-INSURED VISITORS

POLICY STATEMENT

PQCHC will provide health services to non-insured visitors to Canada only in urgent/emergent circumstances and where PQCHC is the closest CHC. All non-insured visitors attending PQCHC are required to complete the registration form and the Governing Law and Jurisdiction Agreement document.

Procedures:

1. When a visitor to Canada calls to request health services and where the presenting issue is not urgent/emergent, MR will provide the visitor with information on nearby fee-for-service walk-in practices.

2. When a visitor to Canada presents to PQCHC requesting health services, MR will request nursing to do an assessment to determine urgency of presenting issues.

3. If PQCHC service is to be provided, MR will provide the person with the registration form and Governing Law and Jurisdiction Agreement form and ask that they review and complete the forms. If the client is unable to sign due to the presenting condition, treatment will be done as per practitioner’s determination and the forms including waiver will be signed as soon as possible after treatment.

4. The provider first seeing the visitor will receive the completed form and, where the visitor has had difficulty in completing it, will offer explanation and ensure assistance is provided so that the visitor can complete and sign the form before treatment is provided. Once the form has been completed the provider will complete a client intake history and ensure the provision of services as appropriate.

5. The client is responsible for the cost of any medications prescribed by the attending practitioner. If referral is required to other health services the client is responsible for the cost of any diagnostic or treatment services provided by an external provider or health care facility.

Approval Date: 
Revision Dates:
March 2007
August 2008
Sept 2008
Sept 2012
GOVERNING LAW AND JURISDICTION AGREEMENT
FOR PINECREST QUEENSWAY COMMUNITY HEALTH CENTRE

GOVERNING LAW

I hereby agree that:
all aspects of the relationship between me and Pinecrest Queensway Community Health Centre (as well as its agents, delegates, employees and any physicians and other independent health care practitioners providing medical or other health care and treatment to me at or in association with Pinecrest Queensway Community Health Centre), including without limitation any medical or other health care and treatment provided to me, and the resolution of any and all disputes arising from or in connection with that relationship, including any disputes arising under or in connection with this Agreement, shall be governed by and construed in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein.

JURISDICTION

I hereby acknowledge that the medical or other health care and treatment I receive from Pinecrest Queensway Community Health Centre will be provided in the Province of Ontario, and that the Courts of the Province of Ontario shall have exclusive jurisdiction to hear any complaint, demand, claim, proceeding or cause of action, whatsoever arising from or in connection with that medical or other health care and treatment, or from any other aspect of my relationship to Pinecrest Queensway Community Health Centre.

______
Date

__________________________  _________________________________
Name of Patient (Please print)  Signature of Patient / Substitute decision-maker on behalf of patient

__________________________
Interpreter’s signature:

__________________________
Interpreter’s name:

__________________________
Date:
PH-201: BOOKING APPOINTMENTS

Policy:
PQCHC is committed to offering to clients, wherever possible, appointment bookings on the same day or a day of the clients choosing with their primary provider.

Procedures
1. MR books appointments for Physicians, Nurse Practitioners, Nurses, Chiropodist, and Dietitian. Nursing may book appointments into the nursing template.
2. Appointments are booked either by phone or in person.
3. Appointments are booked according to provider template by appointment type and with primary provider.
4. Clients are encouraged to tell MR the reason for appointment. MR determines the urgency of the request and books according to the chart.
5. MR follows site specific Booking Guidelines and appointments are booked with the primary provider assigned. (hyperlink to Booking Guidelines on u:drive).
6. If one of our existing clients, non-insured or person with IFH calls/presents with an urgent or acute matter and their primary provider is not available, they will be referred to the walk-in clinic if it is a PQ client or offered an advance access appointment if it is an SN client. If the client cannot wait for either of these options, the client is to be triaged by the RN.
7. All clients are reminded at the time of appointment booking to arrive on time and to give at least 24 –48 hours notice for cancelling appointments. See Late Arrival and No Show Policies.
8. Any double booking must be approved by a provider prior to being offered.

Urgent appointments
When a client requests an immediate appointment for a problem that the client considers urgent do the following:
1. If the caller is already a medical client, check the scheduler for an appointment with their provider for that day. If there is one, offer it to the client.
2. If at PQ, ask if they can wait to be seen in the walk-in clinic that day. If so, tell them to come in between 1:00 – 3:30 p.m. today. If the client feels they need to be seen before the walk-in clinic, have a Nurse speak with them to determine the urgency of the matter.
3. If at SN, and their primary provider is not available off an appointment that day with another provider.
4. If the client is not already a client of PQCHC, review the New Client intake policy to determine if eligible to be seen via the WI. If yes, give the person the appropriate information needed to access service. If they do not meet eligibility requirements, ask them to call their own family doctor for an appointment or access another WI clinic in the area.
5. If you are unsure if the problem is urgent or not, put caller on hold and ask the nurse to speak to client to determine urgency of the problem.
HOME VISIT REQUEST
Usually, home visits are only done for the elderly or disabled, on a pre-arranged basis with the primary provider.
If the caller requests a home visit:
1. If this is an existing client who regularly gets house calls by one of our providers, give them an appointment and inform the provider. If not, follow steps 2 to 4.
2. Obtain pertinent information: name, address, telephone number, nature of illness or disability.
3. Through the EMR e-message the primary provider the information. The provider will give further advice to the MR.

TO be Edited and vetted!
PQ: CLIENT REQUEST FOR PRESCRIPTION DRUG RENEWALS
Clients are asked to call their pharmacist to request renewal of medication. There may be refills on file with the pharmacist. If not, the pharmacist will forward the request to the clinic via faxed request.

1. Attach the faxed medication renewal to the corresponding chart. Date stamp and put chart # on and place in MD prescription box
2. If the prescription needs to be filled that day and the provider is not in, place the chart in the prescription box of the go-to doctor on that day. If the prescription can wait until the provider returns, place the prescription request in the provider’s prescription box.
3. The provider puts the signed renewed prescription in a yellow folder and MR faxes back to pharmacy.
4. MR matches the confirmation with the Rx, stamps fax, initial the fax stamp and then it is bulked filed. These can be shredded after 1 week.

SN: CLIENT REQUEST FOR PRESCRIPTION DRUG RENEWALS
Clients are encouraged to book an appointment with their provider for medication renewals. Faxed prescription renewals are discouraged.

CLIENT REQUEST FOR TEST RESULTS
1. If the results have already been seen by the client’s primary provider, then put the call through to the Nurse if they are available. Take information of where client can be reached take a message and e-message RN to return call to client.
2. If the results have not yet been seen by the primary provider, tell the client that the results haven’t yet been reviewed, take a complete message with the following information and e-message the provider
   - name and telephone number of the laboratory,
   - name of the caller,
   - name of the client,
   - chart number, and
   - Receptionist’s signature
<table>
<thead>
<tr>
<th>Approval Date:</th>
<th>November 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revision Dates:</td>
<td>October 2005</td>
</tr>
<tr>
<td></td>
<td>August 2008</td>
</tr>
<tr>
<td></td>
<td>November 2012</td>
</tr>
</tbody>
</table>
Changes to providers’ schedules will be handled in a timely manner and are to be communicated through the EMR.

Procedures
1. Any schedule changes are made on the provider schedule in the EMR. MR will ensure changes are made to any linked appointments ie CPX or DM appointment linked with RN schedule.

2. For no show appointments, MR to follow the procedure as set out in the No Show policy.

3. If client calls and indicates that they will be late, MR will write a note directly on the appointment in the EMR schedule. It is the responsibility of each provider (MD, NP, and RN) to refresh their screen to note any changes and to give MR instructions re schedule changes to appointments.
POLICY STATEMENT
All PQCHC clients will be processed routinely according to the following standard check-in procedures and EMR processes.

Procedures

A. Routine Check-in for Scheduled Appointments
   1. Greet client upon their arrival.
      2. Request OHIP card and swipe the OHIP card in card reader. This will update the name HC#, version code and address. If card reader not working, verify and update information manually in clients EMR file.
      3. If client is non-insured or has IFHB, verify IFHB or health insurance coverage at each visit. Check the number and expiry date at each visit. Make corrections as necessary in the EMR.
      4. For all clients check for any additional changes in name, address and telephone number at each visit.
         Ask the client: "What is your address?..." (State address and postal code)
         "What is your phone number?..." (Ask for both home and work numbers)
         5. For children, ensure the parents name(s) or the guardians name(s) are identified. Make any changes directly onto the computer.
      6. Verify appointment time and indicate on computer scheduler time of the client’s arrival beside their name.
      7. As per the EMR, indicate client arrival by site check-in procedure — noted as “In” or “room #”
      8. Check in the current medical software to verify if client has updated demographic information within the last year.
      9. Print labels as per the type of requirement and give to client.

B. Check-in for New Clients (Scheduled Appointments)
   1. Greet client upon arrival.
   2. Verify appointment time with client and indicate on computer scheduler time of the client’s arrival beside their name.
   3. Ask client to complete the registration form and sign the form at the bottom.
   4. Ask for 2 pieces of identification/documentation and determine if this client is an existing client by doing a name search for similar/same name in the EMR
   5. Verify the client name, address, and telephone number and ask for a safe phone number to leave messages. Ask for the OHIP card and swipe in card reader.
POLICY STATEMENT

PQCHC strives to provide excellent care to clients. Clients arriving late for appointments negatively impacts and interrupts scheduled time commitments. While it is recognized that some ‘lates’ are unavoidable due to various issues and/or unusual circumstances, frequent ‘lates’ are unacceptable. All clients will be informed of the need for 24 hour notice for change of appointment time during their intake meeting and when appointment bookings are made.

The purpose of this policy is to enhance centre clinic’s capacity to respond to a high need/high service demand environment. PQCHC supports the belief that clients should be active participants in maintaining their health and as such timely, supportive information exchange regarding late appointments is required.

Definition: “Late” refers to clients arriving with less than 50% of the scheduled appointment left for booking.

<table>
<thead>
<tr>
<th>Appointment Type</th>
<th>PQ Late if:</th>
<th>SN Late if:</th>
</tr>
</thead>
<tbody>
<tr>
<td>General bookings</td>
<td>15 minutes</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Scheduled Physicals</td>
<td>30 minutes</td>
<td>20 minutes</td>
</tr>
</tbody>
</table>

Procedures

1. At the first of their shift, providers will review their appointment schedules to inform the daily “must see” list. This information will be relayed to MR either in the check-in or through the EMR messaging system.

2. In the event that the late client is on the “must see” list and there are appointments available for the primary provider, MR will book the client into the first open slot, direct the person to the wait room and note the change in schedule on the providers list of bookings for the day.

3. In the event the person does not want to wait, MR will relay the message that the provider will want to speak with them and ask the individual to call at the end of the day or during the providers next open administrative time.

4. In the event that the individual is not on the “must see” list, and there are open appointments available on their providers list later in the day, the client will be asked if they would like to wait for the appointment. The appointment will be rebooked for later that day and the changes noted in the provider EMR schedule.

5. If the client is unable to wait, MR will book another appointment in the general schedule, or in the event of an acute need, walk in times will be communicated.

6. The client is always reminded to provide 24 to 48 hours notice if unable to keep appointment.
PH-205: MANAGING NO SHOWS

Definition

‘No Show’ describes an appointment that a client has not kept and has not cancelled. ‘Consistent No Show’ is defined as 3 No Show appointments in a 12-month period.

POLICY STATEMENT

‘No Shows’ will be addressed in a timely manner. Consistent No Shows will be processed through consultation with the client, provider and Clinical Services Coordinator (CSC). Supporting documentation will be kept in the client record. Consistent No Shows may result in limited access to clinic services up to and including termination of service.

Procedures

At the end of each ½ day, MR will pull all files of clients who have ‘No Showed’ for their appointments and verify how many times the client has ‘No Showed.’

If the provider determines the client is exempt from the ‘No Show’ policy (i.e. dementia) they will enter a notation in the client record stating exempt from No Show and advise MR. MR will update the client record and the notes section of the client profile in Purkinje to reflect this. MR will initial this entry.

At the time of the FIRST ‘NO SHOW’ MR will:

- Mail a reminder letter to the client’s home.
- Update the client record and the notes section of the client profile in Purkinje. Record the date of the No Show. Indicate that the reminder letter was mailed. MR will initial this entry.
- Ensure provider and the CSC are made aware of the No Show and that the letter was sent. If using paper chart, leave the chart in the provider’s ‘Day Charts’. If using EHR, a message will be sent to the provider’s inbox. A copy of all correspondence is kept in the client record.

See Appendix 1: Managing ‘No Show’:

1st No Show Reminder Letter

At the time of the SECOND ‘NO SHOW’ MR will:

- Mail out the ‘No Show’ warning letter to the client’s home.
- Update the client record and the notes section of the client profile in Purkinje. Record the date of the No Show. Indicate that the warning letter was mailed. MR will initial this entry.
- Ensure provider and the CSC are made aware of the ‘No Show’ and that the letter was sent. If using paper chart, leave the chart in the provider’s ‘Day Charts’. If using EHR, a message will be sent to the provider’s inbox. A copy of all correspondence is kept in the client record.

See Appendix 2: Managing No Show:

2nd ‘No Show’ Warning Letter

At the time of the THIRD NO SHOW MR will:

- Mail out the ‘No Show’ warning letter to the client’s home by registered mail.
- Flag the client’s EMR to indicate service restrictions.
- Update the client record and the notes section of the client profile in Purkinje. Record the date of the No Show and that the warning letter was sent by
registered mail. Indicate that as this is the third No Show in a year client must book an appointment with the CSC within 4 weeks (insert date) in order to have further clinical services available to them. This will include both booked appointments and Walk In services. MR will initial this entry. Ensure client is aware they are responsible for booking the appointment with CSC.

- Scan letter into client EMR and notify primary care provider of third ‘no show’.

If after the 3rd No Show the client calls or presents to MR to be seen and they have not met with the CSC, MR is to advise the client that they will need to book an appointment to have a meeting with the CSC, before they can book an appointment or use the walk-in services.

The client will be responsible for booking the appointment with the CSC. This meeting affords an opportunity for the CSC to discuss the following:

- The number of ‘No Shows’ including the dates of the missed appointments.
- Why this is of concern for the clients health.
- Why it is an issue for the centre.
- Consequences of further No Show’s, may include the possibility of restricting service access for a designated period of time or termination of service.
- To develop a plan of action with the client.
- Date to review the plan with client CSC.

The plan of action will be outlined in a letter which will be given to the client at the end of the meeting. The client will sign two copies. The client will keep a copy and a copy will remain in their chart.

The CSC will advise MR that the meeting has taken place and to request removal of flag in the client file. Appointment booking parameters are to be noted in the client file for MR booking information.

See Appendix 3: Managing No Show: 3rd No Show Warning Letter
See Appendix 4: Managing No Show: Letter after meeting with CSC

cont'd....

managing no shows (cont’d.)

At the time of the FOURTH NO SHOW MR will:

- Update the client EMR. MR will initial this entry.
- Ensure provider and the CSC are made aware of the No Show.
- The provider and CSC will meet and discuss next steps in terms of the agreed upon plan.
- If the client insists on making another appointment after notice of termination, MR will refer the client to the CSC.
- Scan all correspondence into the client EMR.
- Where the decision is made to terminate the relationship with the client a registered letter is mailed to the clients outlining the reasons for termination:
- Dates of No Shows and letters sent
- Summary of the plan to resolve the problem of No Shows and consequences of continued no shows
- Alternative options for treatment and/or contact information for finding other services
- The specific date for termination of services (4 weeks from the date of letter).
For NEW CLIENT INTAKE APPOINTMENT NO SHOWS MR will:

- Send the client a New Client No Show letter if address is on file.

If the client ‘no shows’ for an intake appointment without cancelling in advance, the client’s name will be placed at the bottom of the waitlist with a note in the comment section of the ‘No Show’ on the wait list. If the client has a legitimate reason for the ‘No Show’ (i.e. hospitalized) they can contact the CSC/program manager to discuss.

See Appendix 5: Managing No Show: No Show Termination Letter

See Appendix 6: Managing No Show: New Client Intake Appointment

<table>
<thead>
<tr>
<th>Approved</th>
<th>July 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revised</td>
<td>November 2012</td>
</tr>
</tbody>
</table>
APPENDIX 1: MANAGING NO SHOW: 1st NO SHOW REMINDER LETTER

*All appendixes to be translated into French, Arabic, Somali, Farsi, Russian, Creole, Spanish, Russian

REMINDER
You missed your last medical appointment with us on _________________ at ______________.

Please always cancel at least 24 hours in advance (48 hours for clients requiring a Cultural Interpreter) so that we can provide everyone with good service.

A copy of this notice has been added to your file and medical reception has been notified.

Sincerely,
Pinecrest-Queensway CHC Health Care Team
1365 Richmond Road, Ottawa ON
K2B 6R7
T. 613-820-2001
cc: to your file

Sincerely,
South Nepean CHC Health Care Team
4100 Strandherd Drive, Suite 201,
Ottawa, ON K2J 0V2
T. 613-288-2820
cc: to your file

<table>
<thead>
<tr>
<th>Approval date</th>
<th>July 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revised date</td>
<td>November 2012</td>
</tr>
</tbody>
</table>
Dear Client,

You did not attend your booked appointments on (dates/times) nor did you call and cancel with 24 hours notice.

It is Pinecrest Queensway Community Health Centre’s policy that clients give 24 hours notice (48 hours for clients requiring a Cultural Interpreter) if you are unable to keep your appointment.

If you miss further appointments without notice, you will be required to meet with the Clinical Services Coordinator before you can access any further medical services at Pinecrest Queensway Community Health Centre.

Missing further appointments without 24 (48) hours notice puts you at risk of losing service at the medical clinic.

A copy of this notice has been added to your file and medical reception has been notified.

Sincerely,

Clinical Services Coordinator

c: to your file
APPENDIX 3: MANAGING NO SHOW: 3rd NO SHOW WARNING LETTER

Sent by Registered Mail

Dear Client,

You did not attend your appointment on (dates/times) and you did not give us 24 hours notice (48 hours for clients requiring a Cultural Interpreter).

This is the 3rd time in (#months) that you have not attended your booked appointments and you have not cancelled with 24 (48) hours notice.

(List dates and times of no shows)

It is our policy that you must book an appointment with the Clinical Services Coordinator within 4 weeks time from the date of this letter (insert date). Until this happens you will not be able to access any further HealthCare Services at Pinecrest-Queensway Community Health Centre.

This includes both booked appointments and walk-in services.

If you do not book an appointment with the Clinical Services Coordinator by (date) your health care services at this centre will be terminated.

A copy of this notice has been added to your file and medical reception has been notified.

Sincerely,

Clinical Services Coordinator

cc: to your file

Approval date: July 2010
Revised date: November 2012
Dear Client:
Thank you for keeping your appointment with me today. In our meeting we discussed some of the barriers you face that have resulted in you not keeping previously scheduled medical appointments with the clinic.

A review of our records indicates that you have recently missed (insert number)…. medical appointments. It is our policy to request clients call and cancel appointments in advance. When clients do not show for appointments it has an impact on care clients receive from us.
In order to assist you in accessing service here at (insert CHC name) you have agreed to the following: (List parameters of service, for example....)

- You will book an appointment with (insert provider name) before any acute issues, referrals processing or medication renewals are addressed.
- Access to Walk in services will only be available to you via special arrangement.
- You will book all subsequent appointments with (insert provider name) 24 hours in advance (48 hours for clients requiring a Cultural Interpreter). These appointments will be booked for 20 minutes.
- No more than one appointment per week will be booked.
- If you cannot keep your scheduled appointment you need to call medical reception to provide notice at least 24 hours (48 hours for clients requiring a Cultural Interpreter) before at (insert phone number).

We will review this plan in 3-months time. (Insert date) Please be aware that if you miss further appointments without notice, you will be at risk of losing service at the clinic.

By signing this letter you agree to the above criteria to access services.

Sincerely,

Clinical Services Coordinator

Signed by: _________________________________ dated: ___________________________

cc: to your file

| Approval date | July 2010 |
| Revised date | November 2012 |
Sent by Registered Mail

Dear Client,

This letter is to notify you of the termination of Health Care Services at Pinecrest-Queensway CHC.

You did not attend your appointments on (date + time) nor did you cancel with 24 hours notice (48 hours for clients requiring a Cultural Interpreter).

You met with the CSC on (date/time). At the time of the consequences of further no shows without 24(48) hours notice were clearly communicated to you.

OR

You have not made arrangements to meet with the CSC within the time frame requested.

As of (4 weeks hence) Pinecrest Queensway Community Health Centre will no longer provide you with Health Care Services.

To find another doctor you may wish to phone the Physicians Availability Service at 613-236-2545. Area walk-in clinics are listed in the phone book.

A copy of your chart is available to you upon request or your new health care provider can request a transfer of record with your consent.

A copy of this notice has been added to your file and medical reception has been notified.

Sincerely,

Clinical Services Coordinator

cc: to your file

<table>
<thead>
<tr>
<th>Approval date</th>
<th>July 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revised date</td>
<td>November 2012</td>
</tr>
</tbody>
</table>
APPENDIX 6: MANAGING NO SHOW: NEW CLIENT INTAKE APPOINTMENT

Dear [Client Name]:

You missed your New Client intake appointment on _________________________ at _________________________ that you did not call to cancel. If you had notified us that you were unable to come, someone else could have benefitted from the appointment time.

We aim to provide the best service to all of our clients. It is our policy to request clients call and cancel appointments in advance. When clients do not show up for appointments, it has an impact on the care clients receive from us.

We understand that sometimes there are circumstances that prevent clients from keeping their appointments. If this is the case please call our Clinical Services Coordinator or Program Manager to discuss.

At this time your name has been returned to the bottom of our waitlist.

If you have found another medical provider please let us know.

Sincerely,

cc: to your file
POLICY STATEMENT

The PQ site offers health services on a ‘walk-in’ basis through the walk-in clinic for acute, episodic health issues. The service is designed for non-insured residents; residents with Interim Federal Health and for PQ primary care clients. Practitioners will encourage permanent, registered clients to book appointments where ever possible to facilitate continuity of care. Walk-in is available to non-insured clients until such time as they receive their OHIP status. The attending practitioner will determine the service encounter and follow-up.

