

Non-Staff Practitioners

Approved Date: February 1, 2007

Revised Date: _____

1. **Policy Purpose** The purpose of the policy is to provide direction to staff and physicians for managing patient/resident/family requests for use of non-staff practitioners while residing in Providence Health Care (PHC) acute or residential care sites.

2. **Definitions**

Complementary Care: Interventions including treatments that are not offered by PHC but which are available in the community and which the patient/resident, believing they have beneficial properties, wishes to contract for directly. Examples include acupuncture, reiki or therapeutic touch.

Supplementary Care: Interventions including nursing that are provided by PHC but which the patient/resident wishes to contract for directly from a practitioner or nurse not on the PHC staff.

Health Care Team: The PHC staff and physicians involved in the care of a particular patient or resident at a PHC facility.

Non-staff Practitioner: Any individual who wishes to provide care to a patient/resident who is not working in the capacity as an employee, a member of the credentialed staff or a student. An employee who provides care to a patient/resident outside of their scheduled work hours is considered a Non-staff practitioner. Non-staff practitioners may provide complementary or supplementary care.

3. **Policy Statement** At PHC we recognise and respect the rights of individuals to use the services of Non-staff Practitioners. However, prior to the initiation of any complementary/supplementary care, the Health Care Team must be given an opportunity to exercise their clinical judgment as to whether the proposed care may interfere in any way with the primary course of treatment.

As a means to ensure patient/resident safety, PHC facilitates the provision of care to patients and residents only by members of the credentialed medical, dental, and allied staff, staff employed by the hospital, or students of affiliated educational organizations. Care/treatment by individuals not in these groups may not be provided to patients /residents while admitted to a PHC facility, except in extraordinary circumstances such as a long stay, uncontrollable pain, a palliative care situation or other unique/special needs.

4. **Policy Scope** This policy applies to all requests for care from Non-staff Practitioners by patients/residents being cared for on all owned and operated sites of PHC. This policy does not apply to the use of alternative/herbal medications not prescribed by PHC staff or physicians.
5. **Policy Principles** This policy seeks to reconcile PHC's respect for patient/resident autonomy with the restrictions placed on care/treatment by Non-staff Practitioners under *The Hospital Act*. The policy and guidelines address our responsibility to ensure a safe environment while stopping short of a formal credentialing of Non-staff Practitioners.

6. Procedures

- 6.1 Patient/resident/family expresses interest in care/treatment by a Non-staff Practitioner (NSP) to a member of the Health Care Team (HCT).
- 6.2 Patient/resident/family discusses interest in care/treatment by a NSP with attending physician or relevant HCT member.
- 6.3 Attending physician or relevant HCT member gives preliminary approval and discusses with patient/resident whether NSP requires access to the patient/resident chart in order to formulate care plan. Patient/resident/family provides verbal consent for the NSP to access the patient/resident chart. Attending physician/HCT member documents patient/resident/family authorization for release of information to NSP (i.e. "Patient requests that NSP physiotherapist be permitted access to the health record").
- 6.4 Attending physician or relevant HCT member places labels on and provides NSP package to patient/resident/family with direction to have NSP complete Treatment Plan using form provided.
- 6.5 NSP to return Treatment Plan to patient/resident/family, who in turn provide Treatment Plan to any HCT member.
- 6.6 Attending physician and/or relevant HCT member/s consider Treatment Plan to weigh benefits of complementary/supplementary care against safety/risk to patient; objections, scheduling conflicts, or limitations on Non-staff Practitioner activities to be noted in health record progress notes or on care plan.
- 6.7 Physician awareness to be documented on the pre-printed Practitioner's Order sheet. Physician may elect to endorse the proposed care/treatment in the following manner:
 - I do not object to the patient's request to receive XXX care/treatment consistent with the Care Guidelines concerning non-staff practitioners
 - I fully support the patient's request to receive XXX care/treatment consistent with the Care Guidelines concerning non-staff practitioners.Physician may elect not to endorse the proposed treatment in any of the following ways:
 - I will not comment on the proposed NSP care/treatment
 - I believe the proposed care/treatment will be detrimental to the health of this patient and I oppose its use
 - I do not support the use of NSP care/treatment as proposed
 - I am unable to determine the impact of the proposed NSP care/treatment on this patient so cannot support its use
 - I am unable to support the use of NSP care/treatment as proposed, but am willing to transfer the care of this patient to Dr. X who will consider the request.

- 6.8 A member of the HCT will communicate the decision to the patient/resident/family. If the Treatment Plan has not been endorsed, the NSP may contact the attending physician or relevant HCT member to engage in a discussion around the lack of endorsement. The attending physician or relevant HCT member may reconsider the decision following discussion with the NSP.
- 6.9 On documentation of physician endorsement, HCT member advises patient/resident/family to complete Waiver and Release of Information authorization forms and have NSP complete Declaration/Release form. HCT member advises patient/resident/family they may contact the NSP to arrange treatment.
- 6.10 HCT member secures patient's signed Waiver/Release of Information authorization and NSP signed Declaration/Release forms and places on the patient's health record.
- 6.11 Patient's general condition continues to be monitored by the attending physician and HCT; if any member considers that care/treatment by Non-staff Practitioner should be stopped, for any reason, they may withdraw approval, and convene a meeting of the Health Care Team to review authorization. Attending physician or HCT member must contact NSP directly to advise that approval for treatment is withdrawn.
- 6.12 Non-Staff Practitioner charts on Non-Staff Practitioner Progress Notes (form provided); these are maintained together in the "Consult" section of the health record.

7. Tools, Forms and References

Client

- Use of Non-Staff Practitioner by Client: Waiver, Release of Responsibility and Authorization for Release of Information
- Information for Patients/Residents Regarding Use of Non-Staff Practitioners

Non-Staff Practitioner

- Treatment Plan
- Non-Staff Practitioner: Declaration and Release from Liability
- Non-staff Practitioner Progress Notes

Staff & Physicians

- Information for Staff: Frequently Asked Questions
- Procedure checklist for staff

8. Related Policies: Patient's Own Medications (under consideration)

9. References

[Hospital Act](#), RSBC 1996, c. 200 B.C. Reg. 121/97, s. 7
VCHA Regional Policy (draft) - Care of Patients/Residents by Non-Staff Practitioners