DATE: Monday, September 12, 2022
FROM: Home and Community Care Support Services South West, Quality Team
TO: Service Providers Organizations, Nursing
RE: Community Nursing Clinic Package: Related Document Index

Package Contents

Document Type	Title	Description
A. Policy	Community Nursing Clinic- Policy	The purpose of this policy is to clearly define the minimum standards that Service Provider Organizations are expected to meet in order to provide service in a Community Nursing Clinic.
B. Guideline	Community Nursing Clinic – Inclusion and Exclusion Guidelines	A document intended to outline the treatments that can be performed in a Nursing Clinic setting as well as to define the patients who are appropriate for Nursing Clinic settings.
C. Clinical Standards	Community Nursing Clinics – Clinical Standard 2021	The document outlines compliance standards in relation to facility and clinical expectations for Service Provider Organization's (SPO) operating a Community Nursing Clinics. Each SPO has the responsibility to ensure each Community Nursing Clinic is meeting the minimum standards set forth by HCCSS – South West.
D. Guided Conversations	Community Nursing Clinics – Guided Conversations	Suggested wording for both Care Coordination and Service Provider Organization Scheduling teams when initiating care in a Clinic Location. ***Co-Designed between H&CC and SPO***
E. Prescriber Options	Community Nursing Clinics – Prescriber Options	A detailed menu of appropriate care plans that can be supported in a Clinic location. Initiated by completing a Homecare Referral, IV Antibiotic Order Form or Specialized Referral.
F. Patient Information Sheet	Clinic Services – Patient Info Sheet	To be provided to patients when Nursing initiated in-clinic location. Nursing Service Provider and Care Coordinator phone number should be added prior to
G. Code of Conduct	Code of Conduct Clinic Poster	Document intended for publication at all Clinic locations to support staff.
H. Resources	Websites and LIVE Map, Community Nursing Clinic Poster	Patient Website Prescriber Website Online Clinic Map

Community Nursing Clinics

Purpose

In accordance with Ontario Regulation 250/90, section 6 of the Long Term Care Act, homecare organizations may provide a professional service to a person in the person's home or in a congregate or group setting, with the exception of pharmacy services.

A *Community Nursing Clinic* is defined as “a congregate setting where patients are provided various nursing treatments such as wound care, catheter care, IV infusions, and other services”. Home and Community Care Support Services – South West (HCCSS-SW) utilizes its contracted Service Provider Organizations (SPOs) and their registered staff to operate Community Nursing Clinics in the region.

The HCCSS-SW is committed to ensuring all Community Nursing Clinics provide high quality, clinical best practice, and maintain performance standards that will protect our patients, staff and service providers while also improve patient outcomes.

Scope

The following policy applies to all HCCSS-SW team members (including Patient Care Assistants, Care Coordinators, Direct Care Nurses and Leadership teams), Board members and all contracted Service Provider

Equity Statement

HCCSS-SW is a champion of sustained equity and diversity at all levels of our organization, and we support our service provider partners to embed the same goals within their practices. We believe in the principles of health equity and we are actively working to incorporate them into shared practices. We are passionate about fostering equal access to quality health care for all patients, free from stigma and discrimination, as well as barriers stemming from socio-economic factors and historic injustices. Our vision of health equity extends to all our patients including those patients safely positioned to access clinical care in a Community Nursing Clinic. We apply our vision of equity to our staff as well, and those employed by our contract SPOs so that everyone is able to work free from discrimination. HCCSS-SW advocates a model of constructive, respectful communication of our differences in pursuit of our vision of health equity.

Policy Statements

1. The HCCSS-SW Care Coordinators will assess a patient’s eligibility for nursing services in a clinic, based on criteria established by HCCSS-SW. To support best practice and appropriate use of health human resources, patient’s meeting the eligibility criteria of services will be provided care in a Community Nursing Clinic.
2. HCCSS-SW’s contracted SPOs will have specific and distinct clinical policies, procedures and practices in place for care provided in a clinic setting. The SPOs will be required to ensure that their practices adhere to relevant clinical best practices, any professional, regulatory and college standards and standards established by HCCSS-SW.
3. The HCCSS-SW has the right to review and or audit clinical practices in a Community Nursing Clinic at any point in time, after appropriate notice has been provided to the Service Provider Organization (SPO).

Ontario

4. The rights and responsibilities of Clinical Nursing Teams and patients, during care interactions in Community Nursing Clinics are to demonstrate mutual respect, active participation with clear goals to transition towards healing or self-management of care.

Roles and Responsibilities

The following outlines the expectations set forth by HCCSS-SW for both team members employed by HCCSS-SW as well as contracted SPOs.