Eligibility for Use of Walk-In Service
Walk-in service for ‘urgent’, ‘emergent’ or ‘acute episodic’ care will be provided to people who are:
- Registered and/or enrolled PQCHC clinic clients
- Non-insured residents and residents living in the catchment area awaiting health insurance
- Non-insured residents living outside of the catchment where PQCHC is the closest CHC
- Residents of the Carling Family Shelter who are registered at the CFS outreach site. See Outreach Services Policy.
- Students of Woodroffe High School who are registered at the high school outreach site and have a family practitioner elsewhere. See Outreach Services Policy.
- Newcomers to Canada living in the catchment area with IFHB. (until OHIP is activated)

Procedures

A. Walk-in Program Hours:
   1. Walk in services are available to defined client groups Monday through Friday from 1pm to 4pm. The last appointment will be taken at 3:30.
   2. If a person presents outside of the ‘walk-in’ hours, they will be assessed as to their eligibility to use the walk-in. If they do not meet the eligibility criteria, they will be referred to other walk-in services. If they do meet the criteria, they will be advised of the program hours and asked to wait or return when the walk-in is open.
   3. If an individual presents outside of walk-in hours and they are presenting with urgent medical Need (i.e. chest pain, difficulty breathing, young child with high fever), MR will get RN to triage these clients immediately.
B. Registration of walk-in clients:
   1. MR will assess eligibility of person presenting at desk using Request for Service Tool.
   2. Assign a file number and create an EMR file.
   3. Non-registered clients who present for the first time will be given a package, with a letter to read and sign.
      a. Package A: Immunization
         Temporary Care Service Agreement – Immunization
         1. copy to client
         2. scan copy to EMR
         3. copy to master file
      ii. OHIP office information sheet
         1. copy to client
         2. scan copy to EMR
   b. Package B: IFHB
      Temporary Care Service Agreement -IFH
      1. copy to client
      2. scan copy to EMR
      3. copy to master file
   c. Package C: Visitor
      i. Governing Law and Jurisdiction agreement- duplicate
         1. copy to client
         2. scan to chart
   4. Clients presenting to the centre for immunization will be asked to book an appointment with nursing and will not be seen in the Walk In for immunization. See booking Immunizations.
   5. MR processes requisite registration forms and packages and registers walk-in clients in the scheduler.
   6. MR sites the time of client arrival and reason for walk-in visit in EMR Walk-in schedule.
   7. The RN will support the walk-in NP by providing initial contact to those new clients who are NI or have IFHB requiring urgent medical need.

   For NI and Visitors:
   The RN will provide an overview of parameters of service, initiating CPP processing, relay information on service expectations of providers and client responsibilities and make appropriate referrals to community resources.

   For IFHB clients
   If the client is requiring episodic care only, the RN will provide an overview of parameters of service, initiating CPP processing, relay information on service expectations of providers and client responsibilities and make appropriate referrals to community resources.

   If the IFHB client is assessed to need ongoing care see IFHB policy

C. Termination of Care –see Termination_of_Care_of_Temporary_Client
| Revision Dates: | October 2005  
|                | August 2008  
|                | Sept 2008    
|                | Nov 2012     |
PH-301: Medical Emergencies Medical Clients

POLICY STATEMENT

All medical emergencies will be responded to in the manner stated in the general PQCHC Risk Management Policy # 13 – Medical Emergencies.

Procedures

Procedures for specific emergencies, as listed below, are posted and followed by Clinic Staff and Students.

Where possible, incoming medical emergencies are processed in Room 2 as per the “Resus Room Roles and Responsibilities” guidelines attached.

Additional clinic emergency procedures are available and posted for:

- Pediatric anaphylaxis
- Adult anaphylaxis
- Seizure
- Treatment of status asthmaticus - adult
- Treatment of status asthmaticus - pediatric
- Management of suspected cardiac chest pain
RESUS ROOM ROLES AND RESPONSIBILITIES

**ATTENDING DOCTOR**
(DAILY “GO TO” MD)

LEAD RESUS

**RN/NP # 1**

VITAL SIGNS Q 5 MIN
ADMINISTER MEDICATIONS
O2 BY MASK
O2 SAT MONITORING
ESTABLISH IV PRN

**RN/NP # 2 (FLOATER)**

CALL (9) 911 WITH PATIENT’S CHART from ROOM 2/15
RECORDING VS, MEDS, TREATMENTS
GO FOR SUPPLIES AS NEEDED

**MEDICAL RECEPTIONIST**

STAT CALL as instructed
HOLD ELEVATOR AND GUIDE EMERGENCY PERSONNEL
COPY CHART AS NEEDED
ATTEND TO FAMILY AS NEEDED
DUTIES AS ASSIGNED

*ALWAYS USE UNIVERSAL PRECAUTIONS*
PH-302: STAFF MEDICAL EMERGENCIES

POLICY STATEMENT

Please refer to RISK MANAGEMENT POLICY – INCIDENT/ACCIDENTS OR UNUSUAL CIRCUMSTANCES.
POLICY STATEMENT

Non-medical Client Emergencies include, but are not restricted to:

- Visitors
- Non medical clients of intake, etc
- Any person attending meetings
- Any person of an organization using PQ facilities

Procedures

All medical emergencies will be responded to in the manner stated in the general PQCHC Risk Management Policy # 13 – Medical Emergencies.

If the clinical staff have intervened and provided emergency care, providers must document according to their professional college guidelines. There will be a clinical note generated and filed in the client file in the general filing system.
PH 401: ECR Referrals for External and Internal Urgent and Non-Urgent Referrals:

Procedures

POLICY STATEMENT

PQCHC supports providers in referring clients to onsite and off-site services and specialists. Referrals are made through the EMR.

Referrals will be processed by assigned MR at each site. Non-urgent referrals will be processed within one week and urgent referrals will be initiated within 24-48 hours.

Referrals for diagnostic testing such as mammogram’s, ROH, cancer screening, knee replacement program are often faxed referrals and will be processed through Medical Work. Follow procedure: Diagnostic/paper referral

Where possible, clients are encouraged to take responsibility in booking their own appointments. If appointments need to be changed due to an inconvenience, PQCHC will only rebook those appointments for clients with significant barriers to do so, (i.e. language or literacy) otherwise rebooking an appointment is the client’s responsibility.

Referrals processing is tracked by MR assigned to referrals and audited by the CSC’s.

Update: Procedure for Provider’s making ECR Referrals

PH-403 INTERNAL REFERRALS *revised Nov 2011*
For both sites:
Internal referrals can be made to Chiropody, Dietitian, Respiratory physiotherapy (Lung Health Program) and Counseling.

<table>
<thead>
<tr>
<th>Approval date</th>
<th>November 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revised date</td>
<td>November 2012</td>
</tr>
</tbody>
</table>
POLICY STATEMENT

PQCHC is committed to ensuring, to the best of our ability, that services provided are accessible to community members regardless of language.

Procedure:

For clinic and counseling services, PQCHC purchases the services of outside independent interpreters for clients/families who speak neither English nor French, to facilitate communication between the client(s) and the health care providers.

Interpretation services may also be purchased for other programs of the Centre where funding is available.
PH-502: BOOKING INTERPRETATION SERVICES

Procedures

1. It is the responsibility of MR to book interpretation services for medical and counseling teams for medical, specialists, diagnostic and counseling appointments.

2. Requests for Cultural Interpretation (CI) services by medical team members through the EMR or through the appointment booking sheets indicating the language requested.

3. Requests for CI services from counseling team are to be sent to MR via “CI booking” with language requested and any other details re the appointment.

4. All ASAP CI requests are to be done in person or via phone directly with MR.

5. All CI bookings will be done over the phone by the designated MR. CI’s will not be booked with the client appointment with the client standing at the desk. The CI will be booked later by phone.

6. Verify the language and date of request for service.

7. Determine if language available from PQCHC roster of CI’s or need to access service via CISOC or TTY. For bookings with CISOC or TTY see next section.

8. If language available from PQ roster of CI, go to CI template in scheduler and determine availability.

9. Appointments are booked as per the client need, and not by CI availability.

10. Take into consideration when booking a CI the travel time for appointments taking care not to book assignments too close together.

11. Creating an invoice
   - **In Purkinje**, high-light the appointment.
   - Click on PRINTING, LETTERS, CI ADVISE - INVOICE-
   - In the mandatory values box, complete as much information as possible. Leave “appointment confirmation” blank until the CI has confirmed.
   - Print 2 copies: one for the CI and one for MR. Place one copy on the CI side of the folder and the other copy on the MR side of the CI folder.
   - The CI will write yes or no to accept or decline the appointment

12. MR contacts the Cultural Interpreter to determine if they are able to accompany the client during a scheduled appointment time. If the CI is not home, leave a voicemail indicating you have an assignment and request they call you for details.

13. The Cultural Interpreter is requested to contact the client with appointment details and calls MR to confirm.

14. The CI assigned to the appointment is asked to give a reminder call to the client 48 hours prior to the appointment and to confirm this with MR.
15. If there is no client confirmation 48 hours prior to the appointment, the appointment needs to be rescheduled and the CI notified of the appointment cancellation.

16. When there is less than 24 hours notice for cancelled or rescheduled appointments, PQ is responsible for paying a late fee to the CI on PQCHC roster. Where the appointment is cancelled or rescheduled with more than 24 hours notice to the CI, there will be no late fee paid to the CI.

17. The assigned MR checks the CI folders daily to determine what appointments have been accepted or declined by CI and record in CI template. It is important for MR to be checking this folder daily to ensure the CI’s are booked for assignments and follow-up with clients is done so clients are informed of appointment details.

18. Shred all MR copies of invoices when dates of appointments have passed. The CI will submit their copy of the invoice to the CSC for payment.

Procedure for Arranging CI services for WI clients

1. The person presents themselves at either the medical or general reception desks requesting service. If the person cannot communicate in English or French the receptionist can use the language communicator card to determine language required.

2. Once language identified the request is made verbally to the MR assigned for CI booking and an attempt is made to access an interpreter. If the situation is urgent the service provider may see the client with the CI on the speaker phone. If it is not of an urgent nature, the client may book an appointment with the service provider and CI at another time. Refer to above procedure for booking CI.

Procedure for Booking for interpretation services for hearing impaired clients

Where there is a need for interpretation services for hard of hearing clients the assigned MR will call the Hearing Society at 613 521-0509. This service is available if the client does not have a worker with the Canadian hearing Society, otherwise the clients worker will arrange a sign language interpreter.

Immigrant Visible Minority (IVM)

This local organization will provide CI’s for PQ medical clients who are using their service at no charge to PQ. 613 729-3145
Ottawa Hospitals

Civic campus, Riverside, General and CHEO:
In some cases the hospitals will provide CI services for Clients being referred for specialist appointments. If a client is being sent to emergency, the hospital will manage the emergency with their own system of arranging CI services.

Procedure for booking interpreters from Cultural Interpretation Services for Ottawa Carleton (CISOC)

1. If there is no Cultural Interpreter on the roster who would be available to accompany the client to the appointment, MR contacts CISOC by email with CI request.

Booking CISOC online – note: username and password are case sensitive

1. Go to https://www.cisoc.net/login.php
2. User name: PQHCS1
3. Password: 1Pqhc_cl
4. Go to : “interpretation” on left side of screen and the following screen will come up – (include sample from Rosanne)
5. Enter all information requested
6. print request before clicking “submit”
7. a confirmation will be returned via email to “CI Booking” If a confirmation is not received within 30 minutes, CISOC did not receive the request. Repeat from step 2, indication this is the 2nd attempt as the first one was not confirmed
8. If there are problems booking online, call CISOC at 613 237-0502
9. Request the CI from CISOC confirm with you they are accepting the assignment.
10. If needed request the CISOC CI confirm the initial appointment with the client
11. Request the CISOC CI remind client of the appointment client 48 hours prior to the appointment date to confirm attendance and a confirmation call be made to PQ MR with assurance of clients attendance at appointment.
12. CISOC will contact PQCHC if they are not able to find a CI for the requested appointment.
   * The booking with CISOC is recoded on the Purkinje template in the scheduler.
   * In the event the CISOC does not show for the appointment, this information is recorded on the appointment booking in the scheduler, and given to the CSC for follow-up.

return to table of contents

<table>
<thead>
<tr>
<th>Approval Date:</th>
<th>November 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revision Dates:</td>
<td>October 2005</td>
</tr>
<tr>
<td></td>
<td>August 2008</td>
</tr>
<tr>
<td></td>
<td>November 2012</td>
</tr>
</tbody>
</table>
Procedures

1. **Booking and confirmation of assignments and appointments**
   1. When requested to provide an interpretation service, the CI will confirm their availability with the client and with the medical receptionist at PQ at time of assignment booking.
   2. Call the client again, 48 hours or 2 days before the appointment, to confirm the client’s intent of attending the appointment and inform medical reception if client unable to attend.
   3. Inform clients it is against the centers policy to have clients call CI’s directly at home and ask clients to call PQ.
   Inform clients that CI’s are not permitted to transport clients in their vehicles

2. **Checking in at PQ for CI appointment**
   Check-in at Medical Reception at scheduled appointment time and obtain invoice sheet if needed.

3. **Provision of CI services**
   1. Introduce self to client and provider as an interpreter provided by PQHCS.
   2. Inform the client that everything said will be interpreted.
   3. Ask the client and the provider to speak directly to each other.
   4. Explain the role of the interpreter including the boundaries of your role.
   5. Explain at the start of each session to both the client and the service provider you respect the centers policy on Privacy and Confidentiality and that all client information is kept confidential.
   6. Relays exactly and accurately as possible what each party says to the other.
   7. Refer all questions posed by the client to the service provider whether they are in person or over the phone.
   8. Interrupt for clarification.
   9. Reveal to the service provider and correct any errors made.
   10. Remain objective and do not pass judgment, express opinion or give advice to the client or service provider.

4. **Provision of CI services outside of PQ for emergency services**
   1. If a CI is asked to go to emergency with a client, the CI will travel in the ambulance if necessary to interpret with emergency staff and client.
   2. Once at the emergency, the CI will remain in the emergency for a maximum of 1 hour in order to interpret for transfer of care, and will be paid only for one hour of service. PQ will not assume responsibility for language interpretation while the client is admitted in hospital.
   3. CI will be given a taxi voucher to travel from hospital back PQ or home.
POLICY STATEMENT
The current EMR Nightingale on Demand (NOD) is recognized as the primary client record. Client records are legal documents containing records of diagnoses, treatment, and progress as well as personal and demographic data. They are the property of PQCHC and all information contained in them is privileged and confidential.

It is the responsibility of the medical receptionist to create and maintain medical client records as per the current EMR guidelines for the Primary Care team at PQ or SN sites. All historical paper and archived to disc client records are in read only format. The previous EMR, purkinje is also available in a read only format.

Paper charts and discs with archived information are located in a secured area in medical reception. EMR (NOD and Purkinje) are accessible only with a user password.

Archived charts are those files that have not been accessed in 5 years. The files remain open but the chart is archived. Where there is a previous paper chart the file is is archived to disc and the disc is kept in a secured area in MR.

Procedures
Assignment of Chart Numbers
- Chart numbers are assigned manually at both sites.
- Upon request from the program coordinator at PQ (or delegate), the main General Receptionist will provide a list of chart numbers identifying to whom the list was given and on which date to be used to assign to new clients.
  - The General Receptionist will store this information in the master shared document on the U: drive that will have access restricted to certain staff in order to maintain the accuracy of the numbers being assigned.
  - The program coordinator at PQ (or delegate) would be given this series of numbers and they would be responsible for their distribution e.g. X number of chart numbers to Kellie to distribute to PQ clinic, CFS, WHS, another X number of chart numbers to Falls/PCO etc etc.
    - When the program is needing more chart numbers the program coordinator (or delegate) would request more numbers from the general receptionist. It is important to give one week of notice in order for the receptionist to prepare the list.
    - The CSC at SN will coordinate the numbers for the SN site. The list of the SN chart numbers are be kept in one document on the U: drive.

PQ file numbers start at # 1 and are manually assigned sequentially.
SN charts start at 500000 and are manually assigned sequentially.
Care must be taken to not assign the same chart number to 2 or more clients. When opening a file, MR verifies the chart number is not previously assigned. If so, the next # is selected.
Follow current EMR procedures for opening a chart using the manual file number assignment.

Composition of Charts at PQ
Chart files can be created if necessary
Location of charts at PQ
All medical charts at PQ have been pulled that had not been accessed since 2011 and previously have been prepped and ready to be scanned to disc and are stored in a secure area in the centre until ready for scanning. All medical charts at PQ that have been accessed in 2012 and forward are kept in the main filing system in the MR area. If there is an existing paper file/chart for prenatal, well baby or immunization the chart is pulled.

Location of Blank file folders at SN
Blank, ready to use file folders are kept in the file cabinet. When a medical file is to be opened, the medical receptionist obtains a file folder from cabinet and opens the EMR with the next assigned number.

Chart Maintenance at PQ and SN sites
The paper file folder contains only information agreed upon by the teams or requested by the provider. All other information is scanned to the client’s EMR.

Active clients are those who have received services from PQCHC within the last three years.
At PQ site where active clients have a historical paper chart are kept in the main filing system and are filed by number.

Inactive clients are those who have not received PQCHC services for greater than three years.
At PQ site inactive clients’ paper charts have been scanned to disc. The discs are kept in the main filing cabinet in the MR area.

Archived files are those who have not sought or received services at PQCHC in 5 years.
At PQ archived clients’ paper charts are stored on disc and kept in the main file cabinet in the MR area.

return to table of contents

<table>
<thead>
<tr>
<th>Approval Date:</th>
<th>November 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revision Dates:</td>
<td>October 2005</td>
</tr>
<tr>
<td></td>
<td>April 2008</td>
</tr>
<tr>
<td></td>
<td>Sept 2008</td>
</tr>
<tr>
<td></td>
<td>November 2012</td>
</tr>
</tbody>
</table>
Policy
The main client record is the EMR record. Currently the centre is using Nightingale on demand. The
previous Purkinje EMR and any historical paper records are read only.

Procedure: Chart Control
1. Paper charts are filed numerically in the main filing system. Non-active clients’ charts will be
scanned to disc. Archived charts are stored on discs which are located in the main filing system.

2. When a chart cannot be found in the main filing system
   - Do a computer search to determine which provider saw the client last and search
     the most likely provider slots and look in the main provider’s office.
   - Search other areas:
     ▪ Providers’ slots and offices
     ▪ “To Be Filed” slot at Medical Reception
     ▪ Look for misfiled chart in the main filing cabinets.

3. A chart may be unavailable due to prior activity. If charts are not found by checking these
   locations, it has likely been misfiled. Follow the Procedure for Unavailable Charts.

Procedure: Unavailable Charts
1. If a chart cannot be located after following the chart retrieval Practice and the chart is required
   for an appointment, send an electronic message to the primary provider and the last provider to
   see the client notifying of the missing chart.

2. The same process is used for charts that are located off site with the following exceptions:
   - Clients from Woodroffe High School who come to the PQ clinic site (use ECR) and their
     chart is still at the school, the receptionist would attach a Progress Note with the clients
     label to a pink cardboard and put the cardboard in the providers “to be seen” box.
   - Clients from the Carling Family Shelter (ECR charts) who come to the PQ clinic site and their
     chart is still at the shelter, the receptionist would attach a Progress Note with the clients
     label to a purple cardboard and put the cardboard in the providers “to be seen” box.

Chart Returns
Providers are responsible for returning all charts to the appropriate slot in the Medical Reception area at
the end of each day.
POLICY STATEMENT

The main client file is the EMR. If there is a need for the client paper chart, the medical receptionist is responsible for prepping the chart for the provider. Charts are prepped at least 1 day before the booked appointment.

The following types of paper documentation are kept in the paper chart. The charts are pulled for the following

- Prenatal forms
- Well baby/Well child: Rouke growth chart and the
- Diabetes: diabetes flow sheet.

All other information is scanned to the client EMR.

Procedures
1. Pull the chart from the main filing system.

2. Chart preparation also includes maintaining the chart so that it is complete, current and in good condition.
PH-604: CHART FILING and MAINTENANCE

POLICY STATEMENT

Where there is a paper chart, the primary responsibility for maintaining and filing the charts remains with the medical reception staff. An effort must be made to file the charts found in the “to be filed” box before the end of the day.

The EMR is the primary file. All paper or purkinje files are read only and should not have any new information filed or scanned into them. All maintenance is done using the current EMR.

Procedures

NOTE: Before Filing Any Chart, Do Chart Maintenance:

MAINTENANCE

1. Collect charts regularly from the "to be filed" slot at the medical reception area.
2. For ongoing chart maintenance ensure that:
   a) The chart covers or file folders are intact and complete. If they are not in good condition, replace them. Make sure the chart numbers and date stickers are correct, up-to-date.
   b) The contents of the file are complete and in order.
   c) Any forms or documents that are no longer in use are to be scanned into the appropriate section of the EMR.
3. When charts contain reports for filing:
   Only active prenatal, Rourke growth charts and diabetes flow sheets are kept in paper file

FILING at PQ Site

If the file has an outer white jacket with numbers and the client has sought services within the last three years, file numerically in the main filing system.

DEACTIVATION

All charts are reviewed by MR/Admin at least once a year.

1. After 3 years:
   i. Client files that have not been used for a minimum of 3 years are deemed “inactive” and are separated from the main chart filing system. These charts are filed with the main chart system but at the end of the file.
   ii. The client’s status is changed from active to inactive in the computer database.
2. After 5 years:
   i. Charts that have not been used for a minimum of 5 years are eligible for archiving.
   ii. Paper charts are prepared by medical reception, as per the requirements of the company contracted for scanning services for archive.
3. As per the company contract, charts are stored on disk. The disks are kept in the filing system in medical reception.
**REACTIVATION of An Inactive File**

1. If a client calls for an appointment, and they had been deemed inactive, or the file has been archived, an EMR file will be reactivated. MR will contact the NOD Administrator to reactivate the client’s inactive file and book the client with their primary provider as an intake appointment with nurse and provider. In the event that the primary provider is no longer available (i.e. has left the Centre), MR will consult CSC for provider assignment.

