

## Non-Staff Practitioners- Care of Patients/ Residents by

### Site Applicability

VGH    UBCH    GPC    GFS    MPAP

### Background Information

As a means to ensure patient/resident safety, Vancouver Coastal Health (VCH) 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. Therapy/care by individuals not in these groups may not be provided to patients/residents while under the care of VCH, except in extraordinary circumstances.

### DIRECTIVE / POLICY / STANDARD:

- Therapy/care may be provided to patients/residents of VCH only by members of the credentialed medical, dental, and allied staff of, or those employed, contracted, or being educated by VCH, except in extraordinary circumstances.
- Exceptions to be considered at the request of the patient / resident:
  - Private duty nursing care (RN, LPN, or patient care aide) may be contracted directly by the patient/resident on the approval of the physician and Patient Services Manager/Program Director. (PSM)
  - Care incremental to that provided in the hospital by someone other than nursing (e.g. rehabilitation or respiratory therapy) may be contracted directly by the patient/resident on the approval of the physician and the Professional Practice Director or Clinical Practice Leader responsible. (PPD)
  - Complementary therapy by registered acupuncturists and regulated and allied health professionals and will be considered by Medical Affairs with the approval of the patient's/resident's physician and in extraordinary circumstances (e.g. palliative care, exceptionally long stays, pain uncontrolled by conventional methods).

### PROCEDURE / RECOMMENDATIONS / ASSESSMENT:

- Patient/Resident/Family expresses interest in care by a Non-staff Practitioner (NSP) to member of health care team
- Patient/Resident/Family discusses interest in care by a NSP with attending physician
- Health Care Team discusses matter and considers who will be Health Care Team Contact (Care Team Contact)
- MD awareness and documentation of 'no objection' may be charted with wording such as "I do not object to the patient's request to apply for XXX therapy consistent with the Patient Care Guideline concerning non-staff practitioners".
- On MD documentation of 'no objection', Care Team Contact provides Patient/Resident with waiver forms and instruction to contact therapist of choice.

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## PATIENT CARE GUIDELINES

PLEASE NOTE: UNDER REVIEW

D-00-07-30248

- Care Team Contact meets with Non-staff Practitioner and Care Team Contact provides Non-Staff Practitioner with application requirements; (Toolkit Section 3).
- Care Team Contact secures documents from Non-Staff Practitioner, and secures Waiver from Patient.

Complementary Care	Incremental Care/Private Duty Nursing
Care Team contact provides documents (Care Team Referral, Waivers) to Medical Affairs for review. (Fax: 604-875-5701)	Care Team contact provides documents (Care Team Referral, Waivers) to PSM/PPD for review.
Medical Affairs reviews documents; if in order, advises Care Team contact who in turn contacts the Non-staff Practitioner to schedule with unit staff, to discuss care plan with Health Care Team, HCT (approval contingent on HCT review of plan). The HCT may choose to require a documented care plan (form provided).	PSM/PPD reviews documents; if in order advises Care Team contact who in turn contacts the Non-staff Practitioner to schedule with the unit staff, to discuss care plan with Health Care Team, HCT (approval contingent on HCT

- Care Plan is discussed by Health Care Team (or subset thereof) to note objections, scheduling conflicts, limitations on Non-staff Practitioner activities to be noted in Chart progress notes or on Care Plan Form ([Treatment Plan - printable pdf](#))
- If care proceeds, patient's general condition is monitored by Health Care Team; if any member considers that care 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.
- Therapist documentation retained in chart, moving all sheets forward with each visit (as a package).