It is the responsibility of the Care Coordinator at HCCSS-SW to:

- Assess patient's eligibility for nursing services.
- For new patients, determine the service delivery location of the nursing services by adhering to the HCCSSSW Guideline titled *"Community Nursing Clinic: Inclusion/Exclusion"*, which provides specific treatment types that are to be provide in a clinic setting (rather than in a private dwelling). Once made 'Clinic Appropriate' at the Local Distinction, do not request in home visits or transition plans in comment section.
- For current patients, transition from in-home nursing services to a Community Nursing Clinic when a patient's health care needs/requirements change and align with the listed Inclusion Criteria.
- Provide stewardship and system navigation to patient to remove barriers in accessing Community Nursing Clinics, including accessing pilot resources and patient preference where applicable/appropriate to do so.
- Consult with their direct, or covering Patient Care Manager to seek approval for home care delivery when patients meet the Inclusion Criteria and do not meet any of the Exclusion Criteria.

It is the responsibility of the Patient Care Manager at HCCSS-SW to:

- Ensure their Care Coordinators are adhering to the HCCSS-SW Guideline titled "Community Nursing Clinic: Inclusion/Exclusion".
- Support problem solving and provide special approval to Care Coordinators when patients meet the Inclusion Criteria and do not meet any of the Exclusion Criteria.
- Monitor and manage the performance of individual Care Coordinators in relation to established key performance metrics for Community Nursing Clinics.
- Support Care Coordinators in addressing issues that arise when determining the appropriate service delivery location.

It is the responsibility of the contracted Service Provider Organization (SPO) to:

- Ensure that their community nursing practices adhere to relevant clinical best practices, all applicable professional, regulatory and college standards and standards established by HCCSS-SW.
- Ensure HCCSS-SW is informed when changes to nursing clinics operations (including hours of operation, changes in treatment availability, locations, etc.) with a minimum of 7 days notice.
- Guarantee all clinic staff receive appropriate training, education and resources required to deliver care in an effective and safe manner, and participate in routine clinical monitoring.
- For new patients, follow SPO internal processes when referrals are received with the local distinction marked 'Appropriate for Clinic'. Follow escalation and approval processes for providing temporary home based care plans when referrals are received with the local distinction marked 'Appropriate for Clinic'. These are to be solely led and arranged by SPO Nursing Manager.
- For current patients, use Clinical determination to transition patients from in-home nursing services to a Community Nursing Clinic when a patient's health care needs/requirements change.

- Utilize the mutually created HCCSS-SW Guideline titled “Community Nursing Clinic: Inclusion/Exclusion”. This does not require approval from the Care Coordination team but is required to be included in the following APR Status Update re: care location change, in addition to using the appropriate CHRIS billing codes to reflect.

Related Documents

Community Nursing Clinic – Inclusion & Exclusion Guideline Community

Nursing Clinic – Clinical Standard

Community Nursing Clinic – centralized location for all resources

Community Nursing Clinic – external location for Prescribers

Community Nursing Clinic – external location for the Public and Patients

Nursing Service Delivery - Guideline

IV Therapy – Patient Handout

Not Seen Not Found – Guideline

GUIDELINE

Community Nursing Clinic – Inclusion & Exclusion

Version 3.0

Purpose

To provide specific guidelines to Home and Community Care Support Services - South West (HCCSS-SW) staff on determining when a patient is appropriate to receive care in a Community Nursing Clinic setting. Clinics allow the HCCSS-SW to better support patients with high quality care, promote collaboration with their care planning and better utilize nursing resources.

Care Coordinators use a 'Clinic First' approach for nursing services for the treatments and teaching identified below. The patient will be made aware that they will be receiving care in a clinic and not in their home. Patients who are to receive the following treatment(s), regardless of age, will be assigned to a Community Nursing Clinic at the point of initial service offer, *or at any point in their care plan* when care needs change to be appropriate for clinic care. Patients will only receive services in the home under certain exceptions, as listed below.

INCLUSION: Treatments to be provided in Community Nursing Clinic	
Catheter management – initial care & teaching	5FU Disconnects
IV Therapy (pump, elastomeric device & gravity) – initial care & teaching	All Injections – initial care & teaching
Peripheral / Central Venous Line access, care, troubleshooting & maintenance	All Drain management - initial care & teaching
Diabetic management – initial care & teaching	Wound Care – simple to complex care & teaching, including: o Negative-Pressure Wound Therapy o Debridement care plans o Electrical Stimulation (E-Stim) o Diabetic Foot Offloading Devices
Stable Ostomy (*) - consultation & teaching	

(*) stable can be defined as a predictable care interaction with limited risk of associated leakage or stool blow-outs that might impact care delivery to patient or others. Patients with new stable ostomies are encouraged to engage in their communities as soon as supported, to promote returning to self-management status of their ADL's.