**CLOSING A CLIENT FILE**

1. When a file is closed in medical but continues to be open for PQCHC (or the file moved from active to inactive in medical) the name of the primary provider changes. Follow NOD EMR guidelines for closing file.

2. For files that are fully deactivated and closed follow NOD EMR guidelines for closing file.
POLICY STATEMENT

There are clients in the centre who have the same name and it is everyone’s responsibility that the correct file is being used to document on a client.

Procedures

1. Clients with a historical paper chart that have the same name as another client will have red ink next to their name on their file (bottom right hand corner). This alerts the staff to double check that they have the correct client file.
2. An alert is placed on a client EMR who holds the same name as another client.
In order to facilitate the future identification of staff who document in client charts, all staff and students are required to print, sign and initial their name and qualifications on the “Provider’s Signature Identification” file held by the HSM. Any documentation thereafter can simply be initialed by the providers.

Please refer to PQCHC Privacy and Confidentiality Policies: Appendix III - TIPS AND TECHNIQUES FOR CLIENT RECORD KEEPING

All students charting must be co-signed by supervising staff. Please also refer to PQCHC Student Policy Manual.
PH-607: ACCEPTED ABBREVIATIONS

POLICY STATEMENT

It is expected that all PQCHC staff will use only accepted abbreviations when completing documentation.

See attached listing.
## APPENDIX: Abbreviation list

<table>
<thead>
<tr>
<th><strong>A</strong></th>
<th>associated with or at</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abd</td>
<td>Abdomen</td>
</tr>
<tr>
<td>ac</td>
<td>before meals</td>
</tr>
<tr>
<td>a.m. or AM</td>
<td>morning</td>
</tr>
<tr>
<td>approx.</td>
<td>approximately</td>
</tr>
<tr>
<td>appt</td>
<td>appointment</td>
</tr>
<tr>
<td>apt</td>
<td>apartment</td>
</tr>
<tr>
<td>ASAP</td>
<td>as soon as possible</td>
</tr>
<tr>
<td>avg.</td>
<td>average</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>B</strong></th>
<th>birth weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.wt</td>
<td>birth weight</td>
</tr>
<tr>
<td>2BW</td>
<td>twice birth weight</td>
</tr>
<tr>
<td>3BW</td>
<td>three times birth weight</td>
</tr>
<tr>
<td>4BW</td>
<td>four times birth weight</td>
</tr>
<tr>
<td>BC</td>
<td>birth control</td>
</tr>
<tr>
<td>Bell</td>
<td>Bell used to test hearing</td>
</tr>
<tr>
<td>Bf</td>
<td>breastfeeding</td>
</tr>
<tr>
<td>BFDI</td>
<td>Breast Feeding Drop-in</td>
</tr>
<tr>
<td>B/F</td>
<td>Both Feet</td>
</tr>
<tr>
<td>BM</td>
<td>bowel movement</td>
</tr>
<tr>
<td>BMI</td>
<td>Body Mass Index</td>
</tr>
<tr>
<td>B/P; BP</td>
<td>Blood pressure</td>
</tr>
<tr>
<td>B/S; BS</td>
<td>Blood sugar</td>
</tr>
<tr>
<td>BW</td>
<td>blood work</td>
</tr>
<tr>
<td>BW</td>
<td>Birth Weight</td>
</tr>
<tr>
<td>BID</td>
<td>twice a day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>C</strong></th>
<th>Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Celsius</td>
</tr>
<tr>
<td>c/l</td>
<td>common law</td>
</tr>
<tr>
<td>c/o</td>
<td>complains of</td>
</tr>
<tr>
<td>c/s; CiS</td>
<td>cesarean section</td>
</tr>
<tr>
<td>C&amp;S</td>
<td>culture &amp; Sensitivity</td>
</tr>
<tr>
<td>CAS</td>
<td>Children’s Aid Society</td>
</tr>
<tr>
<td>CCAC</td>
<td>Community Care Access Centre</td>
</tr>
<tr>
<td>CFGHE</td>
<td>Canada’s Food Guide to Healthy Eating</td>
</tr>
<tr>
<td>CHEO</td>
<td>Children’s Hospital of Eastern Ontario</td>
</tr>
<tr>
<td>Circ.</td>
<td>Circumcision</td>
</tr>
<tr>
<td>cm</td>
<td>centimeter(s)</td>
</tr>
<tr>
<td>cont. or cont’d</td>
<td>continued</td>
</tr>
<tr>
<td>Cple</td>
<td>couple</td>
</tr>
<tr>
<td>CPX</td>
<td>complete physical</td>
</tr>
<tr>
<td>CT</td>
<td>Cat Scan</td>
</tr>
<tr>
<td>Cx</td>
<td>cervix</td>
</tr>
<tr>
<td>CYPT</td>
<td>Child Youth Protection Team</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>D</strong></th>
<th>(verb or noun) discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D/C</td>
<td>Discharge weight</td>
</tr>
<tr>
<td>D/C Wt.</td>
<td>Discharge weight</td>
</tr>
<tr>
<td>DOB</td>
<td>date of birth</td>
</tr>
<tr>
<td>DPTP</td>
<td>Diphtheria, Polio, Tetanus and Pertussis combined vaccine</td>
</tr>
<tr>
<td>Dr</td>
<td>doctor</td>
</tr>
<tr>
<td>DTR's</td>
<td>Deep Tendon Reflexes</td>
</tr>
<tr>
<td>dtr</td>
<td>daughter</td>
</tr>
<tr>
<td>Dx</td>
<td>diagnosis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>E</strong></th>
<th>example</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g.</td>
<td>expressed breast milk</td>
</tr>
<tr>
<td>EBM</td>
<td>expected date of confinement</td>
</tr>
<tr>
<td>EDC</td>
<td>Electroencephalogram</td>
</tr>
<tr>
<td>EEG</td>
<td>Electrocardiogram</td>
</tr>
<tr>
<td>EKG; ECG</td>
<td>Electrocardiogram</td>
</tr>
<tr>
<td>EOM</td>
<td>Extra ocular movements</td>
</tr>
<tr>
<td>esp.</td>
<td>especially</td>
</tr>
<tr>
<td>ETS</td>
<td>Environment Tobacco Smoke</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>F</strong></th>
<th>fracture</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>female</td>
</tr>
<tr>
<td>♀</td>
<td>Fahrenheit</td>
</tr>
<tr>
<td>F</td>
<td>Fasting Blood Glucose</td>
</tr>
<tr>
<td>FBG</td>
<td>Fasting Blood Sugar</td>
</tr>
<tr>
<td>FBS</td>
<td>Fruit and vegetables</td>
</tr>
<tr>
<td>F&amp;V</td>
<td>follow-up</td>
</tr>
<tr>
<td>Fdg</td>
<td>feeding</td>
</tr>
<tr>
<td>Fe</td>
<td>Iron</td>
</tr>
<tr>
<td>Font</td>
<td>Fontanelle</td>
</tr>
<tr>
<td>FNX</td>
<td>function</td>
</tr>
<tr>
<td>FTT</td>
<td>Failure to thrive</td>
</tr>
<tr>
<td>FV</td>
<td>Family Visitor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>G</strong></th>
<th>gram(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G\gm</td>
<td>gravida</td>
</tr>
<tr>
<td>G</td>
<td>gastrointestinal</td>
</tr>
<tr>
<td>G I</td>
<td>general practitioner</td>
</tr>
<tr>
<td>GP</td>
<td>Genito-urinary</td>
</tr>
<tr>
<td>GU</td>
<td>Head circumference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>H</strong></th>
<th>headache</th>
</tr>
</thead>
<tbody>
<tr>
<td>HA</td>
<td>Hemoglobin</td>
</tr>
<tr>
<td>Hb</td>
<td>Head circumference</td>
</tr>
<tr>
<td>HC</td>
<td>Hepatit A, B, C</td>
</tr>
<tr>
<td>Hep A, B, C</td>
<td>Haemophilus influenzae type B</td>
</tr>
<tr>
<td>Hib</td>
<td>vaccine (added 1986)</td>
</tr>
<tr>
<td>Hrs</td>
<td>hour(s)</td>
</tr>
<tr>
<td>HS</td>
<td>Heart sounds</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>TPR</td>
<td>Temperature, Pulse, Respiration</td>
</tr>
<tr>
<td>Trig or TRG</td>
<td>Triglycerides</td>
</tr>
<tr>
<td>Tx</td>
<td>treatment</td>
</tr>
<tr>
<td>U</td>
<td>Ultrasound</td>
</tr>
<tr>
<td>U/S</td>
<td>ointment</td>
</tr>
<tr>
<td>Urine</td>
<td>Urinalysis</td>
</tr>
<tr>
<td>V</td>
<td>vaginal</td>
</tr>
<tr>
<td>Vag</td>
<td>Vitamin Supplement</td>
</tr>
<tr>
<td>Vit suppl</td>
<td>with</td>
</tr>
<tr>
<td>W</td>
<td>Well Baby Drop-In</td>
</tr>
<tr>
<td>WC</td>
<td>Waist Circumference</td>
</tr>
<tr>
<td>WNL</td>
<td>within normal limits</td>
</tr>
<tr>
<td>Wt</td>
<td>weight</td>
</tr>
</tbody>
</table>

XYZ
Medical reception is responsible for processing all incoming calls.

Procedures

1. MR answers the phones in both official languages where possible. If a caller speaks neither English nor French, attempt to get as much information as possible from the client, i.e. name, and do a search in the EMR to determine language if possible and contact information. Arrange to have a staff or an interpreter return the call to the client and follow-up as necessary in a timely manner.

2. All calls are dealt with in a sensitive, polite, efficient and helpful manner. Callers are usually phoning to request help from one of the service groups at PQCHC or SNCHC. Sometimes this contact is the first step in reaching out and may be very difficult call to make by the client. If the caller does not get a good response, they may not try again.

3. Calls are handled efficiently and every attempt is made to answer the phone within 3 rings and if needed callers can be put on hold.

4. Callers are greeted with "Good Morning/Afternoon, medical, Bonjour."

5. If a call comes to MR for another program in the centre, the receptionist will transfer the call or request the caller call the general number.

6. Putting calls on hold:
   a. Use only when you are unable to take a call which has already rung three times.
   b. Before putting call on hold, always ask caller, "Can you hold, please?" and wait for an answer. The caller may be phoning long distance or perhaps someone is in a crisis.
   c. Get back to the 'on-hold' call as soon as possible. This necessitates handling phone conversations in the quickest, most efficient way possible, while still being sensitive, tactful and polite.
   d. If it is necessary for a caller to be put on hold for an extended period, get back to that caller to reassure her/him that (s) he has not been forgotten.

7. Calls from Dr offices or labs: Providers are disturbed from their appointments or meetings for all incoming calls from other physicians’ offices. If the provider is not in that day, ask the calling physician if they would like to speak with one of the Nurses or have the provider call them back when they return to the office.

8. Long distance calls should be put on hold as briefly as possible and connected to the requested individual.

9. When taking messages, ensure all messages are accurate and complete. If taking a message, record message in EMR as appropriate or on the phone call record book and include:
   a. Client’s name and phone number
   b. Reason for call
   c. Date and time of call
   d. Urgency
   e. Receptionist name who took message
2. **Social Crisis**

All medical crises calls are put through directly to a Nurse.

At PQ site: **all** social crises are put through directly to the general receptionist for the intake/support worker.

At SN site: **all** social crisis calls are determined on a case by case basis. Determine if a medical client. If the caller is a medical client and an intake worker is on site then the call is put caller through to the intake worker. If no intake worker is on site and the caller is a medical client, the call may be transferred to nursing for triage. If the caller is not a medical client direct the caller to NROC at 613 596 5626.
Procedures

EMERGENCY

Examples of emergencies are: chest pain, difficulty breathing, child with high fever, profuse bleeding, loss of consciousness, suicide threat or attempt or any other obvious acute distress.

1. Only put caller "on hold" long enough to contact the nurse and transfer the call.
2. Notify the nurse by voice; ask her to take an emergency call on Line “X”.
3. If the nurse's line is busy or she's not in her office, seek assistance from other staff to locate RN and inform of emergency call.
4. Give client EMR number to RN.
5. Put the caller through to the nurse immediately.
PH-703: TELEPHONE REQUEST for EMERGENCY APPOINTMENT

PQ site Procedures
Existing clients, who want to be seen the same day, can be offered an appointment with a physician or Nurse Practitioner if an appointment is available. If an appointment is not available and the client wishes to be seen that day, offer them our walk-in service between 1:00 and 3:30 p.m.

If the client wishes to be seen that day and it is for immunization for school entry, offer them an appointment with a Nurse.

If a client cannot wait until the afternoon to be seen, have a Nurse speak with the client to determine the urgency of the matter.

Double bookings in the daily schedule are not permitted unless first approved by a provider.

If a Nurse is not available to take the telephone call:
• Ask the client’s name, telephone number where s/he can be reached and a brief description of the problem.
• Send message via EMR to RN
• Tell the client that a nurse will call back as soon as possible.

Walk-In Request for ER
See Walk-in Policy and Procedures.

SN Site Procedures
Existing clients, who want to be seen the same day, can be offered an appointment with the primary provider if an appointment is available. If an appointment is not available offer the client another appointment with another provider in a providers advance access spot.

If a client cannot wait to be seen, have a Nurse speak with the client to determine the urgency of the matter.
PH-704: TELEPHONE MESSAGES AFTER HOURS

POLICY STATEMENT

PQCHC is committed to providing accessible service. When the Centre is closed the phone system automatically relays a message indicating the office is closed, when it will reopen and whom to call in the case of an emergency.

At PQ the phone system is programmed to automatically take calls Monday, Tuesday and Wednesday 8:30am to 8:30pm, Thursday 1:00pm to 4:30pm and Friday 8:30 am to 4:30pm.

AT SN the phone system is programmed to automatically take calls Monday and Friday 8:45 am to 4:15pm, Tuesday and Wednesday 8:45am to 8:15pm, and Thursday 1:00pm to 4:15pm. The SN site does not take calls between 12 and 1 Monday to Friday.

During the lunch hour for SN and after hours for both sites, clients may call the on call number 613 239-4390

The on call after hours program for the Ottawa CHC is coordinated by Somerset-West CHC. A copy of the on-call list for all CHC’s is kept at MR, CSC and HSM.
Client calls are NEVER put through to a provider's voice mail. An e-message is to be sent to the appropriate provider using the EMR.

CLIENT WANTS TO SPEAK WITH A PROVIDER

1. Ask, "May I tell Dr. X or NP Y why you are calling"?

2. Tell the client that the provider is with a client, and you don't know when s/he will be calling back. If the call is for an MD/NP provider, give the caller a choice of having a Nurse call back sooner in lieu of the provider.

3. Take a message that include:
   a) Provider's name
   b) Client's name, work and/or home phone numbers
   c) Client's chart,
   d) Reason for call (if information given)
   e) Date, time of call
   f) Urgency
   g) Receptionist's name.
LEAVING MESSAGES FOR CLIENTS

POLICY STATEMENT

When there is a need for medical staff to contact a client, PQCHC will respect client’s privacy and confidentiality being sensitive not to leave messages with children. All clients are to be asked at time of registration if it is safe to leave a message and this is noted on the clients EMR.

Procedure

1. Search the client demographic to determine contact phone number and any notations if safe to leave messages before calling client.
2. Call client
3. If client is not available, and the client has given prior permission to leave a message then, leave a message to call the centre leaving name and contact information of caller.
4. Messages are not to be left with children.
5. MR will make note as per EMR functionality that message left.

Approval Date: 
Revision Dates: November 2012
POLICY STATEMENT

Any changes to the clinic message system (e.g. public holidays, clinic closures) will be made through the Clinic Administrative Staff with a minimum of one week advance notice or as soon as possible.

Procedures:
The telephone tree is coordinated by the CSC and managed by the centre’s IT department. Annually IT is notified of all STAT and clinic closures.

Changes to the messaging are done on an as needed basis with a minimum of one week notice where possible.

A standardized script will be recorded.

The sites for phone scripts are stored on the u:drive.

Approval Date: November 2001
Revision Dates: Sept 2008
November 2012
Current telephone scripts are kept in t
PH-801: ANONYMOUS HIV TESTING

POLICY STATEMENT

Pinecrest-Queensway Community Health Centre (PQCHC) offers access to anonymous HIV testing to any person requesting the test during walk-in hours Monday to Friday from 1:00-3:30. This service is offered at the PQ site only.

Procedures:

Clients requesting anonymous HIV testing will be seen during the walk-in hours Monday to Friday from 1:00-3:30.

1. When a client approaches the medical reception and asks to be tested for HIV, the Medical Receptionist will note identifying features (for example: color of their shirt or hair, apparent gender) and instruct the client they will be called by the name Pat Lee. The client will be given a PQCHC appointment card with the name Pat Lee on it. The client will be asked to take a seat in the waiting room area. The Medical Receptionist does not ask for any personal information from the client.

   The Medical Receptionist prepares the necessary paperwork (kept in cupboard at the front desk) and attaches a note listing some identifying feature (as above) of the client.

   The paperwork, including MOHLTC Public Health Requisition (green), the HIV Pre and Post-test Counseling sheet (pink) and the HIV Risk Assessment form (white), will be put in a white file jacket and then placed with the other client charts in the walk-in box in the order clients are to be seen. However, clients requesting HIV testing should be seen as soon as possible.

2. The Health Care Provider (HCP) will call the client from the waiting room using the name Pat Lee.

3. Once seated in the privacy of an examination room, ensure the client is attending PQCHC for anonymous HIV testing and inform them of the 2 options available for testing.

Education

Every visit for anonymous HIV testing will consist of 3 components and must include counseling about preventing the transmission of HIV infection. The HCP should also include the information contained on the HIV Pre and Post-test Counseling sheet (pink). (See Appendix A)

1. Risk Assessment Form: complete all sections of this form with particular attention completing the (starred) elements. (See Appendix B)

2. Post Test Counseling: as per HIV Post Test Counseling sheet (See Appendix C

Venous Sample Test:

1. One lab requisition is needed for each test. (See Appendix D). Lab requests are contained in the client file. Ensure the lab requisition is stamped (Dr. Macneil PQCHC) on all three copies. (See Appendix D to this policy).
2. There are three number stickers at the bottom of each lab requisition. These are the Anonymous HIV Testing code numbers. The Health Care Provider will:

- Place the first of the numbers at the top, right-hand corner of the HIV Risk assessment Form
- Adhere the second number to a PQCHC appointment card. The appointment card with the name Pat Lee. Ensure the client is aware this number is required at the follow up visit to obtain results as this is the only way to identify the client. Results will not be given unless the client presents their number.
- Ensure the last number is adhered to the client’s vial of blood by the provider who takes the blood. Also provide one other identifier on the vial of blood (for example: DOB, date blood taken, name of Doctor – which would be Dr. Macneil).
- The lab requisition must have the following information completed. This is essential information for the Ministry of Health. If any of this information is missing, the process will stop until the information is provided.
  - Sex of client
  - Birth date of the client (year only)
  - Date specimen was collected
  - Patient’s symptoms
  - Patient’s risk(s)

Additional Information

The HCP should also provide the client with information regarding needle exchange, condom distribution and any other health related service available through PQCHC or public health/community resources that they may require.

Documentation

Documentation consists of completing 3 components:

- Place the completed “HIV Risk Assessment” sheet (See Appendix B) in the “HIV Testing Submitted/Results” binder.
- Fill in the Statistical Data Form (See Appendix E), located in the front of the “HIV Testing Submitted/Results” binder
- Encounter the client interaction:
  - MR will have inserted into walk-in schedule either “male X” or “female X”
  - Encounter as for any other client, using the Anonymous HIV template

The emptied client file is given to MR to refill with documents.

Results

HIV test results are faxed to PQCHC (Medical Reception) by the Ministry of Health Laboratory after 2 to 3 weeks. Once received, the results are placed in the HIV Testing Submitted/Results binder.

If results are not back in three weeks after testing and the client is asking for the results ask an assigned PQCHC HIV contact person to will call the MOHLTC HIV section of the Ottawa Public Health Laboratory at 613-736-6800 ext 6810 or ext 6726.
**HIV results are not to be given over the phone.** However, the client may be told over the phone whether their results have been received.

Clients are instructed to return to the walk-in clinic in two weeks and see the HCP in walk-in.

Test results are to be kept at PQCHC for 10 years. **No documentation is ever to be shredded.**

Test results arrive via fax and Medical Courier. Medical Reception assigned with HIV person matches with pre-post test. Counseling form placed in “results arrive”.

**Giving Results:**

1. When the client returns to PQCHC for results they must present their number to MR.

2. The MR person will note 2 identifying features (color of their jacket, gender) of the client. The client will be given a PQCHC appointment card with the name “Pat Lee” and asked to wait in the waiting room.

3. MR will match the number with a laboratory result in the “HIV Testing Submitted/Results” binder.

4. The lab result will be placed in a white chart jacket and put in the walk-in box in the order to be seen. However, HIV tested clients should be seen as soon as possible.

5. The HCP will call the client from the waiting room using the name Pat Lee.

6. Once seated in the privacy of an examination room ask the client for their HIV testing number. Ensure the HIV testing number matches the lab results contained in the chart jacket.

7. Communicate the test result as soon as possible.

8. Assess the client’s understanding of the result.

9. For a negative result reinforce the importance of harm reduction and prevention in the future.

10. For a positive result – assess the client’s reaction and proceed as indicated. For example: calm and listening, suggest follow up with Dr. Kilby, if the client requires more intensive counseling they may see PQCHC counseling services.

11. If the client requests a copy of the results they may be photocopied.

The lab result must be kept together with the binder. “Risk Assessment” form (white) and the Pre and Post-test counseling form (pink) in the “HIV: Given Results

**Procedure for POC Testing**

**A. Performing the Point of Care HIV Test**

1. All health care providers must be certified by Biolytical before conducting any tests on clients.

2. Health care providers will follow the manufacturers’ instructions (on the insert that comes with the point-of-care test kits) for taking the blood sample and conducting the test.
3. The health care provider should have in the room with the client: vial 1, an alcohol swab, the lancet, the pipette and the test well.

