



Administrative Policy Manual
Code: AK Quality and Risk Management

AK0200 - PRIVATE SERVICE PROVIDERS

1.0 PURPOSE

To regulate, co-ordinate and control access of Private Service Providers to individual Clients of Interior Health (IH) facilities and programs.

2.0 DEFINITIONS

TERM	DEFINITION
Augmented Health Care	Care incremental to that already provided in the facility (e.g. physiotherapy, respiratory therapy, etc.).
Client	Includes patients and persons in care (or that person's designated substitute decision maker) in IH facilities and programs.
Complementary Health Care	Care used together with conventional medicine. (e.g. massage, homeopathy, chiropractic, naturopathy etc.).
Private Service Provider	A non-IH service provider (see Appendix D - includes aboriginal traditional healers) hired by a Client to provide: <ul style="list-style-type: none"> • nursing/personal care, • augmented health care, or • complementary health care. •

3.0 POLICY

3.1 Health Care for Clients in IH Facilities

3.1.1 Health Care provided to Clients in all IH facilities and programs is restricted to members of the credentialed medical staff (including dentists and midwives), IH professional inter-disciplinary staff or by those contracted, or being educated by IH.

3.1.2 Complementary Health Care and Augmented Health Care may be contracted directly by the Client on consultation with the interdisciplinary team (and specifically the physician) and the approval of the manager/ designate.

NOTE: The lists on the next 2 pages are not exhaustive and are included only for guidance. Any individual providing Complementary Health Care and Augmented Health Care is governed by this Policy.

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4.0 PROCEDURE

See APPENDIX A

5.0 REFERENCES

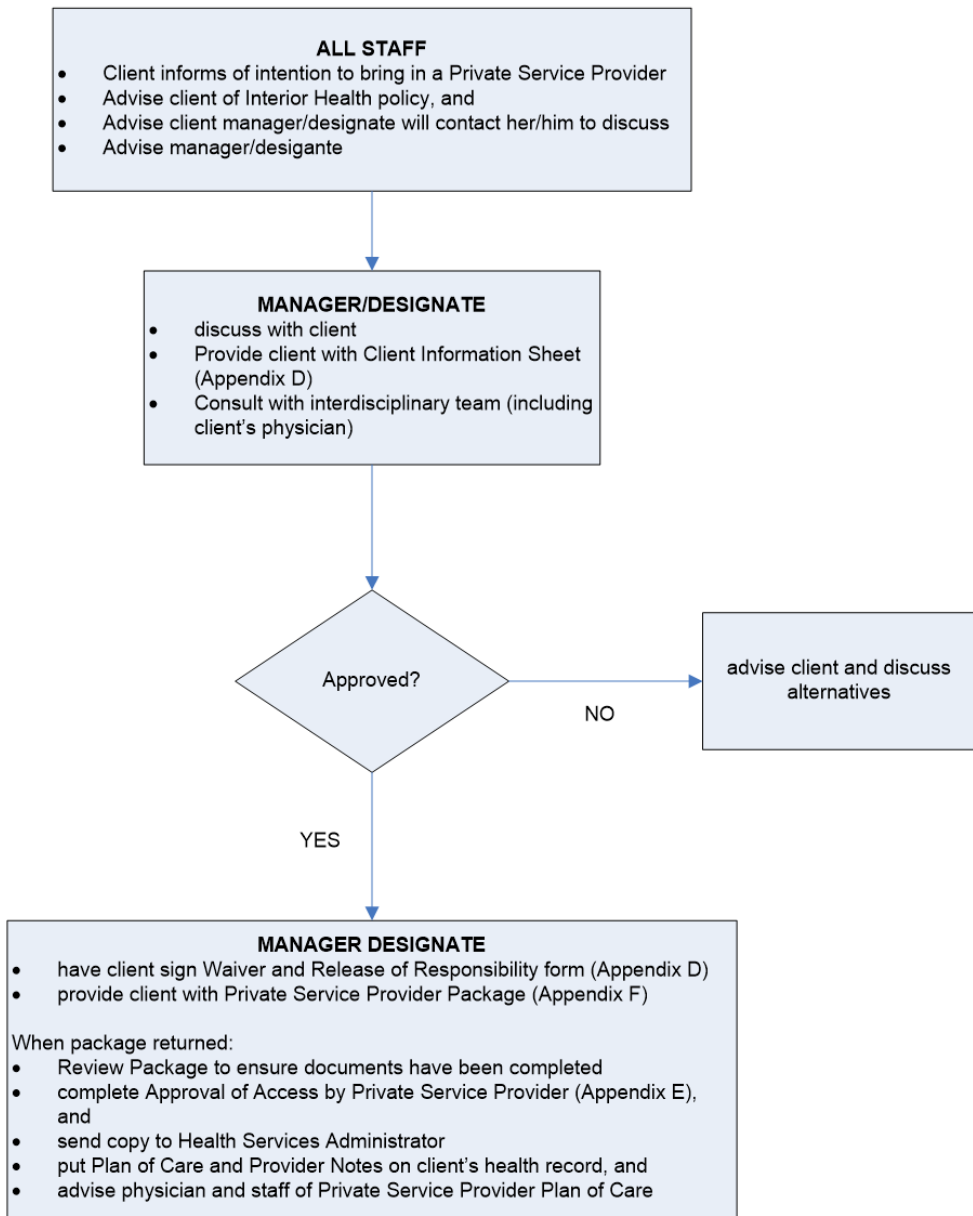
- BC Health Care Risk Management Society (1994). Risk Note: Private Duty Agency Relationships - Risk Management Considerations. BC Health Care Risk Management Society.
- BC Health Care Risk Management Society (1994). Risk Note: Risk Management Practice Regarding Non-Employed Paraprofessionals.
- Vancouver Hospital & Health Sciences Centre (1998) Patient Care Guideline - Care of Patients by Non-Staff Practitioners.
- Community Care Licensing Act of British Columbia