Patients who are receiving treatments that are appropriate in a Community Nursing Clinic, as outlined above, may receive an exception (and receive in-home services) only if they meet one, or more, of the following:

EXCLUSION: Exceptions to Community Nursing Clinic eligibility	
Exposure	• Active transmissible illness, communicable disease with a failed ARI Screener (**) • Antibiotic Resistance with an active CHRIS Risk Code • Severely immunocompromised where instructed by Most Responsible Practitioner to restrict all community interactions during an active treatment protocol. (***)
Treatment Plan	• Care requires extensive equipment, such as Peritoneal Dialysis • Unstable bodily fluids such as frequent ostomy blow-out issues/vomiting/copious leakage • Duration of treatment is > 2hours, such as Tube feeds
Complexities	• Palliative with PPS score <50, Shift Nursing (children), or eShift/Hospice @ Home (adult) • Considered bed-bound, or unable to safely transfer/reposition from wheelchair to Clinic bed • Advanced cognitive impairment where leaving the home causes undue duress
Travel	• Permanent dwelling is more than 45 minute travel to the nearest clinic • Is resident of a Long-Term Care Home

(**) Failed ARI Screening (COVID19 or other) may receive Clinic care, at the direction of SPO Manager should a home visit not be available. Omicron CNC Framework would be invoked & followed to cohort care needs. Consult with SW.IPAC@hccontario as needed.
(***) Immunocompromised but able to attend outpatient clinics such as hospital clinic or Centre are not excluded and may attend a CNC.

Ontario

Considerations

- If a patient is receiving one of the identified treatments above, and does not meet the specific *Exclusions,* that patient should receive treatment in a clinic setting only.
- Any out of region patients who require nursing support, will be prioritized for care in a Clinic location.
- If the patients meets the *Inclusion* criteria for clinic appropriate, however the severity of the diagnosis is unclear, the patient should be made appropriate for clinic and receive their first visit in clinic. The SPO will determine if the patient can be treated in the clinic, or in the home. Care Coordinator can expect the initial APR to reflect location after SPO clinical determination.
- If a patient meets the *Inclusion* criteria, and none of the *Exclusion* criteria and the Care Coordinator feels it would not be appropriate to attend clinic, the Care Coordinator must obtain approval from their Patient Care Manager and document the rationale/special approval in the care plan notes in CHRIS.

Definitions

Communicable Disease: an infectious disease transmissible (as from person to person) by direct contact with an affected individual or the individual's discharges or by indirect means (as by a vector). Examples may include but are not limited to Antibiotic Resistant Organisms (ARO), and Acute Respiratory Infection (ARI).

Antibiotic Resistance: In general, happens when germs like fungi and bacteria become resistant to several drugs designed to destroy them. These drugs are classified as antimicrobial agents. Examples may include but are not limited to **Methicillin-resistant Staphylococcus aureus** (MRSA), V**ancomycin-resistant Enterococcus** (VRE), and **extended spectrum beta-Lactamase** (ESBL).

Acute Respiratory Infection (ARI): Any new onset acute respiratory infection that could potentially be spread by the droplet route (either upper or lower respiratory tract), which presents with symptoms of a fever greater than 38°C/100.4°F and a new or worsening cough, or shortness of breath. Note: elderly people and people who are immune-compromised may not have a febrile response to a respiratory infection.

Immunocompromised: When a person's immune system's defenses are low, they are unable to fight illness and are therefore more susceptible to developing serious infections and diseases. Dependent on the reason why immune system is compromised, this state can be either permanent or temporary.

PPS: Palliative Performance Scale, active in CHRIS as a Client Code.

Points of Interest

CHRIS SPO billing codes are designed to permit the patient receiving care in the most appropriate location, including transitions between Clinic & home. While an APR will be used to communicate the clinical change, there is no approval process required to update location after initial service offer.

Related Documents

- Community Nursing Clinic – Policy
- Nursing Service Delivery - Guideline
- Community Nursing Clinic – Clinical Standard
- Risk Code & Safety Issues – Guideline
- Out of Region - Guideline
- CHRIS Codes – Guideline
- IPAC Acute Respiratory Illness (ARI) Screening – Policy
- IPAC Screening and Risk Assessment of Patient – Policy

External Resources

- https://www.publichealthontario.ca/-/media/documents/rpap-clinical-syndromes.pdf?la=en
- https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html
- Partners Community Nursing Clinics (healthcareathome.ca)

GUIDELINE

Community Nursing Clinics – Clinical Standard

Purpose

The purpose of this clinical standard document is to outline compliance standards in relation to facility and clinical expectations for Service Provider Organization's (SPO) operating a Community Nursing Clinic contracted by Home and Community Care Support Services – South West (HCCSS-SW). Each SPO has the responsibility to ensure each Community Nursing Clinic is meeting the minimum standards set forth by HCCSS-SW.

Table of Contents:

1. Community Nursing Clinic Organizational Expectations

The following details the expectations and standards set forth by HCCSS-SW for each SPO Health Care Team (Clinical and Nonclinical) operating a Community Nursing Clinic is accountable to meet.