The counselor will open vial 1, take the blood sample using a finger prick, and then hold the pipette horizontally to draw up the blood to the black line. Release the blood into vial 1, put the lid on, and gently shake back and forth. The health care provider will then label the test well with the client’s anonymous testing number/code and one other identifier (i.e., date collected, date of birth or name of doctor ordering test). This is to demonstrate to the client that particular test well belongs to him/her, so they will know when the results comes back that it is indeed their result.

Once the blood sample has been taken, the counselor will take vial 1 and the test well to a separate area/room to complete the test. This will ensure the test analysis is done.

NOTE: No part of the analysis should be done in front of the client.

If there is any problem taking the blood sample (e.g., not enough blood drawn), either obtain another BioLytical manufactured lancet or pipette, or discard the entire test kit and start again with a new test kit.

After completing the test, the counselor should dispose of the test equipment as follows:
- Place the lancet in the a sharps container
- Dispose of vial 1, the pipette and the receptacle or test well with Bio-hazardous waste
- Recycle vials 2 and 3 (NOTE: vials 2 and 3 are NOT bio-hazardous and can be recycled.

Reading the Point-of-Care Test

It is recommended that two counselors read all test results. If there is a problem reading the test (e.g., shadows or rings), then two counselors MUST read the test.

**ONE DOT** at the top of the test well indicates a non-reactive/negative result.

**TWO DOTS** on the test well indicate a reactive/positive result.

If a control spot is not visible on the INSTI reaction well, the test should be considered INVALID and repeated. For invalid reactions on the test well please consult the INSTI Point of Care test kit insert.

Anything other than an absolute negative in the test spot area is considered reactive or indeterminate.

Any client who tests reactive or indeterminate must be tested again, using the standard HIV testing procedures, including obtaining informed consent for the confirmatory testing before drawing the blood. It is not necessary to have a signed consent form: the client’s participation in testing implies informed consent.

B. Giving Test Results

Test results from point-of-care testing will be given to clients at the time of testing. The counselor should take the receptacle or test back into the room with the client, so the client can verify that the label is correct and see the result. (“This is your test result…”)

- Clients who test non-reactive/negative will receive post-test counseling and be given a written copy of their test results if required. See Appendix 1.
• Clients who test **negative who are high risk, symptomatic and in the window period** will be told that they have tested negative, but that a sample of their blood will need to be taken for routine laboratory testing (i.e., standard HIV testing and p24 antigen testing, see *Guidelines for HIV Counseling and Testing*, Ontario Ministry of Health and Long-Term Care, 2007). They will have to return for the final test results in about two weeks time.

• Clients who test **reactive or indeterminate** on the point-of-care test will receive post-test counseling, and be given a written copy of their results if requested. See Appendix 2. They will be told that standard HIV testing (blood draw) is required to determine whether or not they have HIV, and that they will have to return for the final test results in about two weeks time.

**NOTE:** Counselors must obtain informed consent from clients before ordering the confirmatory testing for either a non-reactive or reactive result. If a client who tests reactive or indeterminate declines confirmatory (standard) HIV testing, the counselor should discuss the case with the clinic’s medical director who will decide whether the point-of-care test result should be reported to Public Health.

C. For Both Standard and POC Anonymous HIV Testing:

There are three numbered stickers at the bottom of each green lab requisition. These are the Anonymous HIV Testing code numbers and are to be used in both standard and POC anonymous HIV testing.

a) The health care provider will write the client’s number on the top right-hand corner of the HIV Risk Assessment checklist/form, as they may need an extra sticker for a blood draw when doing POC testing. After performing the POC test or the blood draw for a standard test, a numbered sticker will go on the test well, and another numbered sticker will be given to the client if they need to have blood drawn and come back for results. Attach the numbered sticker to one of the Health Centre’s appointment cards. Tell them to return in 2 weeks time or call the clinic to make sure their results are in.

b) The last numbered sticker is affixed to the client’s vial of blood by the health care provider, who also writes the date the specimen was taken on the vial of blood and on the lab requisition. A second identifier is required on the tube of blood, such as the date the specimen was collected, the client’s birth date or the ordering doctor’s name.

D. Procedures for POC HIV testing and Lab requisitions:

All Point of Care HIV Tests must be identified on the lab requisition by using a **green, yellow or pink** sticker provided by the Ministry of Health on the bottom left hand side of the requisition (green anonymous and standard HIV testing requisitions).

**GREEN STICKER** = non-reactive/negative result.

**YELLOW STICKER** = non-reactive/negative result but high-risk, symptomatic and in the window period, referring on to the Public Health Lab for further confirmatory testing.

**PINK STICKER** = reactive/indeterminate result. Referring on to the Public Health Lab for further confirmatory testing.

All PIC lab requisitions with a **green sticker** will not have a blood sample with them and will be put in a separate envelope addressed to the Ottawa Public Health Laboratory which will be forwarded on to the lab for **statistical purposes only**. All lab requisitions with either a yellow or pink sticker will be put in a bag with the corresponding blood sample. If the client refused a blood draw, then the health care provider will write “**refused blood draw**” on the requisition and forward this on to the lab for statistical purposes.
E. The following is essential information for the Ministry of Health. If any of this information is missing, the process will stop until the information is provided.

a. **For the lab requisition: Anonymous HIV Serolgy Req**
   i. Sex of client
   ii. Birth date of client (year only required).
   iii. Date specimen was collected (second line)
   iv. Client’s symptom
   v. Client’s risk

b. **For the counselor’s HIV Risk Assessment checklist/form:**
   i. Sex of client
   ii. Birth date of client
   iii. Anonymous HIV Testing code number
   iv. Date of visit (page one, first line)

c. **For the tube of blood:**
   i. Anonymous HIV Testing code number
   ii. Second identifier: date of specimen collected, DOB of client of name of doctor ordering test.

F. **Recording Point of Care anonymous HIV Test results:**
Each Point of Care test performed will be logged separately on the Point of Care - Daily Log. Any tests that test non-reactive/negative in the clinic and then test positive at the Public Health Laboratory will be recorded in the Incident Log and tracked, in order to ensure quality control. Any invalid tests will be recorded on the Daily Log and tracked. The Daily Log will be regularly reviewed by the supervisor of the program in order to ensure propose test kit performance.

G. **Quality Assurance Procedures for Point of Care Testing:**

Please refer to the Ministry of Health and Long Term Care Policies and Procedures for Point of Care HIV Testing in Ontario. This document will be kept in the clinic HIV reference binder. Put HIV counseling form with client identifier number in the file box in “awaiting results” if vial of blood work sent.

H. **For POC Anonymous testing:**

All medical records must be kept for 10 years.

I. **In the Community:**

If requested, clients can receive Anonymous HIV Testing and counseling at designated sites in the community. Procedures related to testing, communicating test results, counseling and computer data entry are the same as above.
POLICY STATEMENT

PQCHC supports the Canadian Pediatric Society’s positions on the initiation and maintenance of breastfeeding, which recommends exclusive breastfeeding for the first six months of life for healthy, term infants. Breast milk is the optimal food for infants, and breastfeeding may continue for up to two years and beyond.

Breast feeding support services are offered to clinic clients of the centre through appointments with clinical staff.

Lactation Consultant services are offered to clients of PQCHC and the community. Services include:
- Prenatal and Postnatal (at both sites); Breastfeeding Support drop-in at PQ only
- Breast pump loaner program At both sites
- Well baby drop-in at both SN and PQ sites

Community infant feeding supports are also offered partner agencies; Ottawa Public Health Well Baby Drop-in located at both PQ and SN sites, Canadian Prenatal Nutrition Program offered at PQ site.

Procedures

1. General

RN, NP are available for:
   1. Staff and client consultation regarding Community Resources.
   2. On-going policy and program development and evaluation regarding lactation services.
   3. Acting as liaison with external Breastfeeding programs and committees.
   4. Maintenance of breastfeeding aids, equipment, and literature.
   5. Facilitating at the Breastfeeding drop-in for prenatal and postnatal support
   6. Individual lactation consulting with women and their infants.

2. Breast Pump Rental/Loan
   1. The electric breast pump may be loaned to clients for short term use at the discretion of the Lactation Consultant / NP.
   2. The pumps are for short-term use and will be loaned for a 2-week period.
   3. Pumps are to be signed out by using the sign-out sheet kept in the blue folder in the HSPS box in the hub. Have patient sign the form and ensure they understand to return all equipment and parts.
   4. Clients are to be instructed in the proper care and use of the pump prior to it being loaned.
   5. All returned equipment must be checked by assigned clinic staff (RN or Clinic Assistant) for function and completeness. It must also be cleaned and sterilized prior to further use.

3. Cleaning of Breast Feeding Equipment

Nipples are to be rinsed in cold water first to ensure milk protein does not clog holes. Wash all attachments from kit in warm soapy water, rinse, and dry.

Pump kits are to be wrapped, labeled and sterilized on “unwrapped” cycle to prevent melting of equipment, and returned to the designated storage location.
All machinery, which is not sterilized, must be wiped with a mild disinfectant solution prior to storage. All pumps, after they have been cleaned, returned to the designated storage location.

Resources


2. Exclusive breastfeeding should continue to six months, Paediatrics & Child Health005;10(3):148 http://www.cps.ca/english/statements/N/BreastfeedingMar05.htm
<table>
<thead>
<tr>
<th>PATIENT NAME &amp; CHART NUMBER</th>
<th>DATE TAKEN OUT OF CLINIC</th>
<th>STAFF SIGNATURE</th>
<th>DATE RETURNED TO CLINIC</th>
<th>STAFF SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PH-803: CASE REPORTING OF COMMUNICABLE DISEASES

POLICY STATEMENT

Certain communicable diseases shall be reported to the Medical Officer of Health, City of Ottawa Public Health, as stipulated in the Health Protection and Promotion Act in order to monitor and prevent the spread of communicable diseases, to provide for public education and to allow for tracing of infected cases.

Procedures

Upon the detection or notification of a reportable, communicable disease the Practitioner will:

1. Follow the most recent guidelines for reporting communicable diseases. See attached Appendix

2. Report communicable infectious diseases if not reported by the laboratory to the City of Ottawa Public Health (many of these diseases are reported directly to the City of Ottawa Public Health by the laboratory as a result of a positive diagnostic test). Such reporting may be done by:

   i. Completing and sending the Reporting Form to the Medical Officer of Health, Ottawa Public Health – see appendix

   ii. Telephoning the City of Ottawa Public Health 613-580-6744 ext 24224 or telephoning Ottawa Public Health Sexual Health Centre 613-580-6744 ext 12580 with the necessary information.

3. Contact tracing will be done by the City of Ottawa Public Health.

Resources

1. Management of specific Infectious Diseases – including TB and Rabies

2. Return to School and Work Criteria Guidelines for Communicable Diseases

3. Ottawa Public Health Forms and Resources for Health Care Providers

4. Communicable Disease Reporting Forms for the City of Ottawa
   https://ottawa.ca/online_services/forms/health/support/professionals/communicable_disease/form_en.pdf

Approval Date: June 2005
Revision Dates: August 2012
November 2012
Under the Ontario *Health Protection and Promotion Act*, physicians, hospital operators, laboratory operators, school principals and child care facilities must report to the local MOH any person who, in his or her opinion, is or may be infected with an agent of one of the communicable diseases listed below. Your co-operation in reporting will help to ensure prompt and complete follow-up of cases. Please report according to the schedule outlined below.

**Category 1:**
**REPORT IMMEDIATELY** to Ottawa Public Health at 613-580-6744 ext. 24224, Monday to Friday from 8:30 a.m. to 4:30 p.m. OR report immediately via 3-1-1 after regular business hours, and on weekends or statutory holidays. Any known or suspected outbreaks are category 1

**Category 2:**
Report to Ottawa Public Health by the **NEXT REGULAR BUSINESS DAY** at 613-580-6744, ext. 24224 or by fax at 6143-580-9640

**Category 3:**
Report these sexually transmitted infections (STI’s) to Ottawa Public Health by the **NEXT REGULAR BUSINESS DAY** at 613-580-6744 ext. 12580 or by fax at 613-580-2831

**Category 4:**
Report **WEEKLY** by mail, in batches or by calling Ottawa Public Health at 613-580-6744, ext 24224. A specific form is available for chicken pox reporting, and may be sent in on a monthly basis.

*(cont’d.*
### Communicable Diseases by Category (Listed Alphabetically)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Acute Respiratory Illness (ARI) with one of the following:</td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>Travel history of a country with a Public Health agency of Canada (PHAC) travel health notice for respiratory infection</td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>ii.</td>
<td>Contact with someone with a travel illness to a country with a PHAC travel health notice for respiratory infection <a href="http://www.phac-aspc.gc.ca/tmp-pmv/pub-eng.php">http://www.phac-aspc.gc.ca/tmp-pmv/pub-eng.php</a></td>
</tr>
<tr>
<td>3 -</td>
<td>AIDS (Acquired Immunodeficiency Syndrome)</td>
</tr>
<tr>
<td>2 -</td>
<td>Amebiasis</td>
</tr>
<tr>
<td>1 -</td>
<td>Anthrax</td>
</tr>
<tr>
<td>1 -</td>
<td>Bites of dogs, cats &amp; suspected rabid animals</td>
</tr>
<tr>
<td>1 -</td>
<td>Botulism</td>
</tr>
<tr>
<td>2 -</td>
<td>Brucellosis</td>
</tr>
<tr>
<td>2 -</td>
<td>Campylobacter enteritis</td>
</tr>
<tr>
<td>3 -</td>
<td>Chancroid</td>
</tr>
<tr>
<td>4 -</td>
<td>Chickenpox (Varicella)</td>
</tr>
<tr>
<td>3 -</td>
<td>Chlamydia trachomatis infections</td>
</tr>
<tr>
<td>1 -</td>
<td>Cholera</td>
</tr>
<tr>
<td>2 -</td>
<td>Cryptosporidiosis</td>
</tr>
<tr>
<td>2 -</td>
<td>Cyclosporiasis</td>
</tr>
<tr>
<td>4 -</td>
<td>Cytomegalovirus infection, congenital</td>
</tr>
<tr>
<td>1 -</td>
<td>Diphtheria</td>
</tr>
<tr>
<td>Encephalitis, including:</td>
<td></td>
</tr>
<tr>
<td>2 -</td>
<td>Primary, viral including West Nile virus</td>
</tr>
<tr>
<td>4 -</td>
<td>Post-infectious</td>
</tr>
<tr>
<td>4 -</td>
<td>Vaccine-related</td>
</tr>
<tr>
<td>4 -</td>
<td>Subacute sclerosing panencephalitis</td>
</tr>
<tr>
<td>2 -</td>
<td>Unspecified</td>
</tr>
<tr>
<td>1 -</td>
<td>Food poisoning, all causes</td>
</tr>
<tr>
<td>1 -</td>
<td>Febrile Respiratory Illness (FRI) with relevant travel history</td>
</tr>
<tr>
<td>1 -</td>
<td>Gastroenteritis, institutional outbreaks</td>
</tr>
<tr>
<td>2 -</td>
<td>Giardiasis</td>
</tr>
<tr>
<td>3 -</td>
<td>Gonorrhea</td>
</tr>
<tr>
<td>1 -</td>
<td>Haemophilus influenzae b, invasive</td>
</tr>
<tr>
<td>1 -</td>
<td>Hantavirus Pulmonary Syndrome</td>
</tr>
<tr>
<td>1 -</td>
<td>Hemorrhagic fevers, including:</td>
</tr>
<tr>
<td>i.</td>
<td>Ebola virus disease</td>
</tr>
<tr>
<td>ii.</td>
<td>Lassa Fever</td>
</tr>
<tr>
<td>iii.</td>
<td>Marburg virus disease</td>
</tr>
<tr>
<td>iv.</td>
<td>Other viral causes</td>
</tr>
<tr>
<td>1 -</td>
<td>Hepatitis A</td>
</tr>
<tr>
<td>3 -</td>
<td>Hepatitis B</td>
</tr>
<tr>
<td>3 -</td>
<td>Hepatitis C</td>
</tr>
<tr>
<td>4 -</td>
<td>Hepatitis D (Delta hepatitis)</td>
</tr>
<tr>
<td>3 -</td>
<td>Herpes, neonatal</td>
</tr>
<tr>
<td>3 -</td>
<td>HIV infection</td>
</tr>
<tr>
<td>4 -</td>
<td>Influenza, Types A, B, &amp; C</td>
</tr>
<tr>
<td>2 -</td>
<td>Legionellosis</td>
</tr>
<tr>
<td>4 -</td>
<td>Leprosy</td>
</tr>
<tr>
<td>2 -</td>
<td>Listeriosis</td>
</tr>
<tr>
<td>4 -</td>
<td>Lyme Disease</td>
</tr>
<tr>
<td>4 -</td>
<td>Malaria</td>
</tr>
<tr>
<td>1 -</td>
<td>Measles</td>
</tr>
<tr>
<td>1 -</td>
<td>Meningitis, bacterial</td>
</tr>
<tr>
<td>2 -</td>
<td>Meningitis, viral and other causes</td>
</tr>
<tr>
<td>1 -</td>
<td>Meningococcal disease, invasive</td>
</tr>
<tr>
<td>2 -</td>
<td>Mumps</td>
</tr>
<tr>
<td>3 -</td>
<td>Ophthalmia neonatorum</td>
</tr>
<tr>
<td>1 -</td>
<td>Paratyphoid Fever</td>
</tr>
<tr>
<td>2 -</td>
<td>Pertussis (Whooping Cough)</td>
</tr>
<tr>
<td>1 -</td>
<td>Plague</td>
</tr>
<tr>
<td>1 -</td>
<td>Poliomyelitis, acute</td>
</tr>
<tr>
<td>2 -</td>
<td>Psittacosis/Ornithosis</td>
</tr>
<tr>
<td>2 -</td>
<td>Q Fever</td>
</tr>
<tr>
<td>1 -</td>
<td>Rables</td>
</tr>
<tr>
<td>1 -</td>
<td>Respiratory Infection Outbreaks in institutions</td>
</tr>
<tr>
<td>2 -</td>
<td>Rubella</td>
</tr>
<tr>
<td>4 -</td>
<td>Rubella, congenital syndrome</td>
</tr>
<tr>
<td>2 -</td>
<td>Salmonellosis</td>
</tr>
<tr>
<td>1 -</td>
<td>Severe Acute Respiratory Syndrome (SARS)</td>
</tr>
<tr>
<td>1 -</td>
<td>Shigellosis</td>
</tr>
<tr>
<td>1 -</td>
<td>Smallpox</td>
</tr>
<tr>
<td>1 -</td>
<td>Streptococcal infections, Group A invasive</td>
</tr>
<tr>
<td>4 -</td>
<td>Streptococcal infections, Group B neonatal</td>
</tr>
<tr>
<td>4 -</td>
<td>Streptococcal pneumoniae, invasive</td>
</tr>
<tr>
<td>3 -</td>
<td>Syphilis</td>
</tr>
<tr>
<td>4 -</td>
<td>Tetanus</td>
</tr>
<tr>
<td>4 -</td>
<td>Transmissible Spongiform Encephalopathy, including,</td>
</tr>
<tr>
<td>i.</td>
<td>Creutzfeldt-Jakob Disease, all types;</td>
</tr>
<tr>
<td>ii.</td>
<td>Gerstmann-Strassler-Scheinker Syndrome;</td>
</tr>
<tr>
<td>iii.</td>
<td>Fatal Familial Insomnia; and</td>
</tr>
<tr>
<td>iv.</td>
<td>Kuru</td>
</tr>
<tr>
<td>2 -</td>
<td>Trichinosis</td>
</tr>
<tr>
<td>2 -</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>2 -</td>
<td>Tularemia</td>
</tr>
<tr>
<td>1 -</td>
<td>Typhoid Fever</td>
</tr>
<tr>
<td>1 -</td>
<td>Verotoxin-producing E. coli infections and indicator conditions including Hemolytic Uremic Syndrome (HUS)</td>
</tr>
<tr>
<td>2 -</td>
<td>West Nile Virus, suspect or confirmed with encephalitis, viral meningitis, meningoencephalitis, acute flaccid paralysis or Guillain-Barre Syndrome</td>
</tr>
<tr>
<td>1 -</td>
<td>Yellow Fever</td>
</tr>
<tr>
<td>2 -</td>
<td>Yersiniosis</td>
</tr>
</tbody>
</table>
REPORTING FORM

Please complete all applicable areas and return form to Medical Officer of Health, Ottawa Public Health:

For Category 1, 2, & 4: send to
Communicable Disease Program,
100 Constellation Dr. 7 West,
Ottawa, Ontario, K2G 6J8
Telephone 613-580-6744, ext 24224 Fax: 613-580-9640

For Category 3: (STIs) send to
Sexual Health Centre,
179 Clarence St.
Ottawa, ON K1N 5P7
Tel: 613-580-6744, ext.12580 Fax: 613-580-2831

NAME OF REPORTING AGENCY: ____________________________

NAME OF PERSON REPORTING: ____________________________

PATIENT INFORMATION

ONTARIO HEALTH CARD#: ____________________________

SURNAME: ____________________________ FIRST NAME: ____________________________

DATE OF BIRTH: ____________________________ AGE: ____________________________ SEX: ____________________________

ADDRESS: ____________________________

CITY: ____________________________ POSTAL CODE: ____________________________

HOME PHONE: ____________________________ ALTERNATE PHONE#: ____________________________

OCCUPATION: ____________________________

NAME OF SCHOOL / CCF: ____________________________

DISEASE INFORMATION

DISEASE: ____________________________ SPECIMEN TYPE: ____________________________

ONSET DATE: ____________________________ SPECIMEN COLLECTION DATE: ____________________________

STI Lab Specimen #: ____________________________

TREATMENT HISTORY

TREATMENT: ____________________________ TREATMENT DATE: ____________________________

☐ No STI treatment information available at reporting time

HOSPITALIZED?: ☐ YES ☐ NO HOSPITAL NAME: ____________________________

ADMISSION DATE: ____________________________ DISCHARGE DATE: ____________________________

PHYSICIAN INFORMATION

NAME: ____________________________ SPECIALITY: ____________________________

ADDRESS: ____________________________

CITY: ____________________________ POSTAL CODE: ____________________________ PHONE: ____________________________

DATE OF NOTIFICATION: ____________________________ SIGNATURE OF PERSON REPORTING: ____________________________

Personal information on this form is collected under the authority of the Health Protection and Promotion Act, Sections 22 and 24, and will be used for Public Health follow-up. Any questions should be directed to the Communicable Disease Manager at 613-580-6744, ext. 24224.

ottawa.ca/health

613-580-6744 | TTY: 613-580-9656
POLICY STATEMENT

PQCHC is committed to recognizing the rights of individuals to participate in decisions that promote their optimal well-being. Since mutual respect, honesty and trust are critical in our dealings with clients we accept that we are not always able to establish therapeutic relationships with the clientele. When this occurs, efforts will be undertaken to ensure continuity of care and client satisfaction.