COMPLEMENTARY THERAPY PROCESS CHECKLIST ([Printable version](#))

## Procedure

Patient/Resident/Family expresses interest in care by a Non-staff Practitioner (NSP) to member of health care team	
Patient/Resident/Family discusses interest in care by a NSP with attending physician	
Health Care Team discusses matter and considers who will be Health Care Team Contact (Care Team Contact)	
MD awareness and documentation of 'no objection' may be charted with wording such as "I do not object to the patient's request to apply for XXX therapy consistent with the Patient Care Guideline concerning Non-staff Practitioners".	
On MD documentation of 'no objection', Care Team Contact provides Patient/Resident with waiver forms and instruction to contact therapist of choice.	
Care Team Contact meets with Non-staff Practitioner and Care Team Contact provides Non-staff Practitioner with application requirements; (Toolkit Section 3).	
Care Team Contact secures documents from Non-staff Practitioner, and secures Waiver from Patient.	
Care Team contact provides documents (Care Team Referral, Waivers) to Medical Affairs for review. (Fax: 604-875-5701).	
Medical Affairs reviews documents; if in order, advises Unit contact who in turn contacts the Non-staff Practitioner to schedule with unit staff, to prepare care plan for review by Health Care Team, HCT (approval contingent on HCT review of plan). The HCT may choose to require a documented care plan.	
Care Plan is discussed by Health Care Team (or subset thereof) to note objections, scheduling conflicts, or limitations on Non-staff Practitioner activities to be noted in Chart progress notes or on Care Plan Form ( <a href="#">Treatment Plan - printable pdf</a> ).	
If care proceeds, patient's general condition is monitored by Health Care Team; if any member considers that care 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.	
Therapist documentation retained in chart, moving all sheets forward with each visit (as a package)	
<b>Tools Needed:</b> <ul style="list-style-type: none"> <li>• Process Checklist</li> <li>• Instructions to provider</li> <li>• Waiver forms (Patient/Resident and Non-staff Practitioner)</li> <li>• Care Team referral to PSM/PPD/Medical Affairs</li> <li>• Treatment Plan form (for completion by Non-staff Practitioner and review by care team for objection) - <b>OPTIONAL</b></li> <li>• Non-staff Charting form (for completion by Non-staff Practitioner and inclusion in chart)</li> </ul>	

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**CARE INCREMENTAL TO CARE PROVIDED BY STAFF/PRIVATE DUTY NURSING PROCESS CHECKLIST**
**Procedure**

Patient/Resident/Family expresses interest in care by a Non-staff Practitioner (NSP) to member of health care team.	
Patient/Resident/Family discusses interest in care by a NSP with attending physician.	
Health Care Team discusses matter and considers who will be Health Care Team Contact (Care Team Contact).	
MD awareness and documentation of 'no objection' may be charted with wording such as "I do not object to the patient's request to apply for XXX therapy consistent with the Patient Care Guideline concerning Non-staff Practitioners".	
On MD documentation of 'no objection', Care Team Contact provides Patient/Resident with waiver forms and instruction to contact therapist of choice.	
Care Team Contact meets with Non-staff Practitioner and Care Team Contact provides Non-staff Practitioner with application requirements; (Toolkit Section 3).	
Care Team Contact secures documents from Non-staff Practitioner, and secures Waiver from Patient, providing all documents to PSM and appropriate PPD.	
Care Team contact provides documents (Care Team Referral, Waivers) to PSM/PPD for review.	
PSM/PPD reviews documents; if in order advises Care Team contact who in turn contacts the Non-staff Practitioner to schedule with the unit staff, to prepare care plan for review by Health Care Team (approval contingent on HCT review of plan). The HCT may choose to require a documented care plan.	
Care Plan is discussed by Health Care Team (or subset thereof) to note objections, scheduling conflicts, or limitations on Non-staff Practitioner activities to be noted in Chart progress notes or on Care Plan Form ( <a href="#">Treatment Plan - printable pdf</a> ).	
If care proceeds, patient's general condition is monitored by Health Care Team; if any member considers that non-staff care should be stopped, for any reason, they may advise PSM/PPD to review authorization.	
Therapist documentation retained in chart, moving all sheets forward with each visit (as a package).	
<b>Tools Needed:</b> <ul style="list-style-type: none"> <li>• Process Checklist</li> <li>• Instructions to provider</li> <li>• Waiver forms (Patient/Resident and Non-staff Practitioner)</li> <li>• Care Team referral to PSM/PPD/Medical Affairs</li> <li>• Treatment Plan form (for completion by Non-staff Practitioner and review by care team for objection) - <b>OPTIONAL</b></li> <li>• Non-staff Charting form (for completion by Non-staff Practitioner and inclusion in chart)</li> </ul>	