1.1 Community Nursing Clinics Facility Standards

HCCSS-SW has set forth the following set of minimum facility standards that Service Provider Organizations operating a Community Nursing Clinic must meet. In order for a Community Nursing Clinic to practice the following facility standards must be met:

- Each Community Nursing Clinic facility must meet the Accessibility for Ontarians with Disabilities Act (AODA) standards, including but not limited to entry points, travel points between entry and the care delivery location.
- Hours of operation will be structured around patient demand, or Dedicated Capacity Models to support urgent referrals, end of day acute care needs and time-specific care plans determined appropriate for clinic care.
- Each Community Nursing Clinic must have established policies, procedures and supporting documentation that is compliant with IPAC standards.
- Each Clinic facility must ensure the operational space is appropriate to the type of procedures to be performed in the room, including access to:
    - a free standing hand washing sink in the room;
    - a patient treatment area that allows for privacy and confidentiality'
    - a work counter, for documentation requirements into EMR's'
    - a temperature controlled and monitored refrigerator, for prophylactic vaccinations;
    - access to a bathroom;
    - locked storage for biologicals, specialty dressings and non-prescription medications (pre-loaded Heparin);
    - a waiting area must be big enough for potentially infectious patients to be isolated;
    - general storage area for sterile supplies, PPE, and care provision items; and
    - the Clinic's treatment equipment must be in proper working order (such as Bladder Scanners or Treatment beds), in addition to an established plan to support calibration, maintenance and/or repairs
- Each SPO's operating Community Nursing Clinic must have an audit schedule in place to ensure IPAC standards are met (see 1.3 for details).
- Each Community Nursing Clinic must have an established and visibly posted Code of Conduct that is developed with patient-centred language that outlines clear expectations around behavior and safety.

1.2 Nursing Qualifications

The following outlines the minimum standards each nurse whom is delivering clinically based care plans through a Community Nursing Clinic must meet:

Ontario

- Nurses (RN/RPN) employed by Service Provider Organization/Community Nursing Clinic's must be in good standing with the College of Nurses of Ontario.
- Each Nurse must ensure they have the knowledge, skill and judgement to perform the care assignment. This includes the authority, competence and safety measures in place prior to administering any care or treatment in the clinic setting, including atypical requests permitted with HCCSS-SW policy or guidelines (i.e. IV Iron Sucrose).
- Each Nurse must ensure they are competent and can manage adverse outcomes prior to completing a procedure.
- Each Nurse must be able to establish a therapeutic relationship with the patient/family through communication, collaboration and engagement to have a shared understanding of the patient's holistic needs. Through this relationship a plan of care that is respectful of the patient/family is co-created which provides continuity and collaboration to meet patient goals of care.

It is the expectation of the SPO Nurse to:

- Demonstrate professionalism, leadership, judgement and accountability in independent practice.
- Practice independently and autonomously providing patient centered services.
- Use reflective practice to continually assess and improve practice.
- Integrate multiple ways of knowing into practice.
- Contribute to the development and generation of evidence informed nursing practice.
- Each Nurse must use nursing ethics, ethical standards and principals and self-awareness to manage self and practice in accordance with all relevant legislation regulatory body standards, codes and organizational policies.

1.3 Infection Prevention and Control

Each SPO Health Care Team (Clinical and Nonclinical) operating a Community Nursing Clinic must ensure the following requirements are met:

General operations

- Every team member will uphold WHMIS standards and the Occupational Health and Safety Act.
- Every team member receives regular education regarding IPAC practices provided by the agency.
- Adherence to hand hygiene best practices, including appropriate use of hand hygiene products, following 5 (WHO) moments of hand hygiene and ensuring there are no impediments to effective hand hygiene.

During patient interactions

- A Point of Care Risk Assessment should be completed and appropriate PPE used and disposed of according to PIDAC guidelines to break the chain of transmission and protect the patient and nurse.
- Infections that require additional precautions should be reported to Public Health according to the Health Protection and Promotion Act.
- Educate patients and family on Infection Prevention and Control and apply droplet, contact and airborne precautions according to PIDAC guidelines.

During non-patient interactions

- The SPO Health Care Team must assess the risk of exposure to blood, body fluids and non-intact skin and identify the strategies that will decrease exposure risk and prevent the transmission of microorganisms also during non-patient interactions.
- Follow IPAC guidelines related to disposal of biohazardous waste and sharps according to current legislation and national standards. Waste is segregated and managed according to provincial regulations and local bylaws.
- The SPO Health Care Team involved in sterilization and reprocessing of equipment shall follow CSA standards and IPAC guidelines.
- IPAC guidelines for Environmental Cleaning are followed and spills are cleaned according to standards.
- IPAC guidelines regarding Safe Medication Practices will be adhered to including: medication room/area, medications and vials and vaccines.
- Single use equipment including syringes will not be re-used.
- Vaccines will be stored and handled following the Ministry of Health and Long Term Care and sponsoring Local Health Unit's instructions.
- The SPO Health Care Team Immunizations should be maintained according to IPAC Immunization Schedule.

1.4. Documentation

SPO's must ensure nurses employed in a Community Nursing Clinic setting follow, are accountable and meet HCCSS-SW's minimum standard for clinical documentation:

- Documentation presents an accurate, clear and comprehensive picture of the patient's needs, the Nurse's interventions and the patient's outcomes.
- Documentation regarding patient care is accurate, timely and complete.

