



POLICY: R-IV-4
DEPARTMENT: Personal Support Services
CATEGORY: Health Monitoring and Promotion
EFFECTIVE DATE: July 2014
SUPERSEDES VERSION DATED: August 2013
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Policy & Procedure Manual

HOSPITALIZATION/MEDICAL EMERGENCY - R-IV-4

POLICY:

Continuity of care and support shall be maintained when an individual is admitted to the hospital due to illness, for a specific procedure or because of a medical/behavioural emergency.

Individuals will be informed of and supported to receive emergency medical care as required. All information received 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 they must be educated about the effects of refusing such treatment.

PURPOSE:

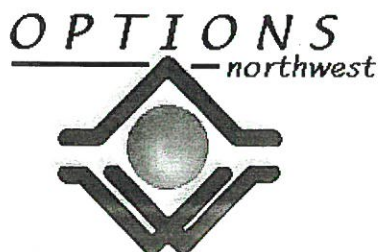
1. To ensure the individual receives the necessary care/treatment required and is informed about the treatment received.
2. To ensure ongoing communication between the hospital and the group home so no pertinent information is omitted.

PROCEDURE:

NOTE: Any refusal by the individual to obtain or accept medical services that are recommended by a legally qualified medical practitioner or other health professional will be documented on the progress notes, and an Incident Report will be completed.

Emergency Transfer:

1. Dial 911 and give the nature of the emergency along with the address of the individual's home.



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2. Explain to the individual the reason for the transfer in a manner and language they can understand.
3. The Checklist for Health Related Appointments/Visits can be initiated checking off all items as completed (see Appendix A).
4. Notify the person acting on behalf of the individual and the Supervisor/Supervisor on Call. The Supervisor/Supervisor on call will make arrangements for staffing as necessary and will inform the Director of Personal Support Services of the transfer.
5. The individual's Health Card along with a copy of the Personal/Medical Data form (see Appendix B), Health Appointment Record/Log (see Appendix C) and a copy of the current MAR sheet are to be sent with the individual.
6. The staff member who is most familiar with the individual should accompany them to the hospital at the time of transfer or as soon as possible. Staff will remain with the individual until they are discharged or admitted to the hospital.
7. Complete an Incident Report as directed in Incident Report and Follow-up Policy AD-I-6.

Admission:

1. When an individual is admitted to the hospital, staff will inform them of the reason, in a manner and language they can understand. During hospitalization, staff will maintain daily contact and updates will be provided to the individual.
2. Staff will notify the person acting on behalf of the Individual, the Public Guardian and Trustee (both financial and treatment decision representatives) and the Supervisor/Supervisor on Call who will inform the Director of Personal Support Services.
3. If the hospital is requesting that OPTIONS provide staffing support, the request must be forwarded to the Supervisor/Supervisor on Call who will obtain approval from the Nurse Manager of the admitting unit. In the Nurse Manager's absence, approval will be obtained from the Administrative Coordinator as per the current agreement with the Thunder Bay Regional Health Sciences Centre.
4. Inform the hospital that any consent issues must be directed to the person acting on behalf of the individual/Public Guardian and Trustee as noted on the individual's Personal/Medical Data Form.



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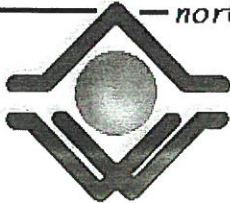
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5. If staff accompanying the individual is not provided with information related to the individual's health status, due to the hospital's policies on confidentiality, consent to release information may be completed by the person acting on their behalf. Verbal consent from the person acting on their behalf may also be acceptable to the health professional.
6. A copy of the Personal/Medical Data Form, Health Appointment Record/Log, and a copy of the current MAR sheet will be provided to the hospital.
7. The individual's Personal Binder may be taken to the hospital for charting purposes, only when OPTIONS staff is supporting them in the hospital.
8. Cancel and/or reschedule any community placements for the individual, including transportation arrangements.
9. Maintain daily contact with the hospital to receive updates on the individual's condition. If the hospital has requested and approved OPTIONS staffing support, the Supervisor/Supervisor on call will determine which staff will attend to the individual at the hospital.

Discharge:

1. 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.
2. When informed that the individual will be discharged, ensure the hospital has faxed any new orders to Shopper's Pharmacy.
3. Ensure all necessary arrangements for the individual's transfer back to the group home are made.
4. Review discharge orders with hospital staff, seeking clarification if necessary, and prior to leaving the hospital with the individual.
5. Upon return, process any recommendations and when medications arrive, process new orders as directed in Processing Physician's Orders Policy R-V-1.
6. Recommendations and any new or changed medications will be explained to the individual and to the person acting on their behalf, in a language and manner they can understand.



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7. Should the individual refuse to follow the prescribed treatment plan they must be educated about the effects of refusing such treatment and this will be documented in the individual's progress notes. Complete an Incident Report as directed in Incident Report and Follow-up Policy AD-I-6.
8. Contact the person acting on behalf of the individual, the Public Guardian & Trustee (both financial and treatment decision representative) and the Supervisor/Supervisor on Call to notify them of the individual's discharge as required.
9. Arrange to restart any community placements, as required.
10. If a routine transfer form is received from the hospital, place it in the correspondence section of the individual's Personal Binder.
11. Update the Personal/Medical Data Form as required, and the Health Appointment Record/Log in the Health Appointment Information section of the Personal Binder.
12. Document in the Log Book and in the progress notes indicating the date and time of discharge and any new recommendations/orders.

RECOMMENDED BY: Director, Personal Support Services

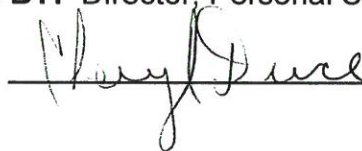
APPENDICES: 3

OPERATIONAL ACCOUNTABILITY: Administration, Personal Support Services
Administration, Personal Support Services

ORIGINAL POLICY DATE: July 2002

AUTHORIZED BY: Director, Personal Support Services

SIGNATURE:

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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

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

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APPENDIX B

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:	
HEP OVAX:	
TB TEST:	

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APPENDIX C

PSS300/JUNE 2014