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APPENDIX A



* See Appendix B for Managers Private Service Provider's Checklist

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APPENDIX B

PRIVATE SERVICE PROVIDER CHECKLIST

(to be used by Manager/Designate)

1. **Client Information: *Client Information: About Private Service Providers***
 - Copy to client
 - Reviewed with client
2. **Client Waiver & Release of Responsibility for Private Service Providers**
 - Signed by client or substitute decision maker
3. **Private Service Provider Application to Access Client in IHA Facility**
 - Copy to private service provider
 - Review regulations (in Application) with private service provider
 - Ensure all approvals are in place (see reverse)
4. **Risk Assessment (in consultation with appropriate PPL if applicable)**
 - Credentials
 - Insurance
 - Criminal Record Check
5. **Private Service Provider completes**
 - Private Service Provider Declaration & Release of Liability* form
 - IHA Acknowledgement of Confidentiality* form (form #807298)
 - Private Service Provider Application to Access Client in IHA Facility
 - Private Service Provider Care Plan
6. **Private Service Provider Care Plan**
 - Reviewed and in consultation with by care team
 - Document in Health Record date of amended care plan approved and names of care team members involved in review
7. **Implementation of Private Service**
 - Provider oriented
 - Schedule of visits coordinated with care team
 - Review dates established
8. **Forward documentation to Program or Health Services Director**
 - Approval of Access by Private Service Provider* form
 - Private Service Provider Declaration and Release of Liability* form
 - Acknowledgement of Confidentiality Policy* form (form #807298)
 - Private Service Provider Application to Access Client in IHA Facility*
 - Credentials, insurance, criminal record check
 - Private Service Provider Care Plan (for complementary therapy only).

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APPENDIX C

CLIENT INFORMATION ABOUT PRIVATE SERVICE PROVIDERS

Interior Health takes seriously its obligation to safeguard the clients in its care. Because of this obligation, it is important that we permit and supervise all care and service provided to clients in our facilities and programs.

Only the members of Interior Health's medical staff, employed staff, volunteer staff, or students of affiliated educational organizations may provide care and service to clients in our facilities and programs. Only in approved circumstances, may individuals not in these groups provide care and service to clients.

It must be understood that it is the client who contracts with and takes responsibility for any care or service delivered by the private service provider. As well, Interior Health reserves the right to place restrictions on the practice of the private service providers in its facilities and programs.

As part of our obligation to you, we must review the training and registration/licensing of any private service provider prior to their practice in our facilities (see attached list – see **NOTE** below). To make this review requirement efficient, we have developed a step-by-step process to follow when you seek care other than that able to be provided in our facilities or programs. If you do seek to have care by a private service provider, you should be aware that you will be responsible for all of the costs, and any risks of harm that may be involved, and will be asked to sign a waiver of responsibility to start the process.

Exceptions and approval criteria are outlined below.