- Patient information is kept confidential by the Nurse and nonclinical team members, protecting patient information according to policies regarding information retention and destruction and consistent with standard(s) and legislation.
- Patient consent is obtained and documented.

1.5 Reporting

Community Nursing Clinic nurses are responsible to report the following to HCCSS-SW:

- Patient initial visit via APR
- Patient change in status
- Patient discharge
- ETMS / Adverse Events

Verbal escalation is required to HCCSS-SW when the *'Not Seen Not Found – Policy'* is enacted.

2. Clinical Standards

The following outlines the expectation for nurses/SPO's contracted by HCCSS-SW working in a community nursing clinic related to the Clinical Standards of Care.

Clinical Standards are a small number of quality statements that describe the care patients should be offered by health professionals and health services for a specific clinical condition or defined clinical pathway in line with current best evidence. They should be developed in collaboration with a topic working group of clinicians, researchers and patients. The Service Provider Organizations will use the most current evidence from guidelines and standards, information about gaps between evidence and practice, their expertise and knowledge of the issues affecting the appropriate delivery of care, and consideration of issues that are important to patients.

2.1 Best Practices

It is the HCCSS-SW expectation that all contracted Community Nursing Clinics providing medical treatment through regulated nurses, will follow best practices for all treatments and procedures provided. Each SPO is to have detailed and up to date policies and procedures that reflect Canadian Best Practices and are reviewed and updated at minimum on a yearly basis.

The Registered Nurses Association of Ontario has developed a number of Best Practice Guidelines. They are to be used by nurses and other members of the inter-professional health-care team to enhance the quality of their partnerships with individuals accessing care, ultimately improving clinical outcomes and the person and family's experience of health care through the use of evidence-based person- and family-centred-care practices. These guidelines can be found at: https://rnao.ca/bpg/guidelines

2.2 South West Regional Wound Care Program Framework

The South West Regional Wound Care Program (SWRWCP) advocates for the integrated delivery of evidence informed skin and wound care that spans the continuum of care. In collaboration with healthcare sector partners (hospitals, long-term care, community service provider agencies, and primary care facilities), the SWRWCP delivers a coordinated strategy of skin and wound care informed by best practice. Pathways, education, tools and resources are accessible through www.swrwoundcareprogram.ca to implemented and support the role of the SPO Nurses in wound prevention and management practices. Utilization of SWRWCP guidelines allows for a systematic, coordinated approach for patients with wounds across the spectrum of care.

2.3 College of Nurses Competencies

The College provides practice standards and guidelines to support nurses in providing safe and ethical nursing

care to the people of Ontario.

http://www.cno.org/en/become-a-nurse/entry-to-practice-examinations/jurisprudence-examination/competencies/

a. Self-Regulation

The Nurse demonstrates an understanding of self-regulation in relation to the role of the College, the concept of public protection and the key legislation governing the practice of nursing in Ontario.

b. Scope of Practice

The Nurse demonstrates an understanding of the legal scope of practice for nursing in Ontario as set out in relevant legislation and the Nurse's roles and responsibilities in relation to other health care providers.

c. Professional Accountability and Responsibility

The Nurse demonstrates an understanding of professional accountability and responsibility by practicing in accordance with legislation and College standards.

d. Ethical Practice

The Nurse demonstrates an understanding of ethical practice by applying ethical principles and values, and incorporating knowledge from College practice standards and relevant legislation.

e. Nurse-Client Relationship

The Nurse demonstrates an understanding of the need to establish, maintain, re-establish and terminate therapeutic, caring, relationships with clients based on appropriate relational boundaries and respect.

3. References

- https://rnao.ca/sites/rnao-ca/files/FINAL_Web_Version_0.pdf
- http://www.cno.org/globalassets/docs/prac/41007_medication.pdf
- http://www.cno.org/globalassets/docs/prac/41071_decisions.pdf
- https://www.ontario.ca/laws/statute/90h07
- www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf
- http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/JustCleanYourHands/Pages/Just -Clean-Your-Hands.aspx
- www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/JustCleanYourHands/Pages/Just -Clean-Your-Hands.aspx
- www.publichealthontario.ca/en/eRepository/2010-12%20BP%20Hand%20Hygiene.pdf
- http://www.oahpp.ca/resources/pidac-knowledge/best-practice-manuals/hand-hygiene.html
- https://rnao.ca/sites/rnao-ca/files/FINAL_Web_Version_0.pdf
- http://www.cno.org/globalassets/docs/prac/41007_medication.pdf
- http://www.cno.org/globalassets/docs/prac/41071_decisions.pdf
- https://www.cna-aiic.ca/en/nursing-practice/evidence-based-practice#sthash.25YvsFI8.dpuf
- http://swhub.ccac-ont.ca/Library/Policies/Wound%20Care%20Framework.pdf
- http://www.cno.org/en/become-a-nurse/entry-to-practice-examinations/jurisprudence-examination/competencies/scope-of-practice/