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## ASSOCIATED GUIDELINES / FORMS / EDUCATIONAL MATERIAL:

- Complementary Therapy Process Checklist ([Printable PDF](#))
- Care Incremental to Care Provided by Staff/Private Duty Nursing Process Checklist ([Printable PDF](#))
- Non-staff Therapy - Information for Non-staff Practitioners ([Printable PDF](#))
- Non-staff Practitioner CARE TEAM REQUEST FOR APPROVAL ([Printable PDF](#)) (*rev. July 2013*)
- Non-staff Practitioner TREATMENT PLAN ([Printable PDF](#))
- Client WAIVER AND RELEASE OF RESPONSIBILITY - [PART I](#) & [PART II](#)
  - (Consent & Release from Liability and Indemnity) ([Printable PDF](#))
- Non-staff Practitioner DECLARATION AND RELEASE FROM LIABILITY ([Printable PDF](#))
- Frequently Asked Questions - Non-staff Practitioner ([Printable PDF](#))

## References

Hospital Act (RSBC) Regulations (section 7)

Patient's Own Medications - Pharmacy Policies and Procedures Manual.

## UNIT(s) OF ORIGIN: Client Relations & Risk Management, July 2003

## Alternate Search Terms

non staff practitioners

non-staff providers



**CLIENT - WAIVER AND RELEASE OF RESPONSIBILITY – Part I**

\*\*\*WARNING: This document affects your legal rights and liabilities.

Please read carefully, sign both pages, and provide to your nurse or other Care Team Contact\*\*\*

**I. CONSENT**

This is to certify that (check one)

- ☐ I, \_\_\_\_\_ a patient at Vancouver Coastal Health ("VCH")
- ☐ The Substitute Decision-Maker for \_\_\_\_\_, a patient at the VCH ("the patient") have requested complementary therapy, \_\_\_\_\_ namely \_\_\_\_\_ to be carried out by \_\_\_\_\_, a Non-staff Practitioner ("the Non-staff Practitioner").

I hereby acknowledge that the Non-staff Practitioner is not an employee of the VCH and is not a medical doctor, registered nurse, midwife, or dentist.

I have consented to the treatment with full knowledge of such risks, benefits, and side effects. I understand that the Health Care Team must receive approval for such treatment before a care plan can be discussed with the Non-staff Practitioner.

Signed: _____	Witnessed By: _____
Printed Name: _____	Printed Name: _____
Date: _____	Date: _____



**CLIENT - WAIVER AND RELEASE OF RESPONSIBILITY – Part II**

**II. RELEASE FROM LIABILITY AND INDEMNITY**

In consideration for VCH, its' staff, and my/the patient's physician permitting the Non-staff Practitioner to provide such treatments, I hereby release VCH, its' employees, agents, principals, directors, officers and trustees, as well as the medical staff (physicians and surgeons) of VCH from any liability, loss, damage, or claim that I/the patient may suffer as a result of the actions or omissions of the Non-staff Practitioner, or arising generally from the complementary therapy provided to me during my admission to VCH.

I further agree to indemnify and save harmless VCH, its' employees, agents, principals, directors, officers and trustees, as well as the medical staff (physicians and surgeons) of VCH from any and all liability, damages, expenses or losses which they may incur or for which they become liable as a result of the treatments provided by the Non-staff Practitioner.

I hereby agree that my/the patient's physician may terminate access to complementary therapy at any time if he/she is of the view that it may cause me/the patient harm.

I accept full responsibility for the paying of the fees of the Non-staff Practitioner.

