

Policy & Procedure Manual

HEALTH RELATED APPOINTMENTS – R-IV-3

POLICY:

Individuals will be informed of and supported to make and attend all medical and dental appointments as required and, where appropriate, persons acting on their behalf will be notified. All information from Health Professionals will be explained to the individual and the person acting on their behalf in a language and a manner they can understand.

All individuals have the right to refuse to obtain or accept medical services that are recommended by a legally qualified medical practitioner or other health professional but must be educated about the effects of refusing such treatment.

Every individual will receive annual dental and physical examinations which will include all recommended age appropriate, gender specific preventative health screenings from the required Health Professionals.

PURPOSE:

1. To ensure that the individual has regular health updates and medication reviews.
2. To ensure all information and recommendations made by health professionals is explained to the individual in a language and manner they can understand.
3. To comply with Ontario Regulation 299/10.

PROCEDURE:

PRIOR TO APPOINTMENT:

1. For all pending health related appointments, consult with the individual and, if required, the person acting on their behalf. A Medical Visit Form (see Appendix A) will be completed to indicate the reason for the visit and any questions/concerns the individual, persons acting on their behalf or support staff have for the health professional. This form will be kept in the Up and Coming Appointment Folder in the Health Appointment Information section of the individual's Personal Binder until it is taken to the appointment.

2. The appointment will be booked and, as required, take the person acting on their behalf's schedule into consideration should the individual choose to have them attend the appointment with them.
3. The appointment time will be documented on the Group Home Calendar and the Checklist for Health Related Appointments/Visits (see Appendix B) will be initiated checking off all items as completed. Keep this form with the Medical Visit form in the Up and Coming Appointment Folder until the day of the appointment.
4. The following may be required depending on which Health Professional the appointment is with:

Health Card, Immunization Card, and Current ODSP Dental Card

Note: The Personal Information/Identification Folder (pouch) containing the above documents is located in the Health Appointment Information section of each Personal Binder.

5. At least 24-48 hours prior to an appointment with the individual's **FAMILY PHYSICIAN**, staff will request a Quarterly Physician's Orders Medication Review sheet (Medication Review Sheet) (see Appendix C) from Janzen's. Check the entries with the Physician's orders to ensure all ordered medications and treatments are listed and sign and date the "Checked by" section at the bottom of the page. If time does not permit the completion of a Medication Review Sheet, call Pharmacy and request a copy be faxed to the home or Physician's Office.
6. If the appointment is with anyone **other than the individual's Family Physician**, staff will bring a Janzen's Progress Notes and Physician's Orders (see Appendix D) to the appointment along with a copy of the Personal/Medical Data form (see appendix E) which is found in the Health Appointment information section of each Personal Binder.
7. The appointment results and/or recommendations will be explained to the individual, the person acting on their behalf and any other person supporting this individual as required in a language and manner they can understand.
8. Should the individual refuse to obtain or accept medical services recommended by a legally qualified medical practitioner or other health professional, they must be educated about the effects of refusing such treatment. This will be documented on the Medical Visit Form, progress notes and an Incident Report will be completed.



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DEPARTMENT: Community Services
CATEGORY: Health Monitoring and Promotion
EFFECTIVE DATE: July 2018
SUPERSEDES VERSION DATED: July 2014
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9. The post appointment section of the Checklist for Health Related Appointments/Visits can be used to check off all items as completed and then can be discarded.
10. Document "see Medical Visit Form" in the Log Book and in the progress notes.
11. An entry will be made on the Health Appointment Record/Log found in the Health Appointment Information section of the Individual's Personal Binder (see Appendix F).
12. The Medical Visit Form will be completed and filed in the Health Appointment Information section of the Individual's Personal Binder.