4. Supporting Documents

- Community Nursing Clinic – Inclusion & Exclusion – Guideline
- Community Nursing Clinic – Policy
- Community Nursing Clinic – HUB centralized location for all resources
- Community Nursing Clinic – external location for Prescribers
- Community Nursing Clinic – external Public and Patient information
- Nursing Service - Guideline
- Not Seen Not Found – Guideline
- IV Patient Information Handout

GC GUIDED CONVERSATION

Community Nursing Clinics

Purpose

Home and Community Care Support Services – South West would like to provide members of the home care team a document to assist in conversations with patients, family members, caregivers, or other stakeholders in regards to Community Nursing Clinics. Our "clinic first" approach is used when assigning a nursing delivery of care location.

Common Concerns

When discussing the location of where a patient will receive care, you may hear some of the following statements.

- "I don't have a way to get to a clinic and I can't afford to take the bus or a taxi"
- "I am not well enough to attend a clinic"
- "I don't want to attend"
- "I am still feeling weak from being in the Hospital"
- "I was told I would be getting Home Care"
- "I am worried about being exposed to COVID19"

Responses to help guide conversation

Transportation

It is important for the team member to be aware of various transportation services that are available in the community for patients to utilize. thehealthline.ca is a resource to access transportation services for nominal costs through CSSA's or other options. Additionally, the supporting team member can access and refer into any unique local transportation options, like pilot programs that offer free transportation.

If a patient/family/caregiver makes reference to difficulty accessing transportation, the conversation should be shifted to the patients' existing methods of transportation. This can include prompts like:

- How does the patient get to other appointments (doctor, personal etc.)?
- How did the patient get home from the hospital?
- How does the patient get their groceries and prescriptions?
- Have they been going out on leisure drives, attend coffee shops or restaurants?

Patient Preferences or Ability

When a patient has just received surgery, or recently been released from hospital, the team member is supported in establishing an ideal window for appointments at the Community Nursing Clinic. This will help ensure appropriate planning of medication administration and any timed care needs. Should an SPO Nursing Manager determine a transition plan is needed, only the SPO will outline those details and planning with the patient. Care Coordination teams are not to request visits at home for CNC appropriate patients, as per Policy.

If a patient, family, or caregiver makes reference to not wanting to attend a Community Nursing Clinic or the patient does not feel they are well enough to attend a clinic, the conversation should be shifted to the benefits of receiving care in a Community Nursing Clinic. Prompts should include:

- Appointments are scheduled in advance allowing patient's convenient and timely access to care. They are not like Urgent Care or Walk-in-Clinics.

Ontario

- Community Nursing Clinics deliver high-quality care in a clean, controlled setting with access to extra resources and equipment.
- There is the opportunity to learn how to manage their care which can cut down on the amount of visits required at the Community Nursing Clinic over time.
- Not needing to wait at home (all day) for a home visit.
- Can access and see a Nurse sooner, even access same day care in a Clinic.
- Additional supplies are available within Clinics. Going to a clinic means you don't need to wait for supply deliveries and there are often onsite samples of medical supplies to customize care early on, with the potential to enhance healing outcomes.
    - Exception: IV medications which are prescribed, delivered to home & must be brought to Clinic apt
- Clinic Nurse can arrange a clinical team consult onsite, including a Wound Care Specialist Nurses who can ensure healing outcomes are being met and/or can make interventions/recommend to support best practice orders.
- All sites screening patients prior to coming into clinic to ensure there are no contagious patients or patients with symptoms of being actively ill. This increases the safety for those patients onsite, the Clinic staff and the care location over all.
- Supports a team approach, with diverse skill sets like IV re-starts and wound care.

Aligning Expectations

Below is a list of prompts a Care Coordinator can use if a patient expresses that they were told they would be receiving their nursing services at "home".

- We are fortunate to be able to provide nursing care in a Community Nursing Clinic.
- Our clinics are modern, with excellent infection control practices that minimize the risk of infection.
- At the clinic, patients have access to additional resources, including some Specialty Wound Care consults based on needs.
- Clinics are flexible. Instead of waiting at home, patients can arrange for care at a convenient date, time and location, allowing them to design a care schedule best suited to their personal needs. Some clinics have extended evening hours.
- Home-based nursing models are for patients with end-of-life care plans, medical complexities, or are bedbound.
- Explore with the patient alternate options such as self-pay or utilize existing benefits.
- Ensure the patient is making an informed decision if they choose not to receive their care in a clinic setting and the potential impacts such as delay, missed, or wait listed care.
- Acknowledge that someone may have said "Home Care" where in fact much of the nursing care we provide is under "Community Care".