Comments (if any) by Physician:

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Signed:

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Printed Name:

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Date:

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Witnessed By:

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Printed Name:

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Date:

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## NON-STAFF PRACTITIONER - FREQUENTLY ASKED QUESTIONS

- Q: Does the MD order need to state “this patient MUST have this therapy”, or how should it be worded?
- A: MD documentation may be charted with wording such as “I do not object to the patient’s request to apply for XXX therapy consistent with the Patient Care Guideline concerning non-staff practitioners”.
- Q: Why is this policy being implemented?
- A: The Hospital Act places restrictions on care by non-staff practitioners, and the hospital has a duty to take reasonable steps to ensure a safe environment. The guideline is a middle ground – it sets out basic requirements to address our responsibility for safe environment, but stops short of formal credentialling of therapists.
- VCH notes that staff are now unable to control access by therapists without some guidance – guideline sets out limits; implementation will include ‘advice to patients’ regarding the risk of CT generally, and WHY the hospital limits access
- Q: How does restricting the access address increasing patient demand for Complementary Therapy (CT) across residential and acute settings
- A: A need for some guidance; proposal is restrictive, but permits therapy, by regulated professions and acupuncture
- Q: As a physician, I am concerned about ‘ordering’ unknown, unproven therapy
- A: The guideline enables health care team (including physician) the ability to authorise or NOT authorise CT. If there is concern with the CT being initiated or continued, the health care team has the ability to make the decision to prevent it.
- Q: Who is responsible for getting informed consent for the therapy?
- A: Although the health care team (including physician) should make their concerns known, it is the Non-Staff Provider’s responsibility to ensure that informed consent is obtained prior to initiation of any therapy.
- Q: Are we obligated to allow the therapy (or even the application) to proceed?
- A: No, a member of the health care team is under no obligation to approve complementary therapy if they feel that it is inappropriate, harmful, or which offers no prospect of therapeutic benefit. A member of the health care team (including physician) should ‘not object’ only if he or she has no reason to believe that such therapy could expose the patient to harm. The application should only proceed if there are ‘extraordinary circumstances’ like a very long stay, uncontrollable pain, a palliative care situation, etc.; it is not appropriate to consider for short term stays without ‘extraordinary circumstances’.
- Q: What about the impact on hospital operations?
- A: The patient assumes all costs (including that of application for authorisation, interpreters, and assumes, with Therapist, the risks inherent in the therapy); evaluation will investigate impact on operations as well as patient and staff
- Q: Can Complementary Therapists order tests?
- A: No. Complementary Therapists are not authorized to order tests or procedures, or in any way consume hospital resources.
- Q: Who is the team contact?
- A: Whichever member of the Team is selected or appointed by the Team to coordinate the steps in the application for authorization. Your Team should decide who this will be, and it may be a different person from time to time, or situation to situation.
- Q: What if I don’t have time to give ‘report’ to the therapist?
- A: The therapist, in the Declaration, has agreed to fit in with unit schedules; they are not able to make unreasonable demands on your time.
- Q: Why is the doctor’s order necessary for either complementary therapy, or incremental care?
- A: The Hospital Act, and the common law, states that the physician is the one responsible ‘overall’ for the patient’s care. It would not be far to hold the physician accountable, without involving him/her in the decision to provide non-staff care.