Procedures

1. When a client identifies that they no longer wish to receive care from a particular provider they will be encouraged to discuss the reasons for this request with the provider concerned in an attempt to resolve any potential misunderstanding. If this is too difficult, the client may discuss the issue with the Director of Primary Care or designate.

2. The provider will advise their manager who will contact the client to ascertain the issues leading to the request, and to ensure appropriate follow-up occurs. The client will be invited to attend a meeting with the manager to resolve the issue.

3. All relevant discussions with the client will be recorded in the client’s file.

4. Once it is determined that the provider client relationship has not been able to establish a therapeutic alliance, the Director of Primary Care will determine another provider willing to accept responsibility for providing care to the client.

5. The client will be advised regarding the identity of the new provider and this information will be updated in the client’s file and on the computer database.

6. Client will be informed that there may be instances where the original provider may have to participate in their care such as in advance access or a walk-in situation, or illness of current provider.

Approval Date: June 2005
Revision Dates: Sept 2008 Sept 2012
POLICY STATEMENT

The clinical staff of PQCHC understand that when proposing a treatment/plan they have a responsibility to assess the client’s capacity to:

- understand the information about the proposed treatment; and
- appreciate the consequences of accepting or refusing treatment or of making no decision.

This responsibility is described in detail in the Health Care Consent Act. The obligation to follow the Act applies to all health professionals listed in the Regulated Health Professions Act.

Procedures

All health professionals are referred to the Health Care Consent Act 1996, Consolidation date and update 9 July 2010 for further details on their responsibilities and guidance in making decisions in regards to capacity.

Staff who have further questions are encouraged to contact The Ontario Advocacy Commission at 1-800-665-9092 or their respective governing Colleges.

References

POLICY STATEMENT

Pinecrest –Queensway Community Health Centre (PQCHC) agrees with the College of Physicians and Surgeons of Ontario (CPSO) regarding its position on female genital circumcision (FGC). That is, that the performance, by any PQCHC provider, of any of the procedures of female circumcision, excision or infibulation will be regarded as professional misconduct.

A provider who is asked to perform any of these procedures must decline to do so and must refuse to refer the matter to any other person.

In the event that a physician learns of another physician performing female circumcision, excision or infibulation, the matter should immediately be brought to the attention of the CPSO. In addition, as the performance of circumcision, excision or infibulation on a female child by any person may constitute child abuse, the physician who learns that such a procedure has been performed or is being contemplated must also notify the appropriate child protection authorities.

Please see attachment for the CPSO policy statement on FGC.

References

POLICY STATEMENT

As a health promotion initiative, PQCHC primary care teams provide community based flu clinics and a staff flu clinic annually. Site CSC’s with the RN’s, are the lead organizers of the flu clinics. The flu vaccine program at the PQCHC is guided by the direction of Ottawa Public Health and the Ministry of Health and Long-Term Care.

Procedure follows:
As a health promotion initiative PQHCS – primary care team provides community based flu clinics and a staff flu clinic annually. The package received from Public Health/Ministry of Health and Long-Term Care in mid-October outlines the timeframe when vaccine can be ordered. Clinical Services Coordinator is the lead in organizing the flu clinics.

### Flu Clinic Dates:

<table>
<thead>
<tr>
<th>Action</th>
<th>Task line</th>
</tr>
</thead>
</table>
| **1** | Download the information packages from the MOH; information on how to do this will be in the package received from PH (saved on shared u:drive under folder for current year of flu clinics) Forms needed for flu clinic  
  - PQ registration forms  
  - Consent forms  
  - Information sheets for the vaccines – available from the MOH website as per the MOH information received each flu season  
  - Client vaccine cards | Who | When | Done |
| **2** | RN responsible for ordering clinic vaccine as early as possible  
Order vaccine from OPH on form provided by MOH | | | |
| **3** |  
- Determine dates for PQ Flu clinics  
- Determine room availability  
- Book exam rooms – for one daytime clinic & one evening clinic  
- Remember to book ½ hour pre and post clinic times for set-up and clean-up | | | |
| **4** | Staff – 1 RN as minimum staffing (try for bilingual) | | | |
| **5** | Ensure MD onsite for flu clinic hours in case of an emergency | | | |
| **6** | Email Volunteer Coordinator with request for volunteers to be available to assist with registration for flu clinics. They will register clients; give out numbers and direct flow of people. | | | |
| **7** | Create poster advertising PQ flu clinic – can use template from previous years flu clinics  
Arrange publicity through the clinic admin support person –  
a. PQ website & TV in waiting area  
b. Posters for the centre, community houses, CFS, WHS  
c. Announcement in local newspaper | | | |
| **8** | Arrange staff flu clinic – usually done the day of the all staff meeting either in October or November depending on vaccine availability | | | |
| **9** | Make copies of consents and any other information to be given to clients | | | |
| **10** | Communicate with team – including dates and package information | | | |
| **11** | Submit reimbursement form ASAP for public flu clinic | | | |
| **12** | Clinic Assistant to place order for flu clinic supplies as per clinic order procedures  
syringes alcohol swabs band-aids | | | |

---

**Note:** Revised Sept 2011
<table>
<thead>
<tr>
<th>needles</th>
<th>sharps containers</th>
<th>cotton balls</th>
</tr>
</thead>
</table>

**Approval Date:** October 2005

**Revision Dates:** November 2012
PH-809: FRENOTOMY (TONGUE-TIE RELEASE)

POLICY STATEMENT

Tongue-tie (partial ankyloglossia) is a congenital condition in which the membrane under the tongue is too short or may be attached too near the tip of the tongue, thereby preventing tongue protrusion.

PQCHC considers inferior lingual frenulectomy for ankyloglossia medically necessary when newborn feeding difficulties or childhood articulation problems exist.

The MD on staff who is skilled in performing inferior lingual frenulectomy is available to clients of the primary care clinic and breastfeeding drop-in for assessment.

Procedures

1. When the need for a frenotomy is identified, the provider will refer client to appropriate physician who is skilled in performing such a procedure.
2. The baby will be booked with the physician and a nurse to assist.
3. The nurse will have ready supplies needed.
4. The physician will assess the client and decide if the procedure is clinically indicated. Informed consent will be obtained from the parents/guardian.
5. After procedure is completed the baby is encouraged to breast feed.
6. Nurse assists mother as needed with breast feeding and offers education and support.
7. Arrange follow-up with MD in clinic or the LC in breast feeding drop-in.
8. Instruments are disposed of or cleaned as per centre protocols.
9. Documentation as per center charting standards.

References:


Approval Date: October 2005
Revision Dates: June 2005
Nov 2012
POLICY STATEMENT

In providing immunizations, the following should be considered:

- Obtain informed consent and complete appropriate documentation.
- A physician or Nurse Practitioner must be available on site when immunizations are administered at PQCHC/SN.
- If a vaccine is not being administered by the provider, a signed medical directive or direct order is necessary to administer any vaccine.
- If a clinic is held offsite, there must be Epinephrine, Benedryl and appropriate medical equipment as well as a cot or bed in case of adverse effects (e.g., anaphylaxis, light-headedness, fainting, etc.)
- A method of storing and/or transporting vaccines so that vaccines are kept at recommended temperatures and Cold Chain is maintained as per OPH guidelines.

Procedures

The Health Care Provider is responsible for the following:
Assessment of:
- Past immunization history
- Past response(s) to vaccine(s)
- Past history of allergies, in particular to eggs and specific reactions
- In women, pregnancy (is she presently pregnant or attempting pregnancy)
- Presence of infectious process as manifested by fever etc.

The Nurse is responsible for the following:
- Inform the client of the reason for the immunization and potential adverse effects
- Review potential side effects from vaccine and how to manage these reactions
- Observe for adverse effects (redness, swelling, shortness of breathing, etc.) for 20 minutes post-immunization (have client remain on premises)
- Keep necessary supplies on hand in case of medical emergency.
- Document the name of the vaccine, site, route and dosage administered in the Client’s progress notes and Immunization record. Lot # and expiration dates should be documented.
- Provide client with immunization record.
- New staff is responsible to complete Performance Readiness Immunization (Sept 2012) Package

Approval Date: June 2005
August 2012
November 2012
POLICY STATEMENT

Circumcision of baby boys is a surgical procedure to remove the layer of skin (called the foreskin or the prepuce) that covers the head (glands) of the penis and part of the shaft. It is most often done during the first few days after birth.

Circumcision is a “non-therapeutic” procedure, which means it is not medically necessary. Parents who decide to circumcise their newborns often do so for cultural, social or religious reasons.

PQCHC agrees with the Canadian Pediatric Society position that routine circumcision for newborn boys is not medically necessary.

Resources:

POLICY STATEMENT
This purpose of this policy is to clarify the process for offering prenatal screening to non-insured clients.

Prenatal screening is a process that gives an estimate of a pregnant women’s risk of having a baby with Down’s syndrome, Trisomy 18 or an open neural tube defect and allows a woman to decide if she would like to pursue additional diagnostic testing and genetic counseling. It is to be offered as a standard of care for all pregnant women in Canada, regardless of age (Society of Obstetricians and Gynecologists of Canada [SOGC], 2007).

Procedures
1. The provider assesses whether the client meets the timeline for Integrated Prenatal Screening (IPS) (11 weeks to 13 weeks 6 days) or Maternal Serum Screening (MSS) (15 w – 20 w 6 days) and provides information so that the client can make an informed decision about whether to pursue prenatal screening.

2. PQCHC will cover the costs for MSS and IPS for non-insured clients.

3. Prenatal screening in not covered for clients residing in Quebec.

4. The top portion of the “Prenatal Screening for Down’s Syndrome, Trisomy 18 and Neural Tube Defects IPS requisitions must be fully completed accurately with the separate requisitions for IPS Part 1 and Part 2 (or one requisition if MSS only). The completed requisitions must be accompanied by 2 MOHLTC requisitions with “IPS #1 and IPS #2 (or MSS) written on the “other tests” section.

5. The IPS must be done at an accredited lab. At SN a list of accredited IPS sites is included in the prenatal package.

6. If a client is seen prior to 11-14 weeks the client can be instructed how to book their IPS ultrasound or the ultrasound can be booked by the clinic if deemed necessary by the provider.

7. The client has the ultrasound and the blood work done the same day. Any additional prenatal blood work required can be done at that time as well. If clients are booked at the Carling Ultrasound site or Women’s Ultrasound Clinic on Cleopatra they can have both the ultrasound and blood work done at the same location. If booked at the Civic or General sites they will have to go to another lab.

8. The ultrasound determines when the next blood work is required (IPS- #2) between 15w-18w6d. The ultrasound technician completes lower half of the IPS form, including "Preferred date for second sample" and informs the client when to return. The client should return to the same site for the venipuncture.

9. The results of the IPS should be received by the ordering provider when the client is between 16 and 21 weeks gestation. Clients with a positive IPS screen result are offered a referral to the CHEO prenatal screening program for counseling and further diagnostic testing such as amniocentesis.

Reference:
<table>
<thead>
<tr>
<th>Approval Date:</th>
<th>June 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revision Dates:</td>
<td>Sept 2012</td>
</tr>
</tbody>
</table>
POLICY STATEMENT

Dispensing is a controlled act authorized to pharmacists, physicians, nurse practitioners and dentists in varying degrees. Dispensing applies to prescription medications and to over-the-counter (OTC) drugs. Nurses are not authorized to perform this controlled act. However, physicians and pharmacists can delegate the act of dispensing to nurses (CNO, 2004). Nurse practitioners cannot delegate the act of dispensing (CNO, 2011).

PQCHC has a medical directive delegating the act of dispensing to nurses (see Medical Directive MedD1.0), including INH and Vitamin B6 for a positive Mantoux, Low Cost Contraceptives, samples contained in the clinic.

Any medication dispensed from its original bottle must be labeled with the information below before being given to the client.

1. Name of medication
2. Dose of medication
3. Route medication is to be taken
4. Frequency medication is to be taken
5. Expiration date of medication
6. Number of tablets in the bottle
7. Name of the client
8. Name of Prescribing Physician
9. Initials of dispensing nurse

Refer to MedD-1.0: Delegation of the Dispensing of Medication

References

POLICY STATEMENT

As per the College of Nurses\(^1\), a Medical Directive is a prescription for a procedure, treatment or intervention that may be performed for a range of clients who meet certain conditions. It is not client specific. The medical directive identifies a specific treatment or range of treatments, specific conditions that must be met and any specific circumstances that must exist before the directive can be implemented. A medical directive is always in written format.

- Registered Nurses, Nurse Practitioners and Physicians will collaborate periodically to develop new directives and to review/update existing directives.
- The delegators, implementers, and Health Services Director review and re-sign the directives at least every 3 years or as required.
- New practitioners at PQCHC must review these directives as part of orientation.
- By signing the medical directives staff physicians and the nurse practitioners indicate that they agree with the conditions and responsibilities of the medical directives.
- By signing the medical directives, the implementers indicate that they agree to follow conditions and responsibilities of the medical directive.

Procedures

1. When a need is identified by any staff person, a draft medical directive can be submitted to either the Health Services Director or the Clinic Coordinator.
2. Draft directives are brought to the providers for review
3. The directive must include the following: see Medical Directive Template.
   a. Name and description of the procedure\(\text{treatment}\text{intervention}\) being ordered
   b. Specific client conditions which must exist before the procedure is implemented
   c. Clear identification of the contraindications for implementing the directive
   d. Name and signature of the physician(s) approving and taking responsibility for the directive
   e. Date and signature of the administration authority approving the directive
   f. Name and signature of nurses implementing the directive

\(^1\) When, Why, and How to Use Medical Directives, College of Nurses of Ontario, 2000
APPENDIX: Medical Directive Template

MEDICAL DIRECTIVES

NUMBER (MedD-) : Title

Activation Date: __________________________________________
Review Due By: __________________________________________

Administrative Approval:
Health Services Director
Signature:________________________     Date:________________

1-Delegated Procedure /Order:

2-Recipient client:

3-Authorized Implementers:

4-Guidelines for Implementing the Procedure/Order:

5 -Informed Consent:

6-Contraindications to the implementation of this Directive:

7-Documentation and Communication Guidelines:

8- Quality Assurance and Review Process:

9- References
10-Signature of approving Physician(s)/NPs authorizers

I, the undersigned, have read this medical Directives and Delegations and agree with the conditions and responsibilities as specified in the directive and delegation.

_____________________________  ______________________________
Name                                               Signature

11- Signature of approving registered nurse (s) implementers

I, the undersigned, have read and agree to follow the Medical Directive and Delegations and agree with the conditions and responsibilities as specified in the following directives and delegations:

_____________________________  ______________________________
Name                                               Signature
POLICY STATEMENT

PQCHC Health Services maintains a Home Visiting Bag at each of the main clinic sites for the provision of service to its homebound clients. It is the responsibility of health care providers to ensure that these bags are maintained and stored according to the following procedure.

Procedures

1. Medical bag shall be maintained and stored in the treatment room at PQ and in the Emergency Room (1) at SN.

2. Practitioners using the bag will be responsible for informing the nurse of items requiring replacement.

3. Inventory is reviewed annually for appropriate changes.

4. The content of medical bags shall be checked every 3 months by an assigned clinic nurse to ensure that items are current and in proper working order. Lists of required contents are kept in each bag.

The Practitioner

1. After using an article or medication from the Home Visit Day Bag, the bag is to be left on the counter in the treatment room at PQ or in the hub at SN with a note specifying what is to be replaced by a nurse.

2. Refer to the PQCHC/SN Risk Management Policy #6: Conduct for Off Site Appointments or Home Visits, for information on the home visit procedure.

The nurse or designate assigned to check the bags will:

1. Keep a current list of contents in the Home Visit Day Bag

2. Re-stock missing medical items as requested by practitioner

3. Check bag every 3 months for outdated or missing items. Re-stock and clean as necessary.

4. Check working order of ophthalmoscope and other equipment every 3 months. Recharge or replace batteries as needed.

5. Ensure that the lists in the bags are reviewed annually by Health Services Team.

return to table of contents

Approval Date:  June 2005
Revision Dates:  Sept 2012
POLICY STATEMENT

Foot care services are offered at PQCHC through Health Services. Clients must demonstrate a medical condition such as: diabetes/poor circulation, arthritis in the hands, difficulty reaching feet, poor eyesight, foot problems and psycho/social problems.

Foot care services are available to existing PQ/SN clients who receive ongoing medical care at the Centre.

Nursing foot care may be divided into:

- **Basic treatment**: cutting, filing, and packing for thick nails, involuted nails, fungal nails and non-pathological nails
- **Advanced treatment**: callous reduction, wart treatment and padding

Advanced foot care may be performed at the nurses' discretion provided they have COMPLETED the foot care for nurses program and the care complies with the College of Nurses, "Standard of Nursing Practice" guidelines.

Clients receiving foot care by the foot care nurse require annual diabetes foot exams by the chiropodist. Nurses must exercise caution with individuals who have diabetes mellitus, peripheral vascular disease or rheumatoid arthritis.

The Foot Care RN receives referral from the chiropodist and PQ/SN providers. At any time the FOOT care RN may request a consultation from the Chiropodist.

Chiropody services are also available through a contract arrangement with Sandy Hill Community Health Centre. There is a manual kept in the Chiropody room that outlines the policies and procedures to be practiced at PQCHC regarding Chiropody.

*Note: Clinic staff should refer to the specific clinic protocol for the step-by-step approach.*
PH-818: TELEPHONE TRIAGE - PROVIDERS

POLICY STATEMENT

PQCHC nurses and other providers adhere to the College of Nurses of Ontario’s standard of practice for telephone communication regarding telephone advice to clients.

Resources

PH-820: VERIFICATION OF LABORATORY RESULTS

POLICY STATEMENT

Laboratory results are received either electronically directly into the EMR or scanned by medical reception. Only permanent or longer term locum staff is set-up to receive lab results electronically. Relief/casual must are set-up to receive labs by paper and are scanned to the client chart and set to the primary provider. Labs and scanned documents are reviewed daily by either the primary provider or the assigned go to provider a nurse practitioner (NP) or physician on the same day they are received. The ‘Go to’ provider will review and sign any abnormal results for providers who are not in clinic.

Procedures

1. E-labs are sent directly to the provider inboxes throughout the day.

2. Lab results or consult reports received in paper format are scanned and forwarded to the ordering provider(s) and the primary provider’s inbox throughout the day. Scanned results are to be forwarded to the ordering provider, as well as the primary provider (if different), and the consulting physician when applicable.

3. NPs and physicians are responsible for checking their own electronic inboxes throughout the day and signing labs/consults when reviewed. The “Go To” provider is responsible for reviewing and signing the labs/consults of any providers who are not present, and taking any action required if necessary. The result should be left in the inbox so the ordering provider can review and sign the result when they are next in clinic. The NPs agree to be responsible for checking NP inboxes and taking any necessary action in order to relieve the workload on the “Go To” MD.

4. In the event that a provider reviews a hard copy of a result prior to its being scanned by medical reception, the provider will ensure that the result is returned to a medical receptionist to be scanned and forwarded to the appropriate provider(s) so the result can be signed electronically.

Reviewing another provider’s labs

1. go to your dashboard in NOD
2. On the left side where you see all the labs, open new labs
3. click on your own labs (even if it says "lab report =0") - only then it seems can you select another provider from the drop down. If only lab reports show up, click the OPTIONS button and ask it to view all reports (will include labs, DI, consults etc). ***IMPORTANT - changing the provider in the dashboard module only changes the schedule you are viewing - it does NOT affect your dashboard window on the left. It is always your own dashboard you are seeing
4. Select the Provider’s name who you will be checking
5. Check unseen/ labs. Open them, make comments and initial but don’t click sign and file as this will remove it from the providers dashboard and file in the clients chart. Similar to deleting in purkinje. Because the “new” designation on a lab report might not always remain there until the time a GoTo MD checks labs (e.g. a lab might be checked by an RN first), if a provider officially sees a lab but decides to leave it in their inbox without signing/filing it away, they should make it clear in the comments section that it has indeed been seen – by writing, e.g. “seen” with the provider’s initials. This will avoid the GoTo checking through labs that have already been appropriately reviewed.

Labs will be uploaded to the ordering provider dashboard. The assigned Go-to will view all unseen labs and write comments as needed and initial in the comment section.
PQ NP’s will check absent regular NP’s labs etc. PQ may want to consider if the Go-to MD’s should be responsible for checking all relief (NP and MD) because NP cover the WI at PQ and they often are seeing the MD clients.

SN NP’s and MD’s will continue using the current system.

**MR at PQ** and **RN’s at SN** will keep a list of absent providers and write on the white board in the hub indicating who is away for the day and who is Go-to MD and Go-to NP. This will flag the go-to which labs they need to review.

It was suggested to check labs at least at 8:30 am and 3 pm each day. Additional time will be built into the schedules (at least 20-30 minutes initially to check these labs). We will not be responsible for checking everyone’s box after 3:30 pm (as abnormal might come in at 4:29…but we need to choose a cut off point for our own sanity). **Conchita is waiting to hear back from CMPA on the legal issues around this**

**MR Scanning**

MR scans labs and reports not received electronically into the appropriate section of the chart. The report will appear on the dashboard of the ordering provider unless the ordering provider was a relief staff in that case it will appear on dashboard of the primary provider.

**Auditing e:labs**

MR may not be able to do audits of electronic labs due to access in NOD.