Related Documents

- Community Nursing Clinic Hub Page – See Map
- Community Nursing Clinic - Patient Information Sheet
- Community Nursing Clinic – Policy

Clinic – First Approach

Prescriber Fact Sheet

Home and Community Care Support Services operates with a Clinic-First Approach to maximize nursing skill sets and overall capacity by utilizing Community Nursing Clinics (CNC's). CNC's schedule patient appointments to provide convenient, high quality nursing care. They promote patients of all ages to integrate into the community, increase independence and permit access to a clean, controlled environment that promote high standards and equity across the South West region. By modernizing community-based care delivery models with CNC's, visiting nurse capacity is increased to deliver care in the home for patients with palliative and complex needs. Initiate care using 'Referral/Request for Assessment' (form), unless specified with a hyperlink below.

Appropriate for Clinic-based care plans

- **Peripheral IV Therapy:** For Hydration, Antibiotics and (*) specialized infusions. Includes IV starts, trouble shooting, treatment, flushes and maintenance. Therapy infusions provided through Elastomeric devices (non-electronic), electronic pumps or gravity.
- **Central IV Therapy:** For Hydration, Antibiotics and (*) specialized infusions. Includes central device access, treatment, flushes and maintenance. Therapy infusions provided through Elastomeric devices (non-electronic), electronic pumps or gravity.
- **Subcutaneous IV Therapy:** For special requests, including initiation of controlled substances, treatment, and maintenance. Prescriptions infused with electronic pumps.
- **(*) Special & Atypical** IV Therapy Infusions will be accepted based on Nursing policy & clinic capacity (for monitoring purposes), including, but not limited to:
  - First dose of Antibiotics - Screener required
  - Iron Sucrose/Venofer - Screener required
- **Injections:** IM or SQ for Antibiotics, Anticoagulation (such as time specific Fragmin), or Analgesics.
- **Medical Nutrition Support:** G-Tube and J-Tube care and enteral feeds (where appropriate).
- **Diabetic Teaching Support:** Initial and transition to self-management plans.
- **Catheter Care:** Initial, maintenance, teaching &/ or removal of Foley catheter; Post Void Residuals; Continuous Bladder Irrigation (CBI); and/or patient-specific trial plans.
- **All Drain Care:** Passive and active drains including flushing, emptying, monitoring, dressing changes, trouble shooting and removal. Includes Chest Tubes; T-Tube; Jackson-Pratt (JP); Penrose; Nephrostomy; Nasogastric (NG); and/or Hemovac.
- **Tracheostomy Care:** Patient MUST bring patient-specific supplies
- **Wound Care:** Ranging from simple to complex. Includes Surgical, Trauma, Burns, Diabetic Foot Ulcers, Pressure Ulcers, Arterial Leg Ulcers, Malignant, Pilonidal Sinus, Non-Healable/Chronic, and/or General Wound. Include etiology details to support early entry into community wound pathway (established based on best practice guidelines). Treatments and interventions can include:

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Appropriate for Clinic-based care plans *(continued)*

- sharp debridement, irrigation, packing, cleansing/soaking
- **NSWOC Consultation:** Nurses Specializing in Wound, Ostomy, & Continence (home or clinic)
- Negative-Pressure Wound Therapy **(NPWT):** Including starting with orders, monitoring response, teaching and troubleshooting (M-W-F schedule)
- **Electrical Stimulation (E-Stim):** Including starting with orders, monitoring response, teaching and trouble shooting
- **Diabetic Foot Offloading Devices:** Initial fitting and management

- **Ankle Brachial Pressure Index (ABPI) test and Compression management:** Lower leg assessment; starting of compression dressings; and/or transition into long term compression garments.
- **Ostomy:** Assessment, consults and self-management coaching during first 1-2 months, or with a change of ostomy status.
- **5FU:** Chemotherapy disconnects only.
- While providing any of the above listed care, generalized **Nursing Assessments** including health and medication teaching, as required.
- All **Out of region** patients vacationing in the South West catchment, who require nursing will be supported in a CNC.

Exceptions to Community Nursing Clinic location

- Communicable disease – confirmed or screened as +'ve (includes ARI or Antibiotic Resistance).
- Complexities appropriate for home-based care, including but not limited to, Organ or Stem cell transplant recipient, Cystic Fibrosis, Shift Nursing, Palliating patients with a PPS of < 50 &/or patients with advanced cognitive impairment.
- Complex care plans requiring extensive equipment and time (>2hrs) such as Peritoneal Dialysis (PD), Home Hemodialysis (HHD) or Tube Feeds (TPN, enteral).
- Significant functional limitations, inability to independently and safely reposition for care (such as wheelchair to treatment bed), and/or considered Bed-bound.
- Permanent residence is more than 45-minute travel, or reside in Long-Term Care Home.

PLEASE NOTE: Administration of Chemotherapy & blood products are not supported in the Community (Clinic or Home).

Patients with an appropriate treatment for a CNC, as outlined above, may receive a Manager level exception (and receive in-home services) should it be deemed necessary, based on the Care Coordinator's assessment with the patient.