## CARE OF PATIENTS / RESIDENTS BY NON-STAFF PRACTITIONERS - PROCEDURE FOR

### COMPLEMENTARY THERAPY

#### PROCESS CHECKLIST

Step	Procedure	Completed
1.	Patient / Resident / Family expresses interest in care by a Non-staff Practitioner (NSP) to member of health care team	<input type="checkbox"/>
2.	Patient / Resident / Family discusses interest in care by a NSP with attending physician	<input type="checkbox"/>
3.	Health Care Team discusses matter and considers who will be Health Care Team Contact (Care Team Contact)	<input type="checkbox"/>
4.	MD awareness and documentation of 'no objection' may be charted with wording such as "I do not object to the patient's request to apply for XXX therapy consistent with the Patient Care Guideline concerning non-staff practitioners".	<input type="checkbox"/>
5.	On MD documentation of 'no objection', Care Team Contact provides Patient / Resident with waiver forms and instruction to contact therapist of choice.	<input type="checkbox"/>
6.	Care Team Contact meets with Non Staff Practitioner and Care Team Contact provides Non-Staff Practitioner with application requirements; (Toolkit Section 3).	<input type="checkbox"/>
7.	Care Team Contact secures documents from Non-Staff Practitioner, and secures Waiver from Patient.	<input type="checkbox"/>
8.	Care Team contact provides documents (Care Team Referral, Waivers) to Medical Affairs for review. (Fax 604-875-5701)	<input type="checkbox"/>
9.	Medical Affairs reviews documents; if in order, advises Unit contact who in turn contacts the Non Staff Practitioner to schedule with unit staff, to prepare care plan for review by Health Care Team, HCT (approval contingent on HCT review of plan). The HCT may choose to require a documented care plan.	<input type="checkbox"/>
10.	Care Plan is discussed by Health Care Team (or subset thereof) to note objections, scheduling conflicts, or limitations on Non Staff Practitioner activities to be noted in Chart progress notes or on Care Plan Form.	<input type="checkbox"/>
11.	If care proceeds, patient's general condition is monitored by Health Care Team; if any member considers that care 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.	<input type="checkbox"/>
12.	Therapist documentation retained in chart, moving all sheets forward with each visit (as a package)	<input type="checkbox"/>
13.	<b>Tools needed:</b>	
	1. Process Checklist	
	2. Instructions to provider	<input type="checkbox"/>
	3. Waiver forms (Patient / Resident and Non-staff Practitioner)	
	4. Care Team referral to PSM / PPD / Medical Affairs	
	5. Treatment Plan form (for completion by Non-staff Practitioner and review by care team for objection) - <b>OPTIONAL</b>	
	6. Non-staff Charting form (for completion by Non-staff Practitioner and inclusion in chart)	

## CARE OF PATIENTS / RESIDENTS BY NON-STAFF PRACTITIONERS PROCEDURE FOR

### CARE INCREMENTAL TO CARE PROVIDED BY STAFF / PRIVATE DUTY NURSING

#### PROCESS CHECKLIST

Step	Procedure	Completed
1.	Patient / Resident / Family expresses interest in care by a Non-staff Practitioner (NSP) to member of health care team	<input type="checkbox"/>
2	Patient / Resident / Family discusses interest in care by a NSP with attending physician	<input type="checkbox"/>
3	Health Care Team discusses matter and considers who will be Health Care Contact (Care Team)	<input type="checkbox"/>
4	MD awareness and documentation of 'no objection' may be charted with wording such as "I do not object to the patient's request to apply for XXX therapy consistent with the Patient Care Guideline concerning non-staff practitioners".	<input type="checkbox"/>
5	On MD documentation of 'no objection', Care Team Contact provides Patient / Resident with waiver forms and instruction to contact therapist of choice.	<input type="checkbox"/>
6	Care Team Contact meets with Non Staff Practitioner and Care Team Contact provides Non-Staff Practitioner with application requirements; (Toolkit Section 3).	<input type="checkbox"/>
7	Care Team Contact secures documents from Non-Staff Practitioner, and secures Waiver from Patient, providing all documents to PSM and appropriate PPD.	<input type="checkbox"/>
8	Care Team Contact provides documents (Care Team Referral, Waivers) to PSM / PPD for review.	<input type="checkbox"/>
9	PSM / PPD reviews documents; if in order advises Care Team contact who in turn contacts the Non Staff Practitioner to schedule with the unit staff, to prepare care plan for review by Health Care Team (approval contingent on HCT review of plan). The HCT may choose to require a documented care plan.	<input type="checkbox"/>
10	Care Plan is discussed by Health Care Team (or subset thereof) to note objections, scheduling conflicts, or limitations on Non Staff Practitioner activities to be noted in Chart progress notes or on Care Plan Form.	<input type="checkbox"/>
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12	Therapist documentation retained in chart, moving all sheets forward with each visit (as a package)	<input type="checkbox"/>
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## **NON-STAFF PRACTITIONER DECLARATION AND RELEASE FROM LIABILITY**

WARNING: This document affects your legal rights. Please read carefully.

