



Government of Newfoundland and Labrador
Department of Health and Community Services
Office of the Deputy Minister

October 16, 2015

Ms. Carol Chafe
Child and Youth Advocate
193 LeMarchant Road
St. John's, NL
A1C 2H5

Dear Ms. Chafe:

In response to your letter dated September 25, 2015, please accept the following information as the most current status update regarding *A Tragedy Waiting to Happen* recommendations for the Department of Health and Community Services. Updates are as follows:

Recommendation No. 3:

The Department of Health and Community Services consult with the Association of Registered Nurses of Newfoundland and Labrador, to review and revise as necessary, the practice of prescribing, administering and dispensing of medications by registered nurses in all community clinics throughout four (4) regions of the Province.

Department Response: On September 30, 2015, at the quarterly meeting of the Provincial Advisory Committee of Nurse Administrators (which includes the chief nursing officers of the four Regional Health Authorities, the Provincial Chief Nurse, the Executive Director of the ARNNL and the Directors/Deans of the Schools of Nursing) discussed the review and revision by the ARNNL of nursing practices regarding prescribing, administering and dispensing medications in all community clinics in the Province. A formal letter has been sent to ARNNL on behalf of this Committee requesting the review and endorsement of all medication prescribing and dispensing policies and practices. Labrador Grenfell Health has had a number of conversations with the ARNNL regarding prescribing and dispensing of medications and they are reviewing RNs practices in Labrador related to the prescribing and dispensing of medications and a site visit is planned in the coming weeks. It is important to note that, at this time, Eastern Health, Central Health and Western Health registered nurses do not prescribe or routinely dispense medications. Both Central and Western has a policy to allow RNs to provide medication to patients from remote areas which allow RNs to provide a short term supply of medications to patients who have been seen in the emergency/outpatient department or discharged from a rural health centre when a community pharmacist is unavailable and no access to pharmacy services after hours (e.g. Buchans). The Department will follow up with the ARNNL and members of this committee to ensure the work is being carried out and standards are being met.

Recommendation No. 5:

The Department of Health and Community Services ensure that comprehensive nursing assessments are being conducted in all community clinics throughout the province in accordance with the policies, procedures and best practice guidelines of all four (4) Regional Health Authorities.

Department Response: The Department of Health and Community Services sent a request for information to the Regional Health Authorities regarding their policies and processes regarding comprehensive nursing assessments in community clinics. According to the information provided to the Department, all four RHAs have policies and procedures in place that ensure individuals receive comprehensive assessments when they present at a community clinic. The RHAs also use and reference the ARNNL "RN Practice Standards