For the short term, RN’s will then be tasked to audit all paper labs to labs received electronically and ensure cc’d results from relief providers are received electronically by the primary provider. This will continue until such time as the providers feel confident in the e:labs received through NOD when paper lab results can be stopped. Currently MR at both sites there are processes in place to audit and track results of scanned documents audits.
POLICY STATEMENT

PQCHC providers visit clients in their homes to provide service as required. Circumstances that may precipitate this decision include when clients are unable to attend the clinic due to:

- Impaired physical mobility due to illness or advanced age
- Psychosocial factors, such as severe depression
- When a home visit is needed for assessment purposes

Procedures

1. Providers exercise discretion in making home visit appointments and assess and address safety on an ongoing basis.
2. Providers generally call ahead of the appointment to ensure clients are aware of the appointment.
3. Providers ensure MR is aware of the home visit and anticipated time of return.
Policy Statement:
The primary care clinics of Pinecrest-Queensway Community Health Centre and South Nepean Community Health Centre maintain its professional obligations according to the Controlled Drugs and Substances Act. PQCHC supports safe prescribing of narcotic medication to clients.

Procedure for new clients
1. All new clients, who have been prescribed narcotics by a provider outside the PQ-SN practice, will be requested to supply supporting documentation before consideration of renewal or prescribing of narcotics.
2. New clients will be informed at time of booking that narcotics will not be prescribed by the provider at the new client visit.
3. All clients who are prescribed narcotics will be asked to sign the “Contract for Narcotic Medication for the treatment of Chronic Non-malignant Pain”. Once signed the contract will be scanned into the ECR and the paper copy kept at the front of the paper file.

Procedure for renewal of narcotics
1. Clients prescribed with NARCOTICS are to sign the “Contract for Narcotic Medication for the treatment of Chronic Non-malignant Pain”. This agreement states that NARCOTICS will only be prescribed at appointments and by their regular provider. There will be no faxed prescription renewal, no early dispense, no change in medication unless done at an appointment. As per previous, no assessments in advanced access appointments.
2. A client prescribed with NARCOTICS should be booked for a follow up visit a few days before the prescription expires.
3. If a patient does not show for an appointment, the regular prescribing provider will make a decision about the renewal and document the plan in the clients ECR. For example “the prescription will not be refilled until the client is seen”.
4. If a physician calls in for a same day absence, they are to review their patient list with the receptionist or the coordinator. If there are clients that will need an extension to their current prescription until they can be seen by the primary provider, then the prescribing physician should advise the “Go-to” physician. This should not be necessary if the prescription extends a few days beyond the booked appointment.
5. If a physician books time off for holidays or conferences after clients have already been scheduled, the provider will review the appointments requiring rebooking. If there are clients being rescheduled who are scheduled for Narcotic renewals the prescribing physician should write another prescription to carry them for that time.
6. Every effort will be made not to reschedule appointments but when this happens, and clients need to be rescheduled, the providers will review their client list and advise MR on the rebooking.
7. Any exception to the above should be clearly documented and these exceptions will be made by the primary caregiver only, not by others.
CONTRACT FOR NARCOTIC MEDICATION
FOR THE TREATMENT OF CHRONIC NON-MALIGNANT PAIN

The following narcotic contract was designed to support us in treating your pain, and to ensure your safety. The primary care clinics of Pinecrest-Queensway Community Health Centre maintain its professional obligations according to the Controlled Drugs and Substances Act, and this contract assists us in these regards.

1) I understand that I am receiving opioid medication from Dr______to treat my pain condition. I agree to the following conditions under which this medication is prescribed.

2) I will not seek opioid medication from another physician. Only Dr. _________ or the replacement physician from the Pinecrest Queensway Community Health Center or the South Nepean Community Health Centre will prescribe opioid for me. The opioid prescription is only available through booked appointments and not through the emergency room, walk-in or by phone call.

3) I am responsible to book appointments in advance for the next prescription. Under no circumstances, Dr. __________ nor his/her replacement renew my prescriptions by the phone or by fax.

4) I will not take opioid medications in larger amounts or more frequently than is prescribed by Dr. ________.

5) I will not give or sell my medication to anyone else, including family members; nor will I accept opioid medications from anyone else. I will ensure the appropriate disposal of the prescribed narcotic should I decide not to take them for any reason. (i.e. Return to pharmacy where the prescription was filled)

6) I will agree to submit timely urine or blood testing at Dr. __________ request to verify compliance with this and to be seen by an addiction specialist if seen appropriate clinically.

7) I will bring my medications to each appointment and submit to random pill count by Dr. ________ or by the pharmacist at Dr. ________ request.

8) I understand that the main goal by which this treatment will be judged is significant improvement in my functional capabilities. Therefore, I agree to attend and participate fully in any assessment or pain treatment program, which may be recommended by Dr. __________ or a consulting physician.

9) I will not use over-the-counter opioid medications such as Tylenol 1’s and 222’s.

10)I understand that if my prescription runs out early for any reason (i.e. if I lose the medication or take more than prescribed), neither Dr. ________ nor any member of the Pinecrest Queensway Community Health Center or the South Nepean Community Health Centre will prescribe extra medication for me.

11)A copy of this contract will be placed on the front of my medical chart.

12)I understand that if I break these conditions, Dr. ________ may choose to cease writing opioid prescriptions for me.

Patient Name

______________________________
I understand that I have been prescribed medication by Dr. ________________ that needs special attention, and I agree to the following conditions under which this medication will be prescribed.

This medication will only be prescribed and renewed at appointments with my regular provider Dr. ________________.
Assessments, adjustments and renewals WILL NOT be done on a walk-in basis.
This medication will not be renewed by fax through the pharmacy and it will not be dispensed early.

Client Name: __________________________________________________________________________
Client Signature: _______________________________________________________________________
Date: _________________________________________________________________________________
Physician Name: _________________________________________________________________________
Physician Signature: _______________________________________________________________________
Date: _________________________________________________________________________________

Copy of agreement given to client □
Copy scanned to client EMR
PH-823 Low Cost Contraceptive Program

Procedure: DISPENSING OF LOW COST HORMONAL CONTRACEPTIVES (OCP)

Practitioner: Registered Nurses, Registered Nurse in extended class

Procedure description: Dispensing includes the selection, preparation and transfer of one or more doses of a drug to a client or his representative for administration (CNO Medication Administration Standard). This is a cost recovery program and no profit is made from the sale of the LCC. Every attempt should be made to recover the base cost of the contraceptive from the client.

RN/RN(EC) certified by all staff physicians will dispense low cost contraceptives according to the following procedure and medical directive MedD-1.0: Delegation of the Dispensing of Medication.

Receive and read the prescription in the individual chart. If prescription is expired or inappropriate, staff are to consult with prescribing physician or the “Go-To” MD for a supply of one month to prevent interruption of contraceptive therapy. Advise client to book appointment with PHC provider to renew prescription.

1. Select the drug ordered to dispense.
2. Check the expiratory date of the drug or product.
3. Enter the dispensed drug in the Low Cost Contraceptive log (sequential log of all medication being dispensed daily)
4. Follow the question sheet, document and encounter the dispensing of the medication in the client chart
5. Collect the base cost of the medication. The base cost is recorded on each log sheet.
6. Instruct the client to report any suspected adverse outcomes to taking the medication.
7. Recheck the order and product for accuracy.
8. Log the amount of money that was recovered form the client for the medication
A designated NP/RN will:

1. Review the type of medications available and the supply of these medications with regard to their suitability to the client population and demand.
2. Ensure that the inventory available is appropriate to the shelf life of the medication for the setting.
3. Review of the inventory as deemed necessary; on weekly/months basis and order medications using the Ottawa Public Health Contraceptive Requisition Order Form from Community Agencies and fax to 613-560-6096 attention Seamus O’Brien. The order is processed at Sexual Health on Thursday’s and Seamus will decide if process will be that he calls or emails contact at centers.
4. Ensure a copy of the order sheet to Sexual Health is kept in the LCC binder.
5. The ordering nurse is to arrange the pick-up through the courier Accuro.
6. Once the medication arrives it is stored in a secure locked area.
7. Ensured that out of date medications are disposed of in a safe manner.

The clinic coordinator (CC) is responsible for the handling of the money collected and will:

1. complete the PQ-SN Low Cost Contraceptive Reconciliation Sheet and forward the money to finance at the end of each month.
2. put a copy of the invoice from Sexual Health in the LCC binder.

Budget code for deposits and payments: 64020 1215

Program forms located on u:drive \Pqstorage1a\shared\Health Services\PROGRAMS & SERVICES\Low Cost Contraception Program

November 2012 Updated Contact information:

Sexual Health:
Administrator: Seamus O’Brien
Phone: 613 580-6744 ext 22521
email: Seamus.OBrien@ottawa.ca
Order by fax: 613-560-6096

Centre LCC Contacts:
   PQ Site:
        Clinic Assistant
   SN Site:
        NP: Lesley Lisk/Natasha Bradshaw
        SN CSC

Approval April 2011
Revision Date November 2012
POLICY STATEMENT

An emergency cart will be maintained on an ongoing basis and stored in the urgent care rooms at the primary care clinics to be available for the emergency response to any client.

It will be checked monthly and as required and documented on the emergency cart checklist stored on the emergency cart.

Procedures

EMERGENCY CART MAINTENANCE

A. NURSE/Clinic Assistant

1. Use check list to check emergency cart on a monthly basis to ensure supplies are updated and in good working order. Replace medications and supplies as necessary. Once this list is full, it will be filed in the binder marked “Retired Maintenance Checklists” located in the office of the clinical coordinator/aide

2. Ensure that a current list of Emergency Cart’s contents is in the Emergency Cart (see checklist). This list will be dated and signed on a monthly and PRN basis. When the checklist is full, it should be filed in the “Equipment Maintenance Binder” which it is kept in the storage room on top of the fridge and a new one started.

3. Re-stock any missing medical items

4. Check pressure of oxygen cylinder after each use and daily and replace as required.

B. PRACTITIONER

1. After using an article supplies or medication from the Emergency Cart, the practitioner must inform a nurse/clinic assistant that the cart was used and inform of the items that must be replaced or checked on the cart.

Approval Date: July 1999
Revision Dates: Sept 2012
PH-901: CLEANING, DISINFECTING and STERILIZING MEDICAL INSTRUMENTS

POLICY STATEMENT

Pinecrest-Queensway Community Health Centre AND SN CHCH, disinfects and/or sterilizes all reusable medical equipment after each use. The Nurse/ AND OR Clinic Assistant are responsible for ensuring that this is done according to the Infection Control in the Physician’s Office (2004) guidelines from the College of Physicians and Surgeons of Ontario, available in the nursing office.

Upon orientation to the clinic all new Nurses are trained by a qualified Nurse how to wash, disinfect and sterilize all medical instruments and other items (i.e. gowns, green drapes etc.). The Nurses are advised not to perform any of these functions if they have not yet been trained or if they deem their knowledge of the technique to be inadequate for proper disinfection and/or sterilization.

PQCHCAND SNCHC does not endorse the sterilization and reuse of disposable items

Procedures
Cleaning
1. Thorough cleaning of instruments to mechanically remove all organic material is of the utmost importance prior to either sterilization or disinfection.

2. Instruments should be cleaned as soon as possible after use so that organic material will not dry. Soak instruments in the Metri-clean 2 for 20 min before they are cleaned.

3. Organic material interferes with the sterilization or disinfection process and must therefore be removed before disinfection or sterilization procedures are initiated. Hence, all instruments must be rinsed of organic material prior to being placed into the disinfecting solution.

4. Metri-clean2 solution is the disinfecting solution that is used at Pinecrest-Queensway. OrganiSol powdered is used at SN.

References:
2. OrganiSol: Hospital & Laboratory Ware Detergent (Product Information). Chester Labs Inc.
PH-902: AUTOCLAVE MAINTENANCE “M11 ULTRAclave”

POLICY STATEMENT

The daily, weekly and monthly maintenance of the autoclave is a the responsibility of Clinic Assistant and nursing staff at Pinecrest-Queensway Community Health Centre and SNCHC

Procedures

1. Any concern or malfunction with the autoclave is to be reported to the Health Services Manager or designate immediately and the autoclave is not to be used for sterilizing until the concern or malfunction has been resolved.

2. A maintenance schedule will be kept on site and will be initialed by the Nurse at SN and Clinic Assistant at PQ who performs the procedure. Said maintenance will be conducted according to the recommended manufacturer’s directions.

3. The ‘M11 ULTRAclave INSTALLATION AND OPERATION MANUAL will be kept in a central location accessible to all Nursing staff.

4. The procedures listed in the “M11 ULTRAclave INSTALLATION & OPERATION MANUAL” are to be followed at all times during the maintenance of the autoclave.

Approval Date: November 1999
Revision Dates: November 2002
               June 2005
               April 2008
               Sept 2012
POLICY STATEMENT

Pinecrest-Queensway Community Health Centre and SN disinfects all contaminated surfaces after each use. The Nurses are responsible for ensuring that this is done according to the *Infection Control in the Physician’s Office* (2004) guidelines from the College of Physicians and Surgeons of Ontario.

Upon orientation to the clinic all new staff (Nurses, Nurse Practitioners, Physicians and Maintenance) are trained by a qualified employee on how to disinfect contaminated surfaces i.e. examination tables. In the case of off-site locations providing primary health care services, it is the responsibility of the employee providing the services to disinfect the surfaces. The trained staff is advised not to perform any of the disinfection if they have not yet been trained or if they deem their knowledge of the technique to be inadequate for proper disinfection.

Procedures

Use protective gear as appropriate to the situation i.e. gloves, mask, gown, and goggles.

Either of the following detergent disinfectants must be used in the daily cleaning and disinfection of all surfaces in the clinic and any other off-site locations providing health care services:

- BM 6400
- 1:100 Chlorine Bleach
- 1:10 Chlorine Bleach for blood spills

Always have a bottle of one of these disinfectants available.

Spot cleaning of body fluid spills should be done immediately.

References


2. Guidelines for Infection Prevention and Control in the Physician’s Office, BC CDC 2004
   [http://www.bccdc.org/downloads/pdf/lab/reports/Infection_Control_In_Physician_Office_Final.pdf?PH\PSESSID=39cb025f36d67d1e8ddd7a7bfab382e1](http://www.bccdc.org/downloads/pdf/lab/reports/Infection_Control_In_Physician_Office_Final.pdf?PH\PSESSID=39cb025f36d67d1e8ddd7a7bfab382e1)
POLICY STATEMENT

An emergency cart will be maintained on an ongoing basis and stored in the urgent care rooms at the primary care clinics to be available for the emergency response to any client.

It will be checked monthly and as required and documented on the emergency cart checklist stored on the emergency cart.

Procedures

EMERGENCY CART MAINTENANCE

A. NURSE/Clinic Assistant

5. Use check list to check emergency cart on a monthly basis to ensure supplies are updated and in good working order. Replace medications and supplies as necessary. Once this list is full, it will be filed in the binder marked “Retired Maintenance Checklists” located in the office of the clinical coordinator/aide.

6. Ensure that a current list of Emergency Cart’s contents is in the Emergency Cart (see checklist). This list will be dated and signed on a monthly and PRN basis. When the checklist is full, it should be filed in the “Equipment Maintenance Binder” which it is kept in the storage room on top of the fridge and a new one started.

7. Re-stock any missing medical items

8. Check pressure of oxygen cylinder after each use and daily and replace as required.

B. PRACTITIONER

2. After using an article supplies or medication from the Emergency Cart, the practitioner must inform a nurse/clinic assistant that the cart was used and inform of the items that must be replaced or checked on the cart.
PH-905: EQUIPMENT MAINTENANCE

POLICY STATEMENT

Nursing staff are responsible to ensure that all medical and related equipment is maintained and in working order.

Procedures

1. A list of equipment and its maintenance schedule is held in room #2 in the clinic.

2. The nursing staffs are responsible for keeping the list updated and performing the maintenance as per the schedule (See chart below).

3. Maintenance schedules are to be dated and initialed each time the task has been completed.

4. When the checklist is full, it should be filed in the “Equipment Maintenance Binder” which it is kept in the storage room on top of the fridge and a new one started.

Approval Date: July 1999
Revision Dates: September 2002
June 2005
Sept 2012
November 2012
<table>
<thead>
<tr>
<th>LIST OF PROCEDURES</th>
<th>FREQUENCY</th>
<th>POSITION RESPONSIBLE at PQ</th>
<th>POSITION RESPONSIBLE at SN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Verification of Emergency supplies (including Emergency box and oxygen tank)</td>
<td>After each use and Monthly</td>
<td>Clinic assistant</td>
<td>RN</td>
</tr>
<tr>
<td>3. Temperature verification of Vaccine fridge</td>
<td>Daily (at start and end of shift)</td>
<td>RN/ Clinic assistant</td>
<td>RN</td>
</tr>
<tr>
<td>4. Autoclave maintenance (according to policy and User manual) MODEL: M11 Ultraclave</td>
<td>Daily, Weekly and Monthly</td>
<td>RN/ Clinic assistant</td>
<td>RN/ Clinic assistant</td>
</tr>
<tr>
<td>5. EKG maintenance (according to policy and User guide) MODEL: Cardiovit AT-1- check for paper lead stickers</td>
<td>Every two months</td>
<td>Clinic assistant</td>
<td>RN</td>
</tr>
<tr>
<td>6. Nebulizer maintenance (according to Patient guide) MODEL: Pulmo-Aide 5610C</td>
<td>Every 6 months</td>
<td>RN</td>
<td>RN</td>
</tr>
<tr>
<td>7. Glucometer Elite (according to User Guide)</td>
<td>Monthly</td>
<td>RN</td>
<td>RN</td>
</tr>
<tr>
<td>8. Audiology machine</td>
<td>Monthly</td>
<td>Clinic assistant</td>
<td>RN</td>
</tr>
<tr>
<td>9. Liquid Nitrogen</td>
<td>PRN</td>
<td>RN/ Clinic assistant</td>
<td>RN</td>
</tr>
<tr>
<td>10. Oxygen Tank</td>
<td>Daily</td>
<td>RN/ Clinic assistant</td>
<td>RN</td>
</tr>
<tr>
<td>11. Adrenalin Kit</td>
<td>Monthly and after each use</td>
<td>RN/ Clinic assistant</td>
<td>RN</td>
</tr>
</tbody>
</table>
# APPENDIX: Equipment Maintenance checklist

<table>
<thead>
<tr>
<th>LIST OF PROCEDURES</th>
<th>Frequency</th>
<th>Position Resp. @SN</th>
<th>Position Resp. @PQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Verification of Emergency supplies (including Emergency box and oxygen tank)</td>
<td>After each use and Monthly</td>
<td>RN</td>
<td>Clinic Assistant</td>
</tr>
<tr>
<td>2. Calibration of Spirometer (according to policy and operating instructions manual)</td>
<td>Daily</td>
<td>RN</td>
<td>Clinic Assistant</td>
</tr>
<tr>
<td>3. Temperature verification of Vaccine fridge</td>
<td>Daily (at start of shift)</td>
<td>RN/CA</td>
<td>Clinic Assistant</td>
</tr>
<tr>
<td>4. Autoclave maintenance (according to policy and User manual) MODEL: M11 Ultraclave</td>
<td>Daily, Weekly and Monthly</td>
<td>Clinic Assistant</td>
<td>Clinic Assistant</td>
</tr>
<tr>
<td>5. EKG maintenance (according to policy and User guide) MODEL: Cardiovit AT-1</td>
<td>Every two months</td>
<td>RN</td>
<td>Clinic Assistant</td>
</tr>
<tr>
<td>6. Nebulizer maintenance (according to Patient guide) MODEL: Pulmo-Aide 5610C</td>
<td>Every 6 months</td>
<td>RN</td>
<td>RN</td>
</tr>
<tr>
<td>7. Glucometer Elite (according to User Guide)</td>
<td>Monthly</td>
<td>RN</td>
<td>RN</td>
</tr>
<tr>
<td>8. Audioscope</td>
<td>Monthly</td>
<td>RN</td>
<td>Clinic Assistant</td>
</tr>
<tr>
<td>9. Liquid Nitrogen</td>
<td>PRN</td>
<td>RN/CA</td>
<td>Clinic Assistant</td>
</tr>
<tr>
<td>10. Oxygen Tank</td>
<td>Daily</td>
<td>RN/CA</td>
<td>Clinic Assistant</td>
</tr>
<tr>
<td>11. Adrenalin Kit</td>
<td>Monthly and after each use</td>
<td>RN</td>
<td>Clinic Assistant</td>
</tr>
</tbody>
</table>
PH-906: SUPPLY ORDERING

POLICY STATEMENT

Pinecrest-Queensway Community Health Centre orders their medical supplies from a variety of different suppliers keeping in mind quality and costs. The Clinical Assistant is responsible for the ordering of any needed supplies on a regular basis for both clinical sites. The Clinical Assistant works with the nursing staff and Clinical Coordinators to ensure the proper and timely ordering of supplies.

Procedures

1. A sheet of paper is located in the clinic supply room in order for staff to write down the supplies that they have noticed to be in short supply.

2. The Clinical Assistant notes on the aforementioned sheet, the date of the next supply ordering and conducts the order on or about that date.

3. If a staff person deems it necessary to order a supply prior to the next ordering date, they are to speak directly with the RN in charge of ordering.

Approval Date: October 1999
Revision Dates: September 2002
June 2005
November 2012
POLICY STATEMENT

Pinecrest-Queensway Community Health Centre orders their medical supplies from a variety of different suppliers keeping in mind quality and costs. The Clinical Assistant is responsible for the ordering of any needed supplies on a regular basis for both clinical sites. The Clinical Assistant works with the nursing staff and Clinical Coordinators to ensure the proper and timely ordering of supplies.

Procedures

4. A sheet of paper is located in the clinic supply room in order for staff to write down the supplies that they have noticed to be in short supply.

5. The Clinical Assistant notes on the aforementioned sheet, the date of the next supply ordering and conducts the order on or about that date.

6. If a staff person deems it necessary to order a supply prior to the next ordering date, they are to speak directly with the RN in charge of ordering.

Approval Date: October 1999
Revision Dates: September 2002
June 2005
November 2012
POLICY STATEMENT

All Practitioners will ensure the safe disposal of all soiled waste, especially any containing bio-hazardous material.