In consideration for the Vancouver Coastal Health ("VCH") and its' physicians permitting \_\_\_\_\_ (the Non-staff Practitioner) to provide treatment to patients of VCH:

- 1 The Non-staff Practitioner agrees to indemnify and save harmless the VCH, its' employees, principals, agents, and independent contractors, and any physician holding active privileges at the VCH, from any liability, loss, damages or expense, including assessable legal fees and any physician holding active privileges at the VCH may incur as a result of any act or omission on the part of the Non-staff Practitioner, whether by wilful act, negligence, default, dishonesty, fraud, or for any other reason, and whether done directly or by anyone for whom the Non-staff Practitioner is responsible in law.
  - 2 The Non-staff Practitioner agrees to give prompt notice to the VCH, and, where relevant, any physician holding active privileges at the VCH, of any action brought seeking, or that may result in, any liability, loss, damages, or expense being incurred by the VCH, its' employees, principals, agents, or independent contractors, including any physician holding active privileges at the VCH. The Non-staff Practitioner agrees to cooperate in the defence of any action brought and to promptly provide all documentation or information relevant to the defence of such a claim. The parties agree that they may retain their own counsel and conduct a full defence of any such action.
  - 3 The Non-staff Practitioner will at all times maintain insurance coverage in amounts and in a form satisfactory to the VCH, and on request, will provide evidence of such insurance prior to providing any services to VCH patients, or at any time thereafter at the request of the VCH.
  - 4 On request, the Non-staff Practitioner will provide proof of registration with the College of which he or she is a member.
  - 5 The Non-staff Practitioner agrees to cease all treatment of the patient if asked to do so by VCH or its medical staff.
- I (The Non-staff Practitioner) confirm that:
- ▶ All information I have provided to VCH is true and complete, and that I have not omitted any information relevant to a review of my qualifications and fitness to practice;
  - ▶ I have not been convicted of a criminal offence in any jurisdiction within Canada or outside of Canada, the nature of which would be relevant to my ability to provide care, or which would bring the reputation of VCH into disrepute;
  - ▶ I have not had my practice suspended, limited, or cancelled by a regulatory body, and there are no outstanding complaints regarding my professional conduct;
  - ▶ I give VCH permission to contact educational institutions, and regulatory and professional bodies

## NON-STAFF PRACTITIONER DECLARATION AND RELEASE FROM LIABILITY (continued)

I confirm that I understand the following instructions as they relate to my actions as a Non Staff Practitioner:

- I will follow a Treatment Plan for provided by the Health Care Team before initiating any care.
- I will report to the nurse in charge of the client's care on each arrival at VCH, and will have picture ID on my person at all times, and will show to staff on request.
- I will not touch the client without the authority of a member of staff.
- I will abide by the by-laws, policies and procedures of VCH as they affect my practice.
- In particular, I will practice Body Substance Precautions.
- I have read and agree to comply with the Hospital Policy on Confidentiality, and have signed the Pledge of Confidentiality, (will be attached to this form).
- After each consultation with my client, I will document in the patients chart progress notes or on "Care Plan Form".
- I will leave the area in which I work with my client in a safe and clean condition.
- I will not solicit clients within VCH.
- I will respect the unit schedule and will arrange visits to not interfere with the hospital care being provided to the patient / resident, and will respect the staff's direction to cease care and leave the premises if the team has a concern about the care being provided.

**\*\*THE FOLLOWING MUST BE FULLY COMPLETED, AND THE ORIGINAL PROVIDED TO THE CARE TEAM CONTACT\*\***

Regulatory body: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Registration number: \_\_\_\_\_

I acknowledge, that I am over nineteen (19) years of age and I have read this Liability Release and I accept the above Disclaimer Clause as evidence by my signature.