Clinic partnership inquires can be sent to SW.PatientSafety@hccontario.ca

Receiving Clinic Nursing Services

This information is to help support a successful care experience while receiving nursing care in a Community Nursing Clinic. We are committed to ensuring that care in the community is provided in a safe manner and that the availability of community nurses is managed responsibly to provide reliable, high-quality care. Our clean and safe clinics follow strict COVID-19 protocols to support providing high quality nursing care. They are stocked with additional medical supplies, equipment and support an ideal and clean care location with appropriate lighting and treatment areas.

Your Care Team

- Your Care Team is made up of Health Care professionals that include a Care Coordinator, a team of Service Provider Organization Nurses and some important Service Provider Organization Schedulers. You may also be supported by our Pharmacy Team related to medications and wound care supplies to complete your care needs.
- Your Care Team may change from time to time. We try very hard to ensure consistency but that is not always possible for a variety of reasons. The Service Provider Organization Schedulers will notify you of any changes whenever possible.
- Your Care Team may consist of both female and male staff. Each team member is professionally trained and capable of providing the care you need. Home and Community Care Support Services cannot guarantee a certain gender of staff. These types of restrictions to Care Teams may result in missed care.

Scheduling Visits

- Your Care Team will get to know you and your scheduling preferences in a clinic location. Clinics are in communities near your home and many have extended hours to accommodate work schedules or time preferences. This allows you to arrange for care at a convenient time and location, instead of waiting at home for care.
- All Community Nursing Clinic sites are required to be accessible as per AODA health care guidelines. Clinics also have free parking on site.
- Clinics help to end missed or delayed care and they allow for more face-to-face time with your Care Team to support your clinical needs.
- There may be circumstances such as weather/unsafe roads and unexpected absences that may interrupt services. Your Care Team will make every attempt to minimize impact and may work with you and your family to shift care to an alternative clinic day if safe to do so. Your Care Coordinator can help you develop a backup plan for these circumstances.
- Please be available for your scheduled visits. If you are not able to attend the clinic at your appointment time, please notify the Service Provider Scheduling team as soon as possible. Your Care Team cares about your well-being. If you do not call or arrive we will try to reach your personal contacts to ensure you are safe. If we cannot reach these contacts, the Police may be called to check on your safety.

If you have concerns about your schedule or scheduling changes, please contact your Service Provider Organization at _____.

Changes to your Care Plan

- Your care may change while you are receiving services through Home and Community Care Support Services. Any increase or decrease is an adjustment that will always be discussed with you, either by your Care Coordinator or your Clinic Service Provider Organization Nurse or Scheduler.
- Any recommendation being made by your Care Team to decrease or increase your care is based on the achievement of goals that you set at the beginning of the program. Please be open to those discussions, as they are intended to be positive discussions about achieving a better level of health.

If you have concerns about your care plan or your needs change, please contact your Care Coordinator at _____.

HOME AND COMMUNITY CARE SUPPORT SERVICES

Please treat our team with respect.

Attention All Patients and Visitors

Respect is a core value at Home and Community Care Support Services and we engage with kindness, empathy, gratitude and compassion.

We ask our patients and visitors to support a safe, healthy, secure and respectful environment where aggressive language or violent behaviour will not be tolerated.

Examples of aggressive or violent behaviour include:

- Physical assault
- Verbal harassment
- Abusive language
- Sexual language directed at others
- Threats
- Failure to respond to staff instructions

There is zero tolerance for all forms of aggression or violence. We reserve the right to respond appropriately, which may include asking you to leave the clinic.

Thank you for your cooperation and partnership in maintaining a safe and healthy environment for all.

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Community Nursing Clinics

Where we provide care is shifting!

Community Nursing Clinics ensure that care in the community is provided in a safe manner, while managing the availability of community nurses responsibly.

To provide reliable, high-quality care, we take a 'clinic-first' approach. We provide clinic-based care to patients who can be appropriately supported in our numerous clinic locations across the South West region. This approach also allows us to provide care in homes to people who need it, like homebound or palliative patients.

Nurses at the clinic will design your care plan to best meet your needs.

Community Nursing Clinics allow for independence and flexibility. Instead of waiting at home, you can book appointments at a convenient location, date and time, including evenings!

Visits to a Community Nursing Clinic are by **appointment only** and are **not** the same as visiting a walk-in medical clinic.

There are multiple locations across the South West that provide quality nursing care. All sites are accessible, and have free parking. View this **online map** of South West Community Nursing Clinics.

Clinic hours of operation vary by location to best meet the needs of patients in their community.

If you have any questions about Community Nursing Clinics, please speak with your Home and Community Care Support Services South West Care Coordinator.

Why Community Nursing Clinics?

- Our clean and safe clinics follow strict COVID-19 protocols, providing optimal, clean care locations.
- Instead of waiting at home, you can arrange for care at a convenient date, time and location.
- Our plans support your independence. We will help you manage your own ongoing care, if deemed safe and appropriate.

Patient / Caregiver Co-designed • This document has been approved by our Patient, Family and Caregiver Committee • 07-2021

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