"Complementary and augmented health care may be contracted directly by the client on consultation with the interdisciplinary team (and specifically the physician) and the approval of the manager/ designate."

We recommend that you review the following with the private service provider prior to contracting with him/her for care and service delivery:

- the exact nature of the care and service delivery and any potential risks
- how many sessions will be required
- the cost per session and the anticipated total cost for the specified time period.
- if third party reimbursement is available
- how and when you will know if desired outcomes of therapy are being achieved

Please speak to the manager/designate for further information.

NOTE: The lists on the next 2 pages are not exhaustive and are included only for guidance. Any individual providing augmented or complementary care is governed by the Policy

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Registered Private Service Providers

STATUTE	PRACTITIONERS	REGULATORY BODY
Health Professions Act	Chiropractors	BC College of Chiropractors
	Dentists	College of Dental Surgeons of BC
	Dental Hygienists	College of Dental Hygienists of BC
	Dental Technicians	College of Dental Technicians of BC
	Denturists	College of Denturists of BC
	Dietitians	College of Dietitians of British Columbia
	Massage Therapists	College of Massage Therapists of BC
	Medical Practitioners	College of Physicians and Surgeons of BC
	Midwives	College of Midwives of BC
	Naturopaths	Association of Naturopathic Physicians of BC
	Nurses - Licensed Practical Nurses	College of Licensed Practical Nurses of BC
	Nurses - Registered and Nurse Practitioners	College of Registered Nurses of BC
	Nurses - Registered Psychiatric	College of Registered Psychiatric Nurses of BC
	Occupational Therapists	College of Occupational Therapists of BC
	Opticians	College of Opticians of BC
	Optometrists	Board of Examiners in Optometry
	Pharmacists	College of Pharmacists of BC
	Physical Therapists	College of Physical Therapists of BC
	Psychologists	College of Psychologists in BC
	Speech Pathologists/Audiologists	College of Speech and Hearing Health Professions of BC
	Traditional Chinese Medicine Practitioner (Acupuncturists)	College of Traditional Chinese Medical Practitioners and (Acupuncturists)
Hearing Aid Act	Hearing Aid Dealers	Board of Hearing Aid Dealers and Consultants (to April 1, 2010)
Podiatrists Act	Podiatrists	BC Association of Podiatrists
Social Workers Act	Social Workers	British Columbia College of Social Workers
	Prosthetists and Orthotists	Canadian Association of Prosthetics and Orthotics

Non-Registered Private Service Providers

PRACTITIONER	DEFINITION
Traditional Healer	Aboriginal societies had their own healers who had varying titles and purposes. These included herbalists, medicine men or women, shamans, or medicine doctors. Such healers had an in-depth understanding of how and why plants, humans, spirits, and the universe were connected (Waldrum et al., 1995) <i>First Nations Health Guide</i>



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APPENDIX D

Interior Health Authority
CLIENT WAIVER & RELEASE OF RESPONSIBILITY FOR PRIVATE SERVICE PROVIDER
(This Document Affects Your Legal Rights And Liabilities - Please Read Carefully)

DISCLAIMER CLAUSE:

The Interior Health Authority is not responsible for any loss or damage suffered by any person arising from or related to any augmented or complementary health care provided to the client by the private service providers while in an Interior Health Authority facility or program.

AGREEMENTS:

I, _____ (client /substitute decision maker) hereby acknowledge that I wish my _____ (relationship) to receive _____ (treatment/care) from _____ (the private service provider) while admitted to this facility. I hereby accept full responsibility for myself and my _____ and assume all risks while receiving such treatment/care and waive any responsibility or duty that the Interior Health Authority may have in these circumstances.

In consideration of Interior Health permitting the above private service provider to provide the treatments/care noted above, I on my own behalf and on behalf of _____ (client name) hereby release the Interior Health Authority, its employees and agents and attending physicians from any and all liability for any loss, injury, or damage, which I or _____ (client name) may suffer as a result of this treatments/care.

I further agree to indemnify and save harmless the Interior Health Authority, its employees and agents and attending physicians from any and all such liability, losses or damages which they may become liable to pay as a result of treatments/care received by _____ (client name).

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 evidenced by my signature.

