 Department of Health Government of Nunavut		NURSING POLICY, PROCEDURE AND PROTOCOLS	
		Community Health Nursing	
TITLE:		SECTION:	POLICY NUMBER:
Escalation of Medical Care		Nursing Practice	07-035-00
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APPLIES TO:			
Community Health Nurses, Nurse Practitioners, and Physicians			

1. BACKGROUND:

- 1.1. The Department of Health (Health) provides patients with care as close to home as possible. When the patient needs exceed the services available at the health centre in their home community, the patient will be transferred to another centre with more robust resources providing that the patient is agreeable.
- 1.2. To protect the health and wellbeing of patients, limitations are placed on the length of time which a patient may remain at the health centre, and the number of repeat visits without improvement or diagnosis.

2. POLICY:

- 2.1. The nurse will consult with the community physician or physician on call to arrange patient transfer to an alternate care site whenever a patient has been at a health centre for 4 hours without evidence of clinical improvement. For greater clarity, patients may not be monitored in the health centre for greater than 4 hours. Transferring a patient to another health centre or third-party healthcare provider is done explicitly to allow for timely access to greater resources and supports for investigations, diagnosis, and treatment options.
- 2.2. A patient who has been seen twice for the same complaint must be seen by a different clinician on the third visit. The third visit will include a complete examination and investigations into alternate diagnoses in addition to a referral to or consultation with a physician or nurse practitioner.
- 2.3. A patient who has been seen three times for the same complaint **without** an effective treatment plan and/or diagnosis must be sent to a third-party healthcare provider by the most appropriate means of transportation given the patient's condition, including medevac. The transfer of the patient to a third-party healthcare provider is done explicitly to allow for timely access to greater resources and supports for investigations, diagnosis, and/or treatment options. This statement applies to all clinicians regardless of location of care within Nunavut.

3. PRINCIPLES:

- 3.1. Nunavummiut have a right to access equitable healthcare resources and supports regardless of

their home community. The delivery of these healthcare resources and supports may require travel to another centre.

- 3.2. Health provides Nunavummiut with care as close to home as possible. To ensure that the priority of receiving care as close to home as possible does not conflict with the need to provide all Nunavummiut with access to equitable healthcare resources and supports, patients may be required to receive evaluation, care, and/or treatment at a location other than their home community. Non-urgent/non-emergent treatment at a location other than a patient's home community will take place only when specific criteria are met as outlined in this policy.
- 3.3. Patients will be transferred between communities and referral sites using the most appropriate means of transportation given the patient's condition, including medevac.
- 3.4. To ensure that all Nunavummiut have access to the healthcare resources and supports needed, even in non-urgent/emergent situations, patients may be required to receive care away from home.

4. DEFINITIONS:

- 4.1. **Clinician:** Refers to Community Health Nurses (CHN), Nurse Practitioners (NP), and Physicians.
- 4.2. **Non-Urgent:** Non-Urgent refers to conditions that may be acute but non-urgent as well as conditions which may be part of a chronic problem with or without evidence of deterioration.
- 4.3. **Urgent:** Urgent refers to conditions that could potentially progress to a serious problem requiring emergency interventions.
- 4.4. **Emergent:** Emergent refers to conditions that are a potential threat to life, limb, or function requiring rapid medical interventions and the use of condition specific controlled medical acts.
- 4.5. **Consultation:** A deliberation between clinicians in order to seek advice. The clinician initiating the consult remains the Most Responsible Person (MRP).
- 4.6. **Referral:** A referral is a request from one physician to another to assume responsibility for management of one or more patient either entirely or for a specified problem. A referral may be for a specified time period, until the resolution of a problem, or may be for ongoing care. It is the responsibility of the physician accepting the referral to maintain appropriate and timely communication with the referring physician and to seek approval from the referring physician for treating or referring the patient for any other condition that is not part of the original referral.



5. PROTOCOL:

- 5.1. Patients who have made three visits to a clinician for the same complaint without improvement or a confirmed diagnosis must be transferred to a third-party healthcare provider for evaluation and/or treatment if determined through consultation with the community physician or physician on call.
 - 5.1.1. Physicians who have seen the same patient for 3 visits for the same complaint without improvement or a confirmed diagnosis must refer the patient for transfer to a third-party healthcare provider.

- 5.2. Patients who have been in the health centre for 4 hours without improvement will be transferred to a regional centre or third-party healthcare provider after consultation with a physician.
- 5.3. Patients who have been treated twice for the same complaint will be re-evaluated by a different clinician on their third visit for the same complaint, regardless of resolution/improvement between visits. A physician or nurse practitioner referral or consultation must be arranged at that time.

6. PRACTICE POINT:

- 6.1. An underlying mood disorder or other psychiatric origin of the illness, as well as a referral to Mental Health, should be considered for any patient who has been seen twice with vague or non-specific complaints **without** a diagnosis.

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