ANNUAL DENTAL, EYE AND PHYSICAL APPOINTMENTS:

1. The Primary/Secondary Counsellor, in consultation with the individual, will book an appointment for an annual physical, eye exam and dental examination at least 3 months prior to the 1 year anniversary date. Eye exams can be a part of the annual physical. Persons acting on their behalf will be notified of the appointment as required.
2. The date of the annual dental and physical appointment will be entered on the Primary/Secondary Counsellor checklist located in the front of the Individual Support Plan Binder.

RECOMMENDED BY: Director, Community Services

APPENDICES: 6

OPERATIONAL ACCOUNTABILITY: Administration, Community Services
Administration, Community Services

ORIGINAL POLICY DATE: August 1992

AUTHORIZED BY: Executive Director

SIGNATURE:

- OPTIONS northwest -
MEDICAL VISIT FORM

POLICY: R-IV-3
APPENDIX A

NAME OF RECIPIENT: _____

DATE & TIME OF APPOINTMENT: _____

NAME OF HEALTH PROFESSIONAL: _____

REASON FOR VISIT/HISTORY OF PRESENTING PROBLEM: _____

QUESTIONS FOR THE HEALTH PROFESSIONAL FROM INDIVIDUAL/PERSON ACTING ON THEIR BEHALF: _____

HEALTH PROFESSIONALS RECOMMENDATIONS: _____

DATE OF FOLLOW UP APPOINTMENT IF REQUIRED: _____

PERSON ACTING ON THE INDIVIDUAL'S BEHALF INFORMED OF APPOINTMENT RESULTS: Yes: ☐ No: ☐

NAME OF PERSON NOTIFIED: _____ DATE: _____

IF THE APPOINTMENT HAS RESULTED IN ANY CHANGES FOR THE INDIVIDUAL'S MEDICATIONS, TREATMENT, OR CARE, INFORM ANY OTHER AGENCIES/PEOPLE PROVIDING SUPPORT FOR THE INDIVIDUAL; RECORD BELOW.

AGENCY	NAME OF THE PERSON WHO TOOK THE INFORMATION	DATE INFORMATION WAS SHARED

COMMENTS: _____

APPOINTMENT AND/OR TREATMENT REFUSED BY THE INDIVIDUAL: Yes: ☐ No: ☐

COMMENTS/EDUCATION PROVIDED: _____

DOCUMENT IN THE LOG BOOK AND PROGRESS NOTES IN THE INDIVIDUAL'S PERSONAL BINDER
"SEE MEDIAL VISIT FORM"

FILE THIS FORM IN THE MEDICAL SECTION OF THE INDIVIDUAL'S PERSONAL BINDER

CHECKLIST FOR HEALTH RELATED APPOINTMENTS/VISITS

A) Appointment with Family Physician:

Pre-Appointment

- ☐ Notify Person Acting on Behalf of the Individual
- ☐ Supervisor notified
- ☐ Health Card
- ☐ Complete Medical Visit Form
- ☐ Transportation arranged
- ☐ Escort arranged
- ☐ Copy of Health Appointment Record/Log
- ☐ Medication Review Sheet
- ☐ Immunization card if appointment for this reason
- ☐ Cancel/reschedule community placements/transportation

Post Appointment

- ☐ Medication Review Sheet to Shoppers
- ☐ Process Physician's orders
- ☐ Complete Health Appointment Record/Log and File
- ☐ Contact Next of Kin & others supporting the individual & complete Medical Visit Form
- ☐ File Medical Visit Form
- ☐ Document in Log & progress notes
- ☐ Update Medication/Treatment Purpose Form
- ☐ Follow-up appointments in calendar

B) Appointment with Health Professional Other Than Family Physician:

Pre-Appointment

- ☐ Notify Person Acting on Behalf of the Individual
- ☐ Supervisor notified
- ☐ Health Card
- ☐ Complete Medical Visit Form
- ☐ Transportation arranged
- ☐ Escort arranged
- ☐ Copy of current MAR sheet
- ☐ Copy of ODSP dental card if required
- ☐ Copy of Personal/Medical Data form
- ☐ Copy of Health Appointment Record/Log
- ☐ Physician's Orders Sheet
- ☐ Cancel/reschedule community placements/transportation