Client/Substitute Decision Maker

Witness

Name (Print)

Name (Print)

Relationship to Client

Title (Print)

Signature

Signature

Date (d/m/y) _____

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APPENDIX E

Interior Health Authority
APPROVAL OF ACCESS BY PRIVATE SERVICE PROVIDER
To be completed by Manager/Designate

Approval Process for Access

Facility: _____ Date of Request: _____

Therapy/Care requested: _____ Requested by: _____

Contacts:

Manager/Designate: _____ Physician: _____

Professional Practice Leader: _____ Discipline: _____

Private Service Provider Name: _____ Phone No. _____

Review by interdisciplinary care team: (provide date of review and interdisciplinary members present; consideration of safety and risks; reasons why therapy/care is recommended/not recommended)

Review by Physician:

Recommendation:

Approved by:	Signature	Status
	_____	_____
	_____	_____
	_____	_____

Approval status: Approved Not approved Date: _____

Forward copy to appropriate Program or Health Services Director for record retention, monitoring and reporting processes.

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APPENDIX F

PRIVATE SERVICE PROVIDERS APPLICATION PACKAGE

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Schedule 1 - Application to access a client in an Interior Health Facility

Schedule 2 - Release of Liability

Schedule 3 - Plan of Care

Schedule 4 - Care Notes

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Schedule 1

PRIVATE SERVICE PROVIDER - APPLICATION TO ACCESS CLIENTS IN IH FACILITIES

Introduction

Thank you for your interest in providing care to a client who is under the care of the Interior Health. It is the policy of Interior Health to consider client requests for service by Private Service Providers, providing that certain steps are taken to consider the safety of clients and to ensure compliance with provisions of the Hospital Act, Community Care Licensing Act and respective regulations. It is important to note that Interior Health and the medical staff are not responsible for your actions or supervision, and the contract for your services is between you and the client.

Interior Health policy with regard to Private Service Providers is that:

1. Interior Health has the authority to approve, coordinate and control access of private service providers to clients in Interior Health facilities.
2. Care/therapy may be provided to clients in Interior Health care facilities only by members of the credentialed medical staff or by those employed, contracted, or being educated by Interior Health, except when approved by Interior Health.

Once a client has contacted you, he/she must seek and secure agreement from the manager of the area where he/she is located. Members of the interdisciplinary team and administration will be involved in the approval process. Once agreement is reached, you and the client will be provided with waiver of responsibility forms

Regulations for Private Service Providers

Following are regulations for private service providers who are practicing in Interior Health facilities and programs.

1. The following must be submitted for review and verification by IHA administration prior to commencement of practice in IHA facilities and programs:
 - a. Private Service Provider Application to Access Client in an Interior Health Facility
 - b. Proof of education and registration/licensure (as required by statute)
 - c. Proof of professional liability insurance (minimum of \$2,000,000 coverage)
 - d. Criminal record check
 - e. Private Service Provider: Declaration and Release of Liability form
 - f. Interior Health Acknowledgement of Confidentiality form (form #807298)
2. Prior to commencement of practice in IHA facilities and programs, all private service providers must arrange with the manager of the area where the client is located, for general orientation to the area and review of relevant policies and procedures, including Infection Control.
3. All private service providers will visibly display identification while on Interior Health premises.

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4. Interior Health is responsible for monitoring patient/persons in care well-being. To fulfill this obligation, all private service providers will:
 - a. Provide a general plan of care for review by the manager/designate prior to initiating care/service. This must be submitted as part of the application. An example is attached.
 - b. Coordinate and provide a schedule of visits with the manager/designate so as not to interfere with the facility/program care being provided to the client.
 - c. Commence care/service only after authorization by the manager/designate
 - d. Report to the nurse in charge of the client's care upon arrival and departure with each session of care/service, providing and obtaining information as appropriate to the care/service being provided.
 - e. Consult with the nurse in charge of the client's care or other team members as appropriate during care/service delivery.
 - f. Respect manager/designate direction to cease care and leave the premises if the care team has a concern about the care being provided.
 - g. Complete Private Service Provider Notes with each session of care/service and leave with the nurse in charge of the client's care or
 - h. Practice universal body substance precautions to protect the client and other care providers.
 - i. Leave the area in which you work with clients, in a safe and clean condition.
5. Where there is concern that complementary therapy is unsafe or inappropriate while the client is pursuing simultaneous conventional therapy, the care team reserves the right to refuse collaboration. If the care team, in consultation with the client's physician, decides that the complementary therapy is unsafe, the client's request for the complementary therapy may be refused or the client will be asked to make a choice between continuances of conventional or alternative therapy.
6. Private service providers are not permitted access to the client's health record, unless:
 - a. the client/substitute decision maker provides written release of information
 - b. the pertinent part of the chart has been reviewed for 3rd party
 - c. health record access is under observation
7. Private service providers are not permitted to solicit other clients in Interior Health facilities/programs while attending clients with whom they have a contract.
8. Private service providers will, as a general code of conduct:
 - a. make themselves aware of the complexity of the client's problems
 - b. to the best of their ability, work in a complementary fashion with the care team
 - c. do no harm
 - d. practice in accordance with IHA by-laws, standards, policies and procedures.