Procedures

1. Staff members are to wear gloves to handle any soiled waste such as items contaminated with blood or drainage that would release liquid or semi-liquid blood if compressed.
2. Collect any soiled dressings or other soiled waste and place in the garbage.
3. After wiping up as much of the visible material as possible with disposable towels (dispose as per #2), and cleaning the area with detergent, wipe all surfaces which may have been contaminated by soiled waste or body substances thoroughly with BM 6400 or “Cavispray” and “Caviwipes”.
4. Any linen soiled with body fluids must be placed securely in a laundry bag. Immediate washing with hot water is to be done.
5. Wash hands after removing and discarding gloves.

Laundry

Laundry is collected from the exam rooms. All laundry is done on site in the clinic on an as needed basis by the clinic assistant or RN. Laundry is washed and dried on a hot cycle. The RN or clinic assistant folds and puts clean laundry away.

Stericycle

Stericycle collects sharps containers every 3 months. The clinic assistant organizes the sharps containers and expired medications from the medical cabinets and discards them in the proper container for collection by Stericycle. See RM 122

Approval Date: June 2005
Revision Dates: Sept 2012
POLICY STATEMENT

In order for the clinic to be able to provide client services such as immunization, dressings and other basic medical treatment, there is a requirement for dedicated equipment to be maintained and monitored and replaced when needed.

- Refrigerator: The storage of vaccines requires a refrigerator that maintains a specific temperature at all times. The City of Ottawa provides a chart to be filled in of daily temperatures so they can monitor the storage of the vaccines that they supply.
- Sterilizer: There is one sterilizer being used in the clinic and there are maintenance standards that must be maintained in order to keep the machine running. There is also a requirement when sterilizing instruments used in client care to ensure that sterilization standards are being met.

All Health Services (HS) staff shall be knowledgeable about the location and proper use of medical equipment pertinent to their positions at the clinic sites (PQ and SN). Instruction about the location and proper use of medical equipment shall be provided to all staff on an annual basis and to new staff (including locums) as part of their orientation.

All clinical HS staff shall be knowledgeable about the location and proper use of Emergency Medical Service equipment.

An assigned nurse shall check emergency equipment on a monthly basis.

The person responsible for "ordering" supplies shall coordinate all repairs to medical equipment.

Simple repairs that can be performed within the PQCHC/SNCHC should be coordinated through Physical Resources (requisition needed).

Procedures

1. Refrigerator

   A. The nursing staff are responsible for ensuring the vaccine fridge is checked and twice a day and the temperature is logged.
   B. City of Ottawa staff will be notified by nursing staff if the standards are not being met.
   C. Ottawa Public Health will spot visit the sites with vaccine storage as part of the Vaccine program and review logs kept by the centre.

Sterilizers

   A. A sterilizer is kept at each of the SN and PQ clinic sites. Nursing staff oversees the Clinical Assistant who cleans the sterilizer.

   B. Only distilled water is used in the sterilizer and each sterilizer requires a monthly change of water.
   C. Once a year, the sterilizer will be monitored for quality assurance of sterilization by a biomedical technician.

Medical Equipment (cont’d.)
3. **Oxygen Tanks**
   a) O₂ tanks are located in the emergency room. There is one in a portable container and a back-up is located under the emergency bed. The tanks are checked daily. Contact the clinical nurse or clinic assistant if they need refilling.

4. **Liquid Nitrogen Tank**
   The liquid nitrogen tank and nozzle are located in the supply room at PQ and the clean hold at SN. A thermos spray device is located by the tank and is used in the actual delivery of the liquid nitrogen. Gloves must be used in the pouring of the liquid nitrogen.
   b) All staff using the liquid nitrogen must be thoroughly briefed before initiating the treatment.
   c) Notify the clinical nurse or clinic assistant when a new supply is needed.

5. **Instructions regarding Use of Medical Equipment**
   a) Will be provided to all new staff, including locums, during orientation
   b) Will be reviewed on an annual basis for all existing staff
   c) The clinical nurse or Clinical Assistant are responsible for the care and maintenance of the medical equipment and to arrange annual review of required equipment.

<table>
<thead>
<tr>
<th>Approval Date:</th>
<th>July 1999</th>
</tr>
</thead>
</table>
| Revision Dates: | July 2002  
|                 | June 2005  
|                 | Sept 2012  |
POLICY STATEMENT

Any medication that is to be stored at any Pinecrest-Queensway Community Health Centre clinic must be kept locked in a medication cabinet/cupboard at all times to which only the clinic health providers have access. The only exception to this policy would be that of immunizations and client allergy desensitization serum which are kept in the clinic vaccine storage fridge.

Pinecrest-Queensway Community Health Centre takes full responsibility for the safe storage of the medication once it is in the hands of its staff. If client medication is lost or improperly stored leading to spoiling of the serum, Pinecrest-Queensway Community Health Centre would be responsible for any fees for its replacement.

Procedures

1. All regular clinic health providers are given a key to the medication cupboard. They are responsible for keeping the key in a secure area.

2. All medication is to be stored in the medication cupboard.

3. The medication cupboard must be kept locked at all times when not in use.

4. Lost or stolen keys shall be reported to the HSM.
POLICY STATEMENT

PQCHC does not store narcotics on site at any onsite or off site primary care clinics.

Procedures

1. If a narcotic were required for client care, only a prescription for the immediately required dose would be given to the client to have filled at a pharmacy. The client would then return to the clinic with the narcotic, which would then be administered, by one of the medical staff.

2. If any of the doses remains at the end of the treatment, the remaining medication must be poured out into one of the sharp dispensers in the presence of another medical staff. This disposal must be documented in the clients chart by the provider who disposed of the medication and co-signed by the witnessing staff. This documentation is to include name of narcotic and the amount being disposed of.

3. If any narcotics have to be removed from a house bound client’s home in the case of a death or discontinuation of the medication, narcotics should be taken to the health center and disposed of as in step 2 with a witness, documented in client chart and signed by provider and witness.
PH-911: SAFEGUARDING BLANK PRESCRIPTIONS

POLICY STATEMENT

Blank prescriptions pads are to be kept in a secured area of the clinic. Providers may keep a small supply of blank prescriptions on their person and or in their desk drawers. All other scripts are deemed not a security risk and do not need to be locked.

Any unattended blank prescriptions pads found by any staff can be deposited into the secured area of the clinic or given to any clinic team member for safe storage.

Procedure:
SN: Blank prescription pads are locked in the second drawer of the medical referral wall in the South Nepean hallway.

PQ: Blank carbon prescription pads are kept in the locked drawer marked Prescription pads below the medication cupboard.

return to table of contents
PH-912: CHAPERONING OF PHYSICAL EXAMINATIONS

POLICY STATEMENT

Nurse Practitioners and Physicians conducting physical examinations on clients may offer that another medical provider be present during the examination. Also, any client may request that another medical provider be present during the examination. The extra provider’s role in the room is to act as a support to the client and/or provider:

- To make the client feel more comfortable
- To assist the main provider when in the room i.e. setting up the swabs, etc.

Procedures

1. It will be noted in the client chart that a second provider is in attendance.

2. Where appropriate, the source of the request will be documented.

Approval Date: October 1999
POLICY STATEMENT
The primary care clinics of PQCHC stores and handles all vaccines in accordance with the Ontario Ministry of Health’s 2012 Vaccine Storage and Handling Guidelines. A summary of this is posted on the front of the vaccine storage fridge. The procurement of vaccine is through the Ottawa Public Health Department Vaccine Order Desk. The ordering of vaccines is done on a regular basis by the clinic staff responsible for this task.

Procedures
Storage and Handling
1. Twice a day the nurse primarily responsible for the clinic that day or clinic staff is also responsible for logging the current, minimum and maximum temperature of the vaccine fridge. A log sheet is always posted on the fridge.

2. Once the log sheet is full, it is filed in the Equipment Maintenance Binder" and kept in the storage room. Blank log sheets can be found in the Equipment Maintenance binder. A replacement sheet is to be posted on the fridge.

Ordering
1. The Nurse/Clinic Staff responsible for the ordering of vaccines evaluates the need for specific types of vaccines on a weekly basis and orders the type and amount accordingly.

2. A Vaccine Orders binder is kept in the clinic. VACCINE ORDER (see appendix) forms are in the binder. This form must be completed and faxed by the Nurse or clinic staff responsible to the number noted on the order form. The original of the order form is then kept in the vaccine orders binder. A copy of the fridge log is sent by fax along with the vaccine order.

3. Seven- ten working days must be allowed for the processing of the order. If the vaccine is needed sooner than seven days the Nurse/clinic assistant can call the Vaccine order desk at 580-6744 ext. 24225 and speak directly with the person responsible for filling the orders.

Resources:

POLICY STATEMENT

Medications and treatment errors and near miss incidents made in primary care services during client service delivery are reported on a ‘Medications/Treatment / Errors and Near Miss report. The information is reviewed to assess ongoing training and educational needs of clinic provider staff and proactively address potential risk management issues in service delivery.

As a Guideline:

“A medication error is defined as any preventable event that may cause or lead to inappropriate medication use or client harm while the medication is in the control of the health care professional, client or consumer. Such events may be related to professional practice, health care products, procedures and systems, including prescribing, order communication; product labeling, packaging and nomenclature; administration; education; monitoring and use.”

See [http://www.nccmerp.org/](http://www.nccmerp.org/)
National Coordinating Council for Medication Error Reporting and Prevention, 2008

A near Miss incident is defined by Accreditation Canada as an event or situation that could have resulted in an accident, injury or illness to a client but did not, either by chance or through timely intervention.

Procedures

1. In the event of medication or treatment error or near miss incident providers are to report the incident as soon as possible.

2. The completed Medications/Treatment Error and Near Miss report is forwarded to the CSC/HSM for follow up action and review with the teams as a learning opportunity as appropriate. As per the OHS policy #19 (to be linked when new policy is in word). An incident report may also be required.

3. Medications and treatment errors and near miss incidents reports are kept confidential and held in the master file in the clinic.

4. The material is reviewed annually to respond to any concerns of a reoccurring nature.
### APPENDIX: Medication / Treatment Error and Near Miss Incident Report

**PINECREST-QUEENSWAY COMMUNITY HEALTH CENTRE**

**MEDICATION/TREATMENT ERROR REPORT**

<table>
<thead>
<tr>
<th>Date of Incident:</th>
<th>Time of Incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Location:**

<table>
<thead>
<tr>
<th>What type of staff/health care practitioner made the error or was involved with the near miss?:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

2. **Person(s) involved:**

**Client information:**

- **Name:** ______________________________________
- **Address:** _____________________________________
- **Phone:**
  - (Home) __________________________
  - (Work) ____________________

**Name of Parent (if applicable):** ______________________________________

**Parent informed (if applicable):**

- Yes
- No

**PARENT’S SIGNATURE:** ______________________________________

3. **Description of incident** including brand/product name of product(s) involved and direct result of the error on the client/patient (i.e. type of harm, adverse reaction, additional monitoring required). Please attach an extra sheet if more space is necessary.

- **Actual Error** (causing harm, injury)
- **Potential Error / Near Miss** (error did not reach client)

**How was the error (or potential for error) discovered/intercepted?**

**Reported by:**

- (print) __________________________
- (signature) ______________________

4. **Indicate the possible error cause(s) and contributing factor(s) (i.e., abbreviation, similar names, distractions, etc.)**

5. **Action Taken:**

6. **Check the boxes that applied to the situation:**

- Incorrect medication /treatment
- Incorrect dose
- Incorrect route
- Gave an expired medication
- Forgot to give medication/treatment
- Procedure corrected/altered
- Physician attendance by (name)
- Other: ______________________________________
1. Suggest any recommendations you have to prevent this error happening again or describe what changes you have made to prevent this happening again:

2. The staff member involved must notify Health Services Manager or Clinical Services Co-ordinator.

Check box if done  [ ] Date: ______________________

3. HSM/CSC:

Date Received: ______________________

Action taken Program Manager:

________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________

Date: ________________ Signature of Program Manager: _________________________________

--Notification of the Executive Director is at the discretion of the Program Manager/Supervisor--

Notification Made: Yes [ ] No [ ]

4. Review/Resolution:

_______________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________
POLICY STATEMENT

PQCHC is committed to providing accessible primary health care to residents of the Carling Family Shelter on a scheduled part time basis. The Carling Family Shelter (CFS) is located at 2980 Carling Avenue.

The clinic is staffed by a Nurse Practitioner (NP) and an administrative assistant. The NP is supported by access to an off-site physician with whom they may consult as needed.

Clients requiring follow-up care to clinic intervention may be referred to their own family physician, specialist or emergency room depending on the nature of the medical condition.

It is the responsibility of the outreach team (lead - NP) to keep the clinic equipped to facilitate the provision of a broad range of primary health care services and completion of routine client record and data processing.

Procedures

CFS outreach clinic services are provided each week day for a 1/2 day period.

The transportable, lockable shelter file box is obtained from PQCHC main clinic site. This box contains keys and any new charts, labs or other documents or supplies required for the day.

All PQCHC staff must sign in at the shelter front office and obtain the clinic office key (on red wrist coil chain) on entering the shelter. On entering the office, open all cupboards with clinic key.

Obtain the list of appointments for the day in the binder titled Nurse Practitioner Schedule from main office. Appointments are encouraged but walk-in clients are accommodated when possible or assessed as needed to respond to urgent medical need.

The admin assistant will keep a written record of clients seen, reason for visit and ensure routine file and data processing program requirements are met.

The admin assistant manages the flow of clients by checking the shelter foyer for walk-in and booked clients waiting to see the NP.

The shelter box is returned to PQCHC at the end of each shift. Charts must always be secured and handled as per the general PQCHC policy.

Eligibility

Clients using outreach clinic services must be a current resident of CFS (or overflow to the Stardust Motel). All residents eligible for clinic services while residing at CFS are registered as ‘temporary’ clients. Once they have left CFS clients are responsible for securing alternate primary care services.
When requested and with the client’s written consent a copy of their medical record will be sent to their primary care provider. Alternately the client can request and give written agreement to have a copy of their chart content when they leave the shelter. Ongoing care can be provided at PQCHC should the client relocate within the center’s catchment and have IFHB or no health insurance.

Registration

Clients are informed of outreach clinic hours and services on initial orientation to the CFS by shelter staff. Clients are invited to attend the clinic on a walk-in or appointment basis. Clients are required to have a PQCHC registration form completed to access clinic services and be informed of the creation of a client chart. This is done when they first seek care. Somali and Arabic interpretation services are available to facilitate client registration and the provision of care for residents fluent in these languages.

The temporary chart is created by the admin assistant. A purple sheet with a duplicate file number is brought in the locked file box to PQCHC and filed in the main filing system to mark the chart’s destination.

Restrictions to Health Care Provision

Primary Health Care services are provided except for immunizations. The well baby/child component is done at the shelter and the client is then referred to PQCHC for their immunization. Long Term Disability, Ontario Works or Workplace Safety & Insurance Board forms will not be completed.

Residents are eligible for services only while they are living at CFS. Once they leave shelter they must seek alternate primary health care. A list of walk in clinics and the 1-800-number and website for doctors accepting new patients may be provided.

Chart Storage

Charts for registered clients are kept in a locked filing cabinet in the outreach clinic room. The charts are filed by the client’s room number. Should the chart be required at PQCHC (i.e. for appointments or to complete charting), it is transported in the lockable file box and secured in the locked filing space at PQCHC.

Closing Charts

Clients moving out of the shelter will have their medical file closed unless they are eligible for ongoing care. The admin assistant enters the clients new address and phone number (as available) in the computer and prints a label. The label will be attached to the record of file closing and attached to the front of the chart. Each chart will be reviewed to ensure there is no outstanding medical work (laboratory tests, referrals). Charts that are complete will be closed medically both in the paper and computer record. Those with outstanding work will remain open in the locked filing area at PQCHC medical reception.

Security

The outreach clinic room key is kept in the CFS’s front office. This key chain also has a key for the laboratory (lab) box. This ensures lab pick-up personnel who do not have a key have access to the lab box if needed.

Keys for the:

Desk filing cabinet
Chart filing cabinet
Medical supply cupboard
Medication Cart

Keys are kept with the NP attending the outreach clinic. This ensures client confidentiality and control of supplies and prescriptions. The admin assistant also holds a complete set of keys, except for the medication cabinet. The admin assistant also has desk cupboard keys. Copies of all keys are kept at Pinecrest-Queensway with the custodial staff.

In instances of breeches of security (property or personal) or other issues related to the premises the Health Services Manager is contacted immediately. Outreach clinic NP’s must ensure access to a telephone at all times. Cell phones are available to be signed out at the PQCHC general reception desk if necessary.

Appointments

An appointment signup sheet is kept at the main CFS office. Clients are encouraged to book an appointment with the shelter staff to access outreach clinic service.

General Hours of Operation*

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>9:00 to 11:30 am</td>
</tr>
<tr>
<td>Tuesday</td>
<td>5:30 to 8:00 pm</td>
</tr>
<tr>
<td>Wednesday</td>
<td>1:30 to 4:00</td>
</tr>
<tr>
<td>Thursday</td>
<td>9-11:30 am</td>
</tr>
<tr>
<td>Friday</td>
<td>9:00 to 11:30</td>
</tr>
</tbody>
</table>

*Hours may alter due to stat holidays or staffing accommodation.

Clients arriving after outreach clinic hours may be seen by the clinic NP at his/her discretion or be advised to:

- Seek medical care at a local walk-in or with their own care provider
- Attend a hospital emergency department
- Be seen at PQCHC main clinic, if applicable

Data Entry

Entry of computer based data for individual client encounters is completed by the NP.

The admin assistant updates daily the list of CFS residents, client seen, clients booked, no shows and walk-ins. Supplies re-stocking, refilling or reordering is completed by the admin assistant.

Laboratory Services

The lab box is hung on the clinic door when there are specimens for pickup. For afternoon clinics, the pickup time is at 5:00 PM, for morning clinics the pickup is at 1:45 pm and evening clinic pick up is at 8:00 pm.

Prescriptions

Prescription pads are available in the lockable file box. For prescriptions outside the NP’s scope of practice consultation with a physician is required. When approval is gained the prescription may be phoned in to the client’s pharmacy of choice by the NP.

Other Services

There are several services available to complement and enhance outreach clinic care. For details about these services please speak directly with the NP or CFS staff. Emergency money, bus tickets and taxi chits are available in limited
numbers in the locked book cupboard. These may be distributed at the discretion of the NP or an as needed basis with individual circumstances taken into consideration.

The overall management of the emergency money and transportation is undertaken by the NP.

**Supplies**

Supplies for outreach clinics are obtained from PQCHC. When an item is depleting, a written note is completed. The NP will replenish supplies from the PQCHC stock and take to shelter on next scheduled visit. If supplies need to be ordered, indicate the item on the supply ordering list found in the lab room or supply room at PQCHC. A Nurse is responsible for ordering and should be approached for discussion or clarification.
POLICY STATEMENT

PQCHC is committed to providing accessible, sensitive primary health care to students of Woodroffe High School (WHS) on a scheduled part time basis. This may also include children enrolled in the onsite day care when their parents are students of WHS.

It is the responsibility of the Nurse Practitioner (NP) to keep the clinic equipped to facilitate the provision of a broad range of primary health care services.

The clinic is staffed by a Nurse Practitioner, an administrative (admin) assistant. The NP must always have access to a physician with whom they may consult as needed. Clients requiring follow-up may be referred to their own family physician, specialist or emergency room depending on the nature of the medical condition.

Services are provided twice weekly for a ½ day (approximately 3 hours).

The clinic is named the Helping Paw Clinic.

Procedures

1. WHS locked file box to be obtained from PQCHC. This contains keys and any new charts, labs or other documents or supplies required for the day. WHS is located at 2410 Georgina Street.

2. The clinic is located in the main hall past the office and on the left. There is a Tiger motif on the door. A key to the door is on the key chain in the locked box.

3. Open all cupboards with keys held by NP and admin assistant.

4. The admin assistant will obtain appointment slips from a locked box in the guidance office. The combination for this box is located in the appointment record book. Appointments are encouraged but walk-in clients are always welcome.

5. Admin assistant will locate students by referring to the student’s timetable located in the main office.

6. Students who are registering for the first time will complete a registration form and a written health history. The admin assistant may assist students to complete the form as needed.

7. Admin assistant will manage the flow of clients, in conjunction with the NP. Students will be called down to the Helping Paw clinic from their classroom.

8. The admin assistant will keep a written record of clients seen and, if possible, a reason for visit. Students who were not available to be seen and those with booked follow up will also be recorded.

9. On completion of the appointment the admin assistant will complete a “late slip” enabling the student to return to class.

10. All collected laboratory specimens will be brought back to PQCHC.

11. Shelter box to be returned to PQCHC at the end of the shift or at next office entry. Charts must always be secured and maintained as per the general PQCHC policy.
Eligibility

1. The client must be a current student at WHS or the child attending WHS day care while the parent is a student of WHS.
2. Clients are eligible for services while they are attending WHS. They are registered as ‘temporary’ clients. Once they have left WHS the student is responsible for securing alternate primary care services. Ongoing care can be provided at PQCHC should the client live within the center’s catchment area and not have a primary health care provider.
3. With the client’s consent, a copy of their medical record can be sent to their primary health care provider.

Registration

1. Clients may be informed of the clinic hours and services on an initial orientation to WHS, a teacher or through communiqués. Clients are invited to attend the clinic on a walk-in or appointment basis.
2. Clients are required to have a registration form completed to become registered as a client.
3. The new client registration form, history and client notes are brought to Pinecrest-Queensway to be processed and a temporary chart is created by a Medical Receptionist. A purple sheet with a duplicate number identified as a WHS chart by stamp/Helping Paw sticker will be filed in the main filing system at Pinecrest-Queensway to mark the chart’s destination.
4. The chart is placed in the WHS File Box, found in the medical filing area, for transport back to WHS on the next clinic day.

Restrictions to Health Care Provision

1. Primary Health Care services are provided except for immunizations.
2. Residents are eligible for services only while registered as a student at WHS. Once they leave WHS they may put their names on the PQCHC waiting list if they are living in the catchment area. Otherwise if requested they will be provided with contact information to secure a primary care provider in the area they live in.

