


Appendix 1 – Morning Report Flow Chart

 Department of Health Government of Nunavut		NURSING POLICY, PROCEDURE AND PROTOCOLS	
		Community Health Nursing	
TITLE:		SECTION:	POLICY NUMBER:
Morning Report		Nursing Practice	06-017-00
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
August 2, 2020	August 2023		5
APPLIES TO:			
All Health Centre Staff			

1. BACKGROUND:

- 1.1 The Department of Health (Health) recognises that clear communication and information sharing practices are integral to the effective delivery of healthcare services. Health upholds all process related to the handling of confidential information including Personal Health Information (PHI).
- 1.2 The Morning Report offers the healthcare service providers and health centre staff the opportunity to come together, discuss issues, and plan for the future.

2. Policy:

- 2.1 The Morning Report is a mandatory daily meeting which will take place at the beginning of each work day.
- 2.2 The Morning Report will be attended by all staff working at the health centre that day as well as all associated healthcare providers, such as midwives, community physicians and community health representatives (CHRs).
- 2.3 The Morning Report will be led by the Supervisor of Community Health Programs (SCHP) or designate in the event that the SCHP cannot attend.
- 2.4 The Morning Report will consist of two sections, the first is operational, the second is clinical. The operational section should take roughly five minutes. The total meeting time should not exceed 30 minutes to ensure that clients are not kept waiting.
- 2.5 The operational section of the report requires the attendance of all health centre staff. During the operational section no PHI or other information related to any client will be shared. Discussions will focus solely on the operations of the health centre.
- 2.6 The clinical section of the Morning Report must be attended by Community Health Nurses (CHNs) and Nurse Practitioners (NPs) and the Community Physician working at the health centre. All other staff will be dismissed from the meeting by the SCHP prior to beginning the clinical section of the meeting. The Mental Health Nurse (MHN)/Registered Psychiatric Nurse (RPN), Public Health Nurse (PHN), Licenced Practical Nurse (LPN), Home Care Nurse (HCN), Visiting Specialists, Paraprofessionals, and/or Midwives will be invited to attend the

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clinical portion of the meeting **only** if they have specific clinical matters which must be discussed with the clinical team. These discussions will take place first, after which these clinicians will be dismissed. There will be no discussion of any PHI during the first section of the clinical portion of the meeting. The second section of the meeting will only be attended by CHNs and the Community Physician.

2.7 The SCHP bears ultimate responsibility for upholding professional standards during the Morning Report and will discourage any unnecessary commentary or personal opinions from attending staff.

3 PRINCIPLES:

- 3.1 Morning Report is a mandatory meeting which helps to ensure effective communication and information sharing leading to better operational efficiency for health centre staff.
- 3.2 Morning Report provides the opportunity for clinical collaboration to ensure optimal care is being provided to clients.
- 3.3 PHI and any other confidential, sensitive, or privileged information will only be shared during the clinical section of the Morning Report. The clinical section of the Morning Report will be attended exclusively by the health centre's CHNs, Community Physicians and NPs with invitation to PHN, LPN, HCN, MHN/RPN, Paraprofessionals, and Midwifery only when required to discuss specific clinical matters which must be brought to the attention of all CHNs.

4 DEFINITIONS:

4.1 Personal Health Information/Protected Health Information (PHI):

Health information collected or maintained in any format concerning the health of an individual, living or deceased which includes any of the following information:

- a) Information about a pathogen with which an individual is infected or to which the individual has been exposed
- b) Information about other health conditions to which an individual is subject
- c) Information about health services provided to an individual
- d) Information about the individual's health care history
- e) Information that is collected in the course of, or incidental to, the provision of health services to an individual
- f) Information in respect of the examination or testing of an individual or on referral from a health care professional
- g) An identifying number, symbol or other particular assigned to an individual in respect of health services or health information.

4.2 Clinicians: Regulated Health Professionals

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5 GUIDELINE: 06-017-01

- 5.1 The SCHP will start the Morning Report at 08:30 or the beginning of the work day, whichever comes first.
- 5.2 The SCHP will take attendance and record any absentees.
- 5.3 The SCHP will remind everyone that the first section of the Morning Report is operational, and that no PHI or other privileged, personal, or confidential information will be shared.
- 5.4 The SCHP will assign quality assurance testing to staff to be completed during Morning Report.
- 5.5 The SCHP will provide an opportunity to front desk staff, housekeepers, and caretakers, in turn to provide updates or express concerns.
- 5.6 SCHP will request input from the Midwives, MHN/RPN, PHN, HCN, Specialists, Paraprofessionals, and LPN in turn, regarding any updates which they have regarding operations.
 - 5.6.1 After providing updates, these clinicians will indicate if they have a clinical matter to present during the clinical portion of the meeting.
- 5.7 The SCHP will request updates from CHRr regarding programming and events of that day and any upcoming programmes or events which may impact health centre operations.
- 5.8 SCHP will disseminate any recent, relevant information or communications as they relate to health centre operations, including policy updates and answer questions about them.
- 5.9 The SCHP will adjourn the first section of the meeting, dismissing all staff except for CHNs, NPs and Community Physicians. All other clinicians will be invited to stay only if they have a specific clinical matter that requires discussion with the entire team.
- 5.10 After all non-clinical staff have departed the SCHP will invite the Midwives, LPNs, PHN, Specialists, Paraprofessionals, and MHN/RPNs to present their matter each in turn. Once these updates are complete, these clinicians will be dismissed.
- 5.11 All presentations will be focussed on the clinical matters. Sharing of PHI will be limited to only those details which absolutely must be shared.
- 5.12 The SCHP will invite the On-Call Nurse from the previous night to present those clients who will require follow-up, who are of particular concern such as clients who are presenting with the same complaint for the third time, or who are awaiting transport to another location of care.
- 5.13 The SCHP will ask the nurses if there are any cases which require discussion between the nurse, the SCHP and/or physician and schedule an appropriate time to discuss the case.


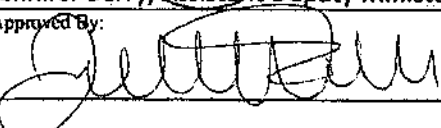
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5.14 The SCHP is responsible to update any clinician not present with information presented during this time that pertains to them. This should be done as soon as possible after report is adjourned.

5.15 The SCHP will adjourn the meeting, the total meeting time should not exceed 30 minutes

6. REFERENCES:

Public Health Act of Nunavut

Approved By: 	Date: Dec 10 / 2020
Jennifer Berry, Assistant Deputy Minister, Health Operations	
Approved By: 	Date: Jan 7, 2021
Jennifer Bujold, A/ Chief Nursing Officer	