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9. The following special considerations apply to the practice of particular private service providers:

Nursing	Medications, treatments and IV's remain the responsibility of Interior Health nursing staff. Guidelines for nursing care will be clarified at the time of reporting to the charge nurse in the area where the patient is located and will include discussion about responsibility for: assessment and reporting; personal hygiene; nutrition and feeding; toileting; transfer, ambulation, and transporting; safety precautions; social needs; other care as appropriate.
Acupuncturists	Will conduct a needle count at the beginning and end of a session with the client and document in the <i>private service provider's notes</i> .
Complementary/ Augmented Therapists	Will not impose additional burden on the current care team members, through the addition of complementary therapy into the care plan. Complementary therapy must not have a negative impact on the allocation of resources to the client.

I agree with the above stipulated regulations and hereby apply for access to provide services to

_____ in accordance with these regulations and as outlined in the *Private*
(print name of client)

Service Provider Plan of Care, which is attached and forms part of this application.

Signed _____ Date _____
Private Service Provider

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Schedule 2

RELEASE OF LIABILITY

(This Document Affects Your Legal Rights and Liabilities. Please Read Carefully)

DISCLAIMER CLAUSE:

The Interior Health Authority ("Interior Health") is not responsible for any loss or damage suffered by any person arising from or related to provision of _____ (treatment/care) for any reason whatsoever.

I agree:

1. In consideration of the (name of client) permitting _____ (treatment/care) in (name of client) facilities, to assume all risks involved in such treatment/care and to abide by all policies, procedures and standards of practice in (name of client) facilities.
2. That Interior Health, its employees or agents shall be relieved of all liability for losses and damages of all and every description arising from such treatment/care at Interior Health facilities.
3. To indemnify Interior Health for any losses or damages which it may become liable to pay as a result of injury to any person arising from or related to provision of such treatment/care at Interior Health facilities.

I confirm that:

1. All information I have provided to (name of client) is true and complete, and that I have not omitted any information relevant to a review of my qualifications and fitness to practice.
2. I have not been convicted of a criminal offense 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 negatively affect the reputation of (name of client).
3. I have not had my practice suspended, limited, or cancelled by a regulatory body, and there are no outstanding complaints regarding my professional conduct.
4. I give Interior Health permission to contact educational institutions and regulatory and other bodies for information regarding my practice, conduct and character.
5. I understand and will abide by the directives in the *Regulations for Private Service Providers*. I have read and will comply with Interior Health Confidentiality Policy (attach signed form).

Insurance Details:

Insuring Agent: _____ Policy # _____

Level of coverage _____ Date of Issue: _____

Note: Private Insurance coverage must be a minimum of \$2,000,000.

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

SIGNED IN THE PRESENCE OF:

Private Service Provider

Name (Print)

Occupation (Print)

Signature

Date (d/m/y) _____

Witness

Name (Print)

Title (Print)

Signature

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Schedule 3

Addressograph

PRIVATE SERVICE PROVIDER PLAN OF CARE (example)

Name of private service provider: _____

Contact number: _____

Type of Therapy/Care: _____

Assessment: _____

Expected outcome: _____

Proposed treatment plan: (number of sessions, frequency, area of body being treated, products that will be used and other pertinent information related to ongoing care/monitoring of patient/persons in care)

Potential side effects: _____

Communication Plan: (liaison with staff/physician before and after sessions, health record documentation, frequency, etc.)

Co-ordination Needs/Plans: _____

Times and Dates of Sessions: _____

I have reviewed with the client/substitute decision-maker: a) the client's condition, b) the proposed health care and alternatives, benefits, and risks. The client/ substitute decision-maker indicated that he/she understood this information and that it applied to the client's condition.

Signed _____ Private Service Provider	Date _____
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Signature (indicates review): Professional Practice Leader/Designate _____
Manager/Designate _____
Physician _____
To be attached to client health record

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