



Team Name: Home Care Team Lead: Director – Home Care, Palliative Care & Seniors Approved by: Regional Lead – Community & Continuing Care	Reference Number: CLI.5411.PL.010 Program Area: Home Care Policy Section: Service Delivery
Issue Date: February 27 2023 Review Date: Revision Date:	Subject: Nursing Service Delivery

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:

Nursing Service Delivery

PURPOSE:

The purpose is to:

- Define available nursing services, client eligibility and service limits.
- Provide an accountability framework for resource decisions.
- Improve consistency in the assessment and identification of nursing services according to most current accepted best practices throughout the organization.

DEFINITIONS:

Direct Service Nurse (DSN): Registered Nurses, Registered Psychiatric Nurses and Licensed Practical Nurses who are registered with a professional association and hold an active practicing license.

Nursing Services: Services such as teaching, supervision, health promotion and treatment interventions, within the legislation, professional code of ethics, professional standards and competencies and mandate of Home Care Southern Health-Santé Sud position description.

Caregiver: A person who is providing care because of a prior relationship with a client. A caregiver may be a biological family member or “family by choice” (e.g. friends, partners, neighbors).

Family: A spouse or common law partner of the home care client; a biological or adoptive family member (parent, son, daughter, sibling, grandparent, grandchild, great grandparent, great grandchild, aunt, uncle, niece, nephew, cousin, stepparent); guardian; a spouse or a common law partner of any of those persons.

IMPORTANT POINTS TO CONSIDER:

- Nursing services include assessment, critical thinking, care planning, communication and case management. Guidelines provide direction as to client service limits based on best practice and Direct Service Protocols. Frequency of care will be based on the Direct Service Nurse's assessment in collaboration with Nursing Supervisor and Case Coordinator.
- Eligibility Requirements
 - The person must be eligible for Home Care (Eligibility for Home Care Services CLI.5410.PL.004).
 - The environment is assessed as safe for client and staff for this activity.
 - The client is unable to perform Nursing care tasks (e.g. wound care).
 - Client has no family/caregiver who can be taught how to provide the nursing service (e.g. insulin administration).
 - Client/family/caregiver is unable to arrange transportation to an alternate service provider such as a treatment clinic, medical clinic or Ambulatory Care Centre (ACC).
- Guidelines for Frequency
 - The amount, type and frequency of nursing service required to meet client care needs is based on a number factors that include; Prescriber's orders, Case Coordinator assessment, Nursing Supervisor consultation, Direct Service Nurse assessment, best practice and available resources.
 - WRHA Direct Service Protocols are used when determining frequency of care.
 - Wherever possible, in order to enhance and promote health and independence, clients and/or caregiver(s) shall be taught to perform activities/treatments when safe return demonstration has been completed. Teaching protocols should always enforce self-care strategies and risk identification

PROCEDURE:

- Case Coordinator confirms client meets eligibility criteria for Home Care Nursing Services in accordance with Eligibility for Home Care Services (CLI.5410.PL.004).
- Case Coordinator in collaboration with the client/family/caregiver identifies services to meet client care needs. Determination of service needs includes:
 - Client assessment by Case Coordinator;
 - Review of Winnipeg Regional Health Authority Home Care Direct Service Protocols Revised September 2009;
 - Signed Prescriber Orders and accompanying documents as needed;
 - Expected outcome of intended Nursing Care;
 - Partnering opportunities with other agencies such as Ambulatory Care Center (ACC), Treatment Clinics, to enhance supports;
 - Identification of client's abilities and current supports/caregivers;
 - Ability to ensure client and staff safety.
- Case Coordinator completes the Nursing Service Request on Procura referencing the Standard Guidelines to include:

- A detailed Nursing Activities Summary;
 - Outline “New” activities and identify “Ongoing” activities
- Check all relevant interventions;
- Include all necessary supporting documents, for example Working Alone Safety Assessment & Safe Visit Plan, Prescriber’s orders, signed Best Possible Medication History, as well as an MG-1840 contract if Case Coordinator is unable to obtain.
 - Case Coordinator includes on the MG-1840, client’s name, services to be provided, any referrals made to other health care services and any other relevant information. The contact names and numbers are to be included, as well as the afterhours information. The complete backup plan should be documented as well.
- Case Coordinator emails completed Nursing Service Request and attached documents to the appropriate Home Care Nurse Scheduler mail box and copies (cc) the Nursing Supervisor.
- Deadline for Nursing Service Request submissions to the Nurse Scheduler via email is before twelve noon (1200 hours) if services are needed the next day. Nursing Services required after the submission deadline are reviewed with the Nursing Supervisor.
- Nursing Service Requests that do not meet deadline are prioritized according to CLI.5410.SG.004 Prioritization for Home Care Services.
- Upon receipt of MG-1840, the Direct Service Nurse will:
 - Review the contract with client;
 - Ask client to sign both copies. Leave one copy with client and return second copy to Case Coordinator to be filed in the Client Case Coordinator Chart.
 - Direct Service Nurse signs and dates both copies. On the Case Coordinator signature line per example: Direct Service Nurse RN for Case Coordinator RN.

SUPPORTING DOCUMENTS:

CLI.5411.PL.010.SD.01 Home Care Client Information Sheet – Nursing

REFERENCES:

CLI.5410.SG.004 Prioritization for Home Care Services

CLI.5410.PL.004 Eligibility for Home Care Services

MG1840 [WRHA Home Care Direct Service Protocols Revised September 2009 Forms - Home Care Services in Manitoba | Province of Manitoba \(gov.mb.ca\)](#)