Chart Storage

Charts for registered clients are kept in a locked filing cabinet in the clinic room. The charts are filed by the client’s last name. Should the chart be required at PQCHC for appointments or to complete the charting it is transported in the locked file box and secured in an area of the locked filing in the medical area.

Clients with a PHC provider leaving WHS will have their chart closed after review for completeness.

Security

The door to the Helping Paws clinic, the admin assistant room and the examination room should be locked prior to leaving. The filing cabinet and medical supply cupboard should also be locked.

Keys for the:
Doors
Chart filing cabinet
Medical supply cupboard
are kept with the lockable file box. Copies are kept at Pinecrest-Queensway with the HSM and the custodial staff.

In case of a breach of security or other issue related to the premises the HSM at Pinecrest-Queensway is contacted immediately.

Should personal security issues arise the NP will discuss the circumstances with the Health Services Manager at PQCHC. Cell phones are available to be signed out at the general reception desk at PQCHC if necessary.

**Appointments**

Sign up slips for the Helping Paw Clinic are kept in guidance office. The completed slip is placed in the locked box. Clients are encouraged to book an appointment but walk-ins are always welcome as time permits.

**Hours of Operation**

- **Tuesday**: 1230-1500
- **Friday**: 0900-1200

Hours may alter i.e. due to stat holidays or to accommodate staffing needs during vacation times/sickness etc.

Clients arriving after hours can be seen by the clinic NP at his/her discretion or be advised to:

- Seek medical care at a local walk-in or with their own care provider
- Attend a hospital emergency department
- Be seen at PQCHC, if applicable
Data Entry

Entry of computer based data for individual client encounters is completed by the NP at the end of each day or on the next office entry.

Laboratory Services

Laboratory specimens are transported back to PQCHC in the locked file box.

Prescriptions

Prescriptions are available in a locked file box. For prescriptions outside the Nurse Practitioner’s scope of practice consultation with a physician is required. When approval is gained the prescription may be phoned in to the client’s pharmacy of choice by the Nurse Practitioner.

Other Services

There are several services available to complement and enhance client care. For details about these services please speak directly with the Nurse Practitioner or Shelter staff. Bus tickets and taxi chits are available in limited numbers. These may be distributed at the discretion of the NP on an as needed basis with individual circumstances taken into consideration.

Supplies

Supplies for the WHS Helping Paw clinic are to be obtained from PQCHC. When an item is depleting, please make a written note. The NP will replenish supplies from the PQCHC stock and take to shelter on next scheduled visit. If supplies need to be ordered, indicate the item on the supply ordering list found in the lab room or supply room at PQCHC. A Nurse is responsible for ordering and should be approached for discussion or clarification.
POLICY STATEMENT

Clinic Team meetings provide an opportunity for staff from across the team to connect with each other. Clinic team staff are encouraged to make attendance at clinic team meetings a priority. Time will be afforded for regular team meetings to encourage the team to work effectively and accountably. Meeting content includes, but is not limited to: communications; issue identification and problem solving; education; case discussion.

Meetings are held a number of ways:

- Full clinic team
- Discipline specific
- Ad hoc
- Committees as required
- Educational, case conference, consultation, new drug information, etc.
- Chart audit completion

Procedures

Any member of the team can identify the need for a meeting.

The meeting schedule is reviewed twice per year or as needed.

Drug representative bookings will be done through MR on a first come, first served basis, unless otherwise indicated, and in accordance with the Pharmaceutical Representatives policy.

Minutes of all meetings will be recorded and kept in a central location on the u:drive.
POLICY STATEMENT

Clinic Team meetings provide an opportunity for staff from across the team to connect with each other. Clinic team staff are encouraged to make attendance at clinic team meetings a priority. Time will be afforded for regular team meetings to encourage the team to work effectively and accountably. Meeting content includes, but is not limited to: communications; issue identification and problem solving; education; case discussion.

Meetings are held a number of ways:
- Full clinic team
- Discipline specific
- Ad hoc
- Committees as required
- Educational, case conference, consultation, new drug information, etc.
- Chart audit completion

Procedures

Any member of the team can identify the need for a meeting.

The meeting schedule is reviewed twice per year or as needed.

Drug representative bookings will be done through MR on a first come, first served basis, unless otherwise indicated, and in accordance with the Pharmaceutical Representatives policy.

Minutes of all meetings will be recorded and kept in a central location on the u:drive.
POLICY STATEMENT

Clinic schedules will be maintained to ensure that operational requirements of the clinic are met and client services are not interrupted due to staffing shortages.

Provider templates are opened up for review on a 6 month basis, at the request of the provider and as needed.

Procedures

- The CSCs are responsible to manage templates and schedules in consultation with individual providers.

- Time off requests or other changes to the schedules are requested by, see request for leave policies PH 1104 and 1105.

- Requests for changes to provider templates are done in consultation with the CSC.

- Under the direction of the CSC, MR will input and maintain provider templates in the EMR.

Approval Date: June 2005
Revision Dates: April 2008, Nov 2012
**PH-1103: PROVIDER ON-CALL**

**POLICY STATEMENT**

In accordance with MOH funder accountabilities, PQCHC and SNCHC provide on call physician services when the Centre is closed. The designated physician is available by pager via a Message Centre service.

During weekends and statutory holidays, the physicians participate in a multi-CHC on-call roster managed by Somerset West Community Health Centre. The on call physician would then be available by pager to PQCHC and SN CHC and the other participating CHC clients. The physician has the discretion to provide care by telephone, on a site visit, (i.e., home visit, CHC site or satellite office) or refer to appropriate services.

**Procedures**

**On-call Reporting**

1. All on call visits /phone calls on weekends are recorded on the on-call sheets and forwarded to the individual provider. Providers, during their weekday on-calls, will record encounters.

2. For weekend on-call, forward completed on-call reporting forms to the appropriate CHC.

3. For clients of PQCHC clinic’s on-call records can be scanned directly into the EMR and forwarded to the client’s primary provider.

---

Approval Date: June 2005

Revision dates: November 2012
PH-1104: REQUEST FOR LEAVE

POLICY STATEMENT
PQCHC supports the need for staff to maintain a reasonable work-life balance and will work with staff to accommodate as best possible planned and unplanned leave requests. PQCHC is also dedicated to providing excellent professional service to clients. It is expected that discretionary leave will not interfere with normal service operations to clients and the public PQCHC serves.

Clinic Scheduling:
Clinic schedules are maintained and updated by the team admin staff and the site CSC’s and are posted in designated areas at each PQ and SN clinical areas.

PQ clinic: Baseline clinical staffing levels for normal client service commitments and hours of operation:
- Monday to Friday: 8:30 to 4:30
  - 1-2 physicians
  - 2 nurse practitioners
  - 1-2 registered nurses
  - 2 medical receptionists
- Evening Hours 4:30-8:30
  - 1 MD
  - 1NP
  - 1RN
  - 1MR

SN Clinic: Baseline clinical staff levels for normal client service commitments and hours of operation:
- Monday to Friday: 8:30 to 4:30
  - 1-2 physicians
  - 1-2 nurse practitioners
  - 1-2 registered nurses
  - 1-2 medical receptionists
- Evening Hours 4:30-8:00
  - 1 MD
  - 1RN
  - 1MR

During peak holiday/vacation periods it may be necessary to adjust normal service operations for brief periods.

Planned Leave Requests: Vacation, Professional Development, Personal/Family
These guidelines are intended to ensure consistent, high quality service delivery for our clients while maintaining flexibility to meet individual staff needs for time off.

Practitioners will make a fair assessment of adequate team coverage when considering a vacation request, including review of the schedule and consultation with respective discipline specific team members(s) before requesting leave. The principles of equity and reciprocity between team members are to be applied. These guidelines do not apply to unanticipated leave situations such as sick leave or emergency situations.

(cont’d.)
Leave requests are to be made as soon as possible and ideally no less than 6 weeks prior to the requested date(s). For peak vacation months - July, August, December and March - staff are asked to plan ahead and be considerate of each other.

Every effort will be made to accommodate reasonable requests. Clinic administration will endeavor to maintain a pool of qualified relief staff to ensure flexibility in meeting staff requests.

In the event of a scheduling conflict that cannot be resolved within the team, the Primary Care Director or CSC will work with the staff involved to identify a solution. The Primary Care Director or CSC will make the final determination based on the following: past vacation leave and earned credits of staff involved, ability to make service adjustments and/or book qualified relief staff.

**Guidelines for Education Leave Requests:**

In the event that there is more than one request for education leave for the same time, and this presents challenges related to coverage, the HSM will make the final determination on leave approvals based on the following: number of hours of education leave the staff involved have had to date in the fiscal year; pattern of educational leave in prior years; follow up to educational events. In exceptional circumstances where several clinic staff are required to attend the same event, such as CME/NPAO/RNAO events, every attempt to ensure planned service adjustments will be made, so that the leave requests can be accommodated.

**Procedure for Planned Leave Requests**

1. Staff reviews the current schedule/available staffing for the considered change request dates.
2. Staff forward their requests for schedule change/time off to site specific time off request e-mail with ideally at least 6 weeks prior to the requested date of leave specifying dates and type of leave, ie vacation, medical or family. PQ clinic staff are to email “Time off Request”. SN clinic staff are to email “SN Time Off Request”.
3. Requests for leave are routinely reviewed by the CSC and Admin Assistant on a weekly basis and as needed for urgent or unplanned absences.
4. The Admin Assistant accesses the appropriate schedule in the shared u:drive and high-lights in yellow the dates requested off indicating leave requested but no yet approved. The Admin Assistant will also highlight in red the suggested hours to be replaced to ensure optimal baseline clinic services.
5. The Admin access the staff schedule in the EMR and place a hold on the appointment bookings for the requested days off and one week following return from holiday for contingency planning. No additional appointments are booked into the provider schedule during the blocked times.
6. Weekly the CSC and Admin Assistant will review the schedules and confirm coverage needed for any requested time off. Every effort will be made to staff the requested time with internal staff, ie relocating staff where possible to cover the leave.
7. The Admin Assistant will email/call relief staff to determine coverage. Part time clinic staff will be offered the relief hours first and if they not available to cover the needed shifts, the relief staff from the relief pool will be asked.
8. Once coverage is confirmed the Admin Assistant emails the CSC or HSD and change the yellow highlighted dates on the excel schedule from yellow to...
blue. If provider is off for a week or more follow Post Vacation Scheduling as outlined below.

9. The CSC or HSD will advise staff of the approved leave.

10. In the event the leave is not approved, the Admin Assistant ensures the provider schedule is opened and all post leave scheduling in the EMR is opened in the provider schedule.

11. When the Admin Assistant is on leave, the CSC or designate will be responsible for scheduling unplanned/planned leave.

Post Leave Scheduling for leaves of one week.
As soon as the provider books time off and before the leave is approved, follow this procedure:

- If a provider plans a single week vacation, hold the schedule in the EMR for the week they are off and the following week.
- Block the first hour of the providers first day back for admin catch-up time.
- Flag in the EMR for reception that they are to open the morning appointments of the following week for calls coming in during the week the provider is off.
- When a provider leaves for the first week of vacation, open the mornings of the 2nd week protecting the post leave admin time. This allows accumulating demand to fill the mornings on the 2nd week.
- When the provider returns on the 2nd week, open each afternoon day in sequence, allowing that to fill on each day.

Post Leave Scheduling for leaves of more than one week.
As soon as the provider books time off, and before the leave is approved follow this procedure:

- If a provider plans two plus week vacation, hold the schedule in the EMR for the weeks they are off including the week they are to return to work.
- Block the first 2 hours of the providers first day back for admin catch-up time.
- Flag in the EMR for reception that they are to open the morning appointments of the following week for all coming in during the last week of the provider leave.
- On the last week of their leave, open the mornings of the 1st week they are due back from leave protecting the post leave admin time. This allows accumulating demand to fill the mornings on the week they return.
- The first day the provider returns from leave, open each afternoon day in sequence, allowing that to fill on each day.
POLICY STATEMENT

In the event that staff is unable to come to work on a given day due to illness/family emergency, they are responsible for advising MR as soon as possible. Every effort will be made to limit client rescheduling where possible so that there is little impact to the client during the provider same day absence.

Practice

1. Email or call CSC or MR at respective site as soon as possible to inform them of the absence and anticipated duration.
2. Provide information on any clinic programs/meetings or necessary client re-scheduling that require follow-up.
3. MR in consultation with the provider, site CSC and other team members will review options to have clients seen by alternate providers in that day before cancelling and rebooking appointments.
4. Where clients need to be rescheduled, MR will cancel client service as needed including CI bookings.
5. MR calls off-site programs to ensure notice of the schedule change is posted where necessary.
6. Off site MR will be informed of the change and requested to work at the clinic site as needed.
7. In the event that clinic programming cannot be easily adjusted within available staff, MR will call the CSC/HSM to assess next steps for coverage and relief staff will be called as needed.
8. Staff will ensure same day phone contact with their immediate supervisor/designate to update illness status and provide information re: anticipated service adjustments.

See Appendix 1 for Managing Same Day Absence of Clinic Staff flow diagram.
Appendix: Managing Same Day Absence of Clinic Staff

Staff calls in sick – collect information re: service/program they were to cover for the day

Can adjustments be made to the daily schedule without calling in additional relief staff or cancelling and rescheduling client bookings?

- Make changes on the posted schedules
  - Inform appropriate supervisory and HSM
  - Inform team working that day of the changes

- Determine staff needed for evening or daytime shifts and the discipline needing to cover

**Medical Doctor**

Limited Relief MD Pool
- Call MD’s as per attached relief list
  - If no MD able to come in for shift, ask our regular MD’s if one would be available by phone for back-up. This is a short-term strategy only
- Inform clinic team and HSM/ supervisor of service adjustment
- If an MD has called in sick check what combined booked have been made with nursing and cancel as appropriate

**Nurse Practitioner**

Limited NP pool
- Call NP’s as per attached relief list
- Onsite programming takes priority
  - If only NP working, cancel clients, WHS and/or CFS to cover WI
- Attempt to have 2 NP’s covering WI but when only 1 NP available, assign one RN as “RN back-up” to WI
- Inform clinic team and HSM/ supervisor of service adjustment

**Registered Nurse**

Call RN’s as per attached relief list
  - If no RN available adjust schedule and inform clinic team, supervisor and HSM of service adjustment.

**Medical Reception**

Limited relief MR pool
- Call MR’s as per attached relief list
- Call MR as back-up and adjust the MR schedule as needed
- Inform the MR supervisor and HSM of adjustment
POLICY STATEMENT

Members of the Health Service Team shall meet with pharmaceutical representatives to assess information regarding drug products. Members of the Health Service Team may accept drug samples to assist in the provision of medical care to disadvantaged clients. Non-medical pharmaceutical items may be accepted at the staff member’s discretion and in compliance with their professional college guidelines.

The Health Service shall adopt the philosophy behind the Canadian Medical Association (CMA) policy on "Physicians and Pharmaceutical Industry" in regard to "Clinical Evaluation Packages (Samples) and Other Considerations" (Canadian Medical Association Journal, January 15, 1994) which state the following:

1. The distribution of samples should not involve any form of material gain for the physician or for the practice with which he or she is associated;

2. Physicians who accept clinical evaluation packages (samples) and other health care products are responsible for ensuring their age-related quality and security. They are also responsible for the proper disposal of unused samples;

3. These guidelines apply to the relationship between physicians and manufacturers of medical devices, infant formulas and similar products as well as health care service suppliers to no less a degree than to the relationship between physicians and pharmaceutical manufacturers;

2. Physicians should not dispense pharmaceuticals or provide diagnostic or other services for material gain unless they can demonstrate that these cannot be provided within a reasonable distance by an appropriate other party;

3. Physicians should not invest in pharmaceutical manufacturing companies or related undertakings if knowledge about the success of the company or undertaking might inappropriately affect the manner of their practice or their prescribing behaviour;

4. Practicing physicians affiliated with pharmaceutical companies should not allow their affiliation to influence their medical practice inappropriately;

5. Practicing physicians should not accept a fee or equivalent consideration from pharmaceutical manufacturers or distributors in exchange for seeing them in a promotional or similar capacity;

6. Practicing physicians should not accept personal gifts from the pharmaceutical industry or similar bodies; AND

7. Practicing physicians may accept patient-teaching aids appropriate to their area of practice provided these aids carry only the logo of the donor company and do not refer to specific therapeutic agents, services or other products (e.g., baby formula)

Note: Clinic staff should refer to the specific clinic protocol for receiving drug reps and ordering supplies
POLICY STATEMENT
PQCHC will bill 3rd parties for services wherever possible i.e. insurance companies, IFHB, OHIP and for services given to clients with out-of-province insurance. Payments made directly to providers for billable service are forwarded to the HSM.

Procedure:
Third party payments should be sent payable to Pinecrest- Queensway Community Health Centre. In the event that the payment is made out to the provider, the provider shall endorse the cheque on the back and submit it to the HSM.

The HSM shall ensure all payments are forwarded to finance for deposit.

All current billing forms are kept in medical reception. A current list of diagnostics codes are kept by MR. Billing codes are provided by OMA and ICD.

All clients eligible for 3rd party billing will have the appropriate form placed on the chart prior to being seen by the provider.

The provider will initiate documentation on the invoice. Once the chart is returned to medical reception the medical receptionist will complete and process as per PQCHC Financial policies FN-101.

Medical reception will retain a copy of the invoice in the billing file. When the remittance is received medical reception will match this to the invoice copy and give to the Health Services Manager.

Guidelines for Third Party Billing

RAMQ (Quebec Clients)
- Ensure “Out of Province Claim for Physician Services“ form is fully completed and signed by client and provider
- Photocopy form
- Mail original to:
  Regie de l’assurance maladie du Quebec
  PO Box 6600
  Quebec, Quebec
  G1K 7T3
- Forward photocopy Finance for tracking that invoices sent are paid
- Must bill immediately

Interim Federal Health (IFH)
- Ensure “IFH Program- Medical Services Claim Form” is fully completed and signed by the provider
- Please refer to list of medications covered by IFH published by FAS http://www.fasadmin.com/druglist.asp?language=english&SearchCriteria
- An ICD code must be indicated or no payment will be made

A copy of the client’s refugee certificate is attached to the claim
- Forms are Photocopied
- PQ invoice form completed

(Cont’d.)

Third Party Billing (Cont’d.)
• Original forms mailed with White (top) copy of invoice to:
  IFH Program Priority Processing
  FAS Benefit Administrators Ltd
  9707-110 Street Suite 901
  Edmonton, Alberta
  T5K 2W8

• Photocopies of form and pink copy of invoices are attached and kept on file until remittance received
• Remittance submitted to HSM for deposit

**Insurance Companies**

• Various Insurance Carriers can be billed for services provided. Often this is the University Health Insurance Plan (UHIP), Sun Life Assurance Co, Manu Life, etc.
• The provider completes the appropriate forms. Some companies i.e. Sun Life, will reject claims submitted by an NP. In those cases the NP should have the invoice signed by a physician.
• The client is responsible for bringing a form for reimbursement form the insurance companies as each company has their own forms. Once completed and signed by a physician, MR is to make a copy and attach the original to an Invoice as with the IFH claims.
• If clients do not have an insurance form, can use the UHIP form with an attached photocopy of the client’s insurance card.
• Copies are retained for tracking purposes.
POLICY STATEMENT

Members of the clinic team will not act as guarantors or complete passport applications for clients. This is in keeping with the recommendation of the CMPA in 2008 and is intended to protect provider’s personal information.
POLICY STATEMENT

It is the responsibility of the providers to arrange coverage for changes made to their on-call. Neither the Admin staff at PQ/SN nor the Clinical Coordinators are expected to make arrangements for an MDs vacation on-call coverage needs.

Procedure
1. Once the provider makes arrangements for coverage, the provider emails the PQ Admin Support person, cc’ing the Clinical Coordinator at their respective site about the change they are making.
2. Providers need to keep in mind that the admin support works 8:30-4:30 so any same day changes to the on-call needs to be given to the Admin Support before 4:00 in order for there to be enough time to notify the message centre.
3. The admin support will notify the on call centre to update the schedule via email at admin@oncallcentre.com. The on call admin email is monitored weekdays between 8am-5:30pm.
4. Any changes being made after 4:30, should be called into the centre by the provider using our on-call number 613 239 4390 and state that need to update the schedule. The supervisor at the message centre will assist in this process.
5. The provider is to notify the Clinical Coordinator at the home site about any changes to the on call.

Approval Date
May 2012
November 2012
POLICY STATEMENT

The role of the Go To MD is to provide support for routine, scheduled or same day absences of NP/MD providers on the team by reviewing labs and urgent prescription requests and to provide support to the NP’s and RN’s when needed. MD’s rotate a half day to cover morning or afternoon Go-to” responsibilities. The Go-to coverage is organized by the CSC in consultation with the MD’s. The Go-to schedule is posted and extra time is allotted in the go-to MD’s schedule to allow for the extra clinic duties.

It is expected that providers will renew their own prescriptions unless they are away from the clinic for vacation/conference/sick/etc. If they are scheduled to be in the clinic but the renewal request comes in on a day they do not work then it should be forwarded to the provider’s inbox. Clients should not be expecting immediate processing of their renewal requests unless it is an urgent renewal.

Procedure:

AM Go-To MD
The AM Go-TO MD will review the EMR labs/consults and address any urgent/same labs or scripts when the primary provider is not scheduled in clinic that day, address urgent morning consults or WI’s
The Go-To MD has 30 minutes of admin/ICC time added to their schedule to for the additional duties.

PM Go-To MD
The PM Go-TO MD will review EMR labs and address any urgent/same labs or scripts when the primary provider is not scheduled in clinic that day, address urgent afternoon consults. The afternoon Go-to MD will also provide support to the NP’s running the WI and provide back-up as needed.
The Go-To MD has 60 minutes of admin/ICC time added to their schedule to for the additional duties.

Reassignment of the Go-to will be adjusted by the CSC for vacation/conferences/same day absences. In the event there is no MD provider on site, the Go-to MD at the alternate PQ site may be called upon to provide phone back-up support.

<table>
<thead>
<tr>
<th>Approval Date</th>
<th>Dec 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>November 2012</td>
</tr>
</tbody>
</table>