Non-staff Practitioner	Witness
Name (print) _____	Name (print) _____
Signature _____	Signature _____
Address _____	Date _____
Date _____	

## NON-STAFF THERAPY – INFORMATION FOR NON-STAFF PRACTITIONERS

Thank you for your interest in providing care to one of the patients/residents of Vancouver Coastal Health. It is the policy of VCH to consider patients'/residents' requests for care by Non-staff Practitioners, provided that certain steps are taken to consider the safety of the patient/resident, and ensure compliance with provisions of the Hospital Act regulations. It is very important to note that the VCH and its physicians claim no responsibility for your actions and will not be supervising you. The therapy you provide to the patient/resident is your sole responsibility and is a private transaction between you and the patient/resident.

Reference: Patient Care Guideline – Care of Patients/Residents by Non-staff

### POLICY STATEMENT:

Therapy/care may be provided to patients/residents of VCH only by members of the credentialed medical, dental, and allied staff of, or those employed, contracted, or being educated by VCH, except in extraordinary circumstances.

Complementary therapy by regulated and allied health professionals and acupuncturists will be considered by Medical Affairs in extraordinary circumstances, upon approval of the patient's physician.

### NEXT STEPS:

Now that the patient has contacted you, please note the procedural matters:

1. The patient/resident must seek and secure agreement (i.e. no objection) from her/his attending physician for the care to proceed (this may already have happened).
2. Once the Physician documents that s/he does not object, a member of the health care team will provide you or the patient with forms for you and the patient/resident to sign, releasing the hospital and physicians from responsibility for your actions; please provide your copy to the Care Team Contact person, along with your proof of membership in a professional regulatory body or letter stating your relationship with the Tzu Chi Institute, and certificate of professional insurance (Complementary Therapy only).
3. The Care Team contact will forward documents (Care Team Referral, Waivers/Declarations) for review to the office of the Vice-President Medical Affairs (Complementary Therapy), Patient Services Manager (Private duty RN, LPN, or patient care aide care) or to the Professional Practice Director (other incremental care).
4. VCH (Medical Affairs or PSM, PPD) will review your documents; and if found in order will advise the Care Team Contact who will contact you to schedule with unit staff to attend patient to prepare Treatment Plan for review by Health Care Team (VCH approval will be contingent on Care Team review of plan).
5. Once your Treatment Plan is reviewed for any objections by the Care Team, the Team will determine the next steps.
6. The general condition of the Patient/Resident will continue to be monitored by the Care Team; if any member considers that non-staff care should be stopped – for any reason, including any interference with other care provision - they may withdraw approval, and convene a meeting of the Care Team to review any authorization that has been provided.
7. You will not have unsupervised access to the chart, but can receive updates from the Care Team; your documentation may be accessed from the chart by contacting the Care Team contact.

### For discussion about this process, please contact:

Darren  
Kopetsky Risk  
Management  
Vancouver Coastal Health  
855 West 12th Avenue  
Vancouver BC V5Z 1M9  
email:  
dkopetsk@vanhosp.bc.ca

Voice: 604-875-  
4557

### Also attached:

- Waiver form
- Confidentiality Policy / form

### Available:

- Patient Care Guidelines

# NON-STAFF PRACTITIONER TREATMENT PLAN

DATE

NURSING UNIT

MR. MISS. MRS.