Post Appointment

- ☐ Physician's Order sheet/Prescription to Shoppers
- ☐ Process Physician's orders
- ☐ Complete Health Appointment Record/Log and File
- ☐ Contact Next of Kin & others supporting the individual & complete Medical Visit Form
- ☐ File Medical Visit Form
- ☐ Document in Log & progress notes
- ☐ Follow-up appointments in calendar
- ☐ Update Medication/Treatment Purpose Form

C) Dentist Appointment:

Pre-Appointment

- ☐ Notify Person Acting on Behalf of the Individual
- ☐ Supervisor notified
- ☐ Current ODSP dental card
- ☐ Transportation arranged
- ☐ Sedation/Antibiotic ordered as required
- ☐ Cancel/reschedule community placements/transportation

Post Appointment

- ☐ Notify Person Acting on Behalf of the Individual
- ☐ Complete Health Appointment Record/Log
- ☐ Document in Log & progress notes
- ☐ Follow-up appointments in calendar

D) Hospitalization/Emergency Visits:

Pre-Appointment

- ☐ Notify Person Acting on Behalf of the Individual
- ☐ Supervisor notified
- ☐ Health Card
- ☐ Transportation arranged
- ☐ Copy of current MAR sheet
- ☐ Copy of Personal/Medical Data
- ☐ Copy of Health Appointment Record/Log
- ☐ Physician's Orders Sheet
- ☐ Cancel community placements/transportation

Post Appointment

- ☐ Physician's Order sheet/Prescription to Shoppers
- ☐ Process Physician's orders
- ☐ Complete Health Appointment Record/Log and File
- ☐ Contact Person Acting on Behalf of the Indiv/PGT
- ☐ Document in Log & progress notes
- ☐ Follow-up appointments in calendar book
- ☐ Contact Supervisor/Supervisor-on-Call
- ☐ Update Personal/Medical Data Form
- ☐ Restart any Community Placements as required

Medication Review

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Printed: Mar 20, 2018

Janzen's Pharmacy Lillie St
300 Lillie St N., Thunder Bay ON P7C 4Y7
Phone: (807) 344-0405 Fax: (807) 344-0483

Authorizing Period: Apr 01, 2018 to Jun 30, 2018

Patient: JANE PACMED

Prescriber: SARAH ECKLER

Phone: (807) 626-8470

Fax: (807) 622-3548

Area:

Height:

Room:

Weight:

Gender: Female

BP:

Birth Date: Nov 30, 2010

Pulse:

Age: 7

BP Measurement Date:

Facility: OPTIONS NORTHWEST

Cycle:

Admitted: Feb 17, 2018

Drug Holiday:

Creatinine:

CrCl (mL/min)

Allergies: PENICILLINS, OPIOIDS - MORPHINE ANALOGUES

Conditions: DIABETES MELLITUS

Auth Date	Rx#	Drug	Qty	Instructions	R/O	Qty Auth	D/C	Hold
Mar 19, 2018	4373455	FUROSEMIDE APO-FUROSEMIDE 40MG TABLET	10	TAKE 1 TABLET DAILY				
Mar 19, 2018	4373456	PAROXETINE HCL ACT-PAROXETINE 20MG TABLET	5	TAKE 1/2 A TABLET (10MG) DAILY				
Mar 19, 2018	4373454	METFORMIN HCL ACT-METFORMIN 500MG TABLET	20	TAKE 1 TABLET TWICE DAILY				
Mar 19, 2018	4373453	FERROUS GLUCONATE TEVA-FERROGLUC 300MG TABLET	10	TAKE 1 TABLET DAILY AT SUPPER				
Mar 19, 2018	4373452	ATORVASTATIN CALCIUM ACT-ATORVASTATIN 20MG TABLET	10	TAKE 1 TABLET AT BEDTIME				
Jul 17, 2017	565432	ACETAMINOPHEN PEDIATRIX 160MG/5ML LIQUID	1	TAKE 5ML EVERY 6 HOURS WHEN REQUIRED				
Feb 17, 2018	4321570	DOCUSATE SODIUM APO-DOCUSATE SODIUM 100MG CAPSULE	42	TAKE 1 CAPSULE TWICE DAILY WHEN REQUIRED				
	4321556	RISPERIDONE ACT-RISPERIDONE 3MG TABLET	42	TAKE 1 TABLET AT BEDTIME WHEN REQUIRED				

Prescriber's Signature: _____

Date: _____



JANZEN'S PHARMACY

300 N. Lillie St. Thunder Bay, ON P7C 4Y7 Ph. 807 344 0405

**ORDER SHEET AND PROGRESS NOTES
OPTIONS NORTHWEST**

NAME :

DRUG ALLERGIES / SENSITIVITIES

DOB:

HC # :

UNIT:

ROOM

PHYSICIAN'S ORDER		PROGRESS NOTES					
DATE:	TIME:	DATE:	TIME:				
				STAFF #1 SIGNATURE		STAFF #2 SIGNATURE	
				DATE / TIME		DATE / TIME	
				Initial as performed (NR = Not Req'd)			
				Pharmacy Faxed	Family Notified	MAR	TAR
				D/C'd / Change of Order			
				Meds Pulled			
				Meds Flagged			
SIGN:		<input type="checkbox"/> OK TO START NEXT MED ROLL		SIGN:		Direction Change Sticker	

Unless specified, Rx qlys as follows: NARCOTICS & PRNS: 90 days at max. daily dose in appropriate part fill qlys, at pharmacist discretion;
REGULARLY SCHEDULED MEDS: 90 days, 7 days at a time; BULK TOPICALS: 50gm; PRE-PKGD ITEMS: stock size

PHYSICIAN'S ORDER		PROGRESS NOTES					
DATE:	TIME:	DATE:	TIME:				
				STAFF #1 SIGNATURE		STAFF #2 SIGNATURE	
				DATE / TIME		DATE / TIME	
				Initial as performed (NR = Not Req'd)			
				Pharmacy Faxed	Family Notified	MAR	TAR
				D/C'd / Change of Order			
				Meds Pulled			
				Meds Flagged			
SIGN:		<input type="checkbox"/> OK TO START NEXT MED ROLL		SIGN:		Direction Change Sticker	

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**- OPTIONS northwest -
PERSONAL/MEDICAL DATA**

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APPENDIX E

NAME:	PERSON ACTING ON THEIR BEHALF:
ADDRESS:	
TELEPHONE:	TELEPHONE:
DOB:	CONSENT/SUBSTITUTE DECISION MAKER:
HEALTH CARD:	
SUPERVISOR:	TELEPHONE:
SUPERVISOR CONTACT NUMBER:	FAX:
SUPERVISOR ON CALL CONTACT NUMBER:	FAMILY PHYSICIAN:
ALLERGIES:	SPECIALISTS:
	DENTIST:
	DENTAL SURGEON:
	OPHTHALMOLOGIST:
SPECIAL PRECAUTIONS:	OPTOMETRIST:
	DIETICIAN:
	COMMUNICATION:
	HEARING:
MEDICAL/PHYSICAL CONDITIONS:	
	VISION:
	ADAPTIVE AIDS:
NORMAL BP: NORMAL T P R	
WEIGHT: HEIGHT:	COGNITIVE ABILITY:
IMMUNIZATION RECORD-DATE LAST DONE:	
FLU VACCINATION:	
TETNUS:	MOTOR SKILLS:
TETNUS/DIPHTHERIA:	
POLIO:	
MMR:	
PERTUSIS:	
HEPATOVAX:	
TB TEST:	

SPECIAL BEHAVIOUR CONSIDERATIONS:

DIET/SPECIAL CONSIDERATIONS:

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APPENDIX F

PSS300/JUNE 2014

