



<p>Team Name: Personal Care Home Standards Team</p> <p>Team Lead: Regional Director – Seniors, Palliative Care & Cancer Care</p> <p>Approved by: Executive Director – East</p>	<p>Reference Number: CLI.6410.SG.002</p> <p>Program Area: Administration</p> <p>Policy Section: General</p>
<p>Issue Date: September 27, 2019</p> <p>Review Date:</p> <p>Revision Date:</p>	<p>Subject: Medical Services in Personal Care Homes</p>

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

STANDARD GUIDELINE SUBJECT:

Medical Services in Personal Care Homes

PURPOSE:

Southern Health-Santé Sud promotes safe, standardized, routine monitoring and medical care for medically stable residents of personal care homes by implementation of this guideline. The physician or nurse practitioner in consultation with the Health Care Team and the resident/designate will exercise clinical judgement in managing those who are medically unstable.

PROCEDURE:

Physician/Nurse Practitioner Services: Standards for Personal Care Homes

Medical Care shall be delivered in accordance with Manitoba Health and Healthy Living “Standards for Personal Care Homes”, 2015.

Standard 10

- 10.01 There is a designated physician responsible for the overall coordination and evaluation of medical services in the facility.
- 10.02 Each resident has an assigned physician, nurse practitioner or physician assistant (that work in collaboration with a physician)
- 10.03 There is a physician, nurse practitioner or physician assistant on call for services at all times.
- 10.04 Staff are made aware of and have access to physician, nurse practitioner or physician assistant contact information during business and after hours.
- 10.05 The personal care home has established rules and regulations and/or policies governing medical services, which are reviewed at least every three years.

Frequency of Service

- Medical services shall be provided according to the needs of each personal care home and the Medical Services Agreement.

Documentation of Services

- All services rendered or ordered by a physician or nurse practitioner must be appropriately documented (dictated or written and signed) by the physician or nurse practitioner.
- The admission note will be recorded within 30 days of admission.
- Progress notes shall accurately reflect changes to the condition of the resident and any changes in treatment. The frequency of the progress noted will depend upon the condition of the resident.

History and Physical

- The physician or nurse practitioner shall complete a history and physical within 6 weeks of admission if a complete physical has not been done within 6 months prior to admission to the personal care home using the Medical History and Physical Exam Form – Personal Care Home (CLI.6410.SG.002.FORM.01).
- A reassessment of the stable resident will be completed every 2 years using the Medical History and Physical Exam Form – Personal Care Home.
- A review of medical issues will be completed quarterly.

Laboratory Investigations & Vaccines

- Laboratory investigations will be completed in accordance with Lab Investigations in Personal Care Homes (CLI.6410.SG.002.SD.01).
- Tuberculosis (TB) – screening should be conducted in accordance with the Manitoba Tuberculosis Protocol (2014). “Baseline posterior-anterior and lateral chest radiography is recommended on admission to a long-term care facility (LTCF) for the following populations:
 - Persons born in Canada prior to 1955
 - Indigenous population
 - People born in or previously residing in countries with high TB incidenceBaseline TST upon admission is not required for all residents. Facility risk assessment/local epidemiology should inform the decision. For example, “Were there any active TB cases in the facility within the past 10 years?”
- Vaccines
 - Influenza vaccine is recommended annually. Anyone who has had a severe allergic reaction to a previous dose or to any of the contents of an influenza vaccine, or who has developed Guillain-Barré syndrome (GBS) within six weeks after receiving an influenza vaccine, should not receive the vaccine.
 - A dose of pneumococcal polysaccharide (P-23) vaccine is recommended for any person over the age of 65, as well those under 65 with certain medical conditions (see Manitoba schedule for indications) and all residents of a personal care home or long-term care facility. A re-immunization with P-23 is not routinely recommended as this has been indicated only for certain high risk clients (e.g. those with immunological deficiencies or splenectomy). A booster dose, when indicated, is

recommended only with a physician's or nurse practitioner's assessment, and only one time after five years following the initial dose.

- A tetanus (Td) re-immunization is recommended every ten years. This should be provided as Tdap for adults who are due for a Td booster and have not previously received a pertussis-containing vaccine in adulthood.

Pharmacy and Therapeutics

- Quarterly medication reviews shall be completed by the health care team including the physician, pharmacist, nurse, and other members as needed in accordance with Manitoba Health, Seniors and Active Living "Standards for Personal Care Homes", 2015, Standard 12: Pharmacy Services.
- A standardized emergency drug kit is available on-site which contains the medications necessary to meet a typical medical emergency in a personal care home.

SUPPORTING DOCUMENTS

[CLI.6410.SG.002.FORM.01](#)

Medical History and Physical Exam Form – Personal Care Home

[CLI.6410.SG.002.SD.01](#)

Lab Investigations in Personal Care Homes

REFERENCES:

Manitoba Health and Healthy Living "*Standards for Personal Care Homes*", 2015.