UNIT NUMBER

SURNAME

GIVEN NAME

DOCTOR

(PLEASE USE BLOCK CAPITALS) SEX

Intended Therapy/Service: \_\_\_\_\_

Non-staff Health Care Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (W) \_\_\_\_\_ Phone (H) \_\_\_\_\_

Regulatory Body: \_\_\_\_\_

Initial Patient/Resident Assessment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Goal(s) of Therapy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Treatment Plan: (e.g. number of treatments, how often, where, specific part of the body on which the treatment will focus, products administered) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated Benefits: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Potential Side Effects: (Signature below confirms that these have been discussed with the patient/resident.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Communication Plan: (when, how often, with whom) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Times and Dates of Planned Sessions: \_\_\_\_\_

\_\_\_\_\_

Signature of Non-staff Practitioner: \_\_\_\_\_

Signature of Reviewing VHHSC Health Care Team Member: \_\_\_\_\_

NON-STAFF PRACTITIONER

Vancouver Hospital & Health Sciences Centre

**NON-STAFF PRACTITIONER**

**PROGRESS NOTES**

Vancouver Hospital & Health Sciences Centre

**NON-STAFF PRACTITIONER**

**PROGRESS NOTES**

Vancouver Hospital & Health Sciences Centre

**NON-STAFF PRACTITIONER**

**PROGRESS NOTES**

DATE	NURSING UNIT
MR. MISS. MRS.	UNIT NUMBER
SURNAME	GIVEN NAME
DOCTOR	(PLEASE USE BLOCK CAPITALS) SEX
	AGE

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	AGE

[illegible][illegible][illegible]



# NON-STAFF PRACTITIONER CARE TEAM REQUEST FOR APPROVAL

DATE

NURSING UNIT

MR. MISS. MRS.

UNIT NUMBER

SURNAME

GIVEN NAME

DOCTOR

(PLEASE USE BLOCK CAPITALS)

SEX

AGE

**INSTRUCTIONS**

- Member of health care team identified as 'Team Contact' to complete and forward for approval.
- On transition to a new unit, receiving Care Team to review Patient's current situation and consider continuation of proposed therapy; there is no need to seek further Risk Management authorization
- If Health Care Team objects to provision, form need not be sent
  - ☐ **Incremental Care / Private Duty Nursing** : Provide to Patient Services Manager and/or Professional Practice Director (*no need to involve Risk Management*) **OR**
  - ☐ **Complementary Therapy**: Fax to Risk Management, 604-875-5545

<b>Date:</b>		<b>Therapy/Service Proposed:</b>	
<b>CARE TEAM CONTACT PERSON</b>		<b>NON-STAFF PRACTITIONER</b>	
Name:		Name:	
Position / Unit:		Phone / Pager#:	
Phone / Pager #:		Registration #:	
Fax #		Fax #	
<p><b>Risk Management or PSM/PPD is requested by the patient to authorize the provision of this therapy /service by a non-staff practitioner.      The Health Care Team is of the view that the therapy / service is not considered to pose a safety risk to the patient / resident so great that it must be prohibited.</b></p> <p><b>Circumstances are considered extraordinary because:</b></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Palliative care           <input type="checkbox"/> Exceptionally long stay (inability to access requested therapy outside hospital)         </div> <div> <input type="checkbox"/> Pain uncontrolled by other methods           <input type="checkbox"/> Other (please explain)         </div> </div>			
<b>CHECKLIST: Prior to document review by Risk Management (Complementary Therapy)</b>  <b>or</b>  <b>PSM / PPD (Incremental Care)</b>		<input type="checkbox"/> MD notation on chart? <input type="checkbox"/> Non-staff Practitioner has signed waiver / exclusion of liability (attached) <input type="checkbox"/> Patient / Resident has signed waiver / exclusion of liability (attached) <input type="checkbox"/> Forms and documents sent to Risk Management or PSM / PPD	
<b>Authorization to proceed</b> (contingent on Care Team review of Treatment Plan for any objection):		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (provide reason)	
<b>CHECKLIST: Once Authorization by: Medical Affairs (Complementary Therapy); or PSM / PPD (Incremental Care):</b>		<input type="checkbox"/> Treatment Plan discussed with provider? <input type="checkbox"/> Lack of objection by Care Team to Treatment Plan documented in chart? <input type="checkbox"/> Schedule of visit(s) negotiated with care team?	
<b>Approved by:</b> print name(s)		<b>Phone #</b>	
		<b>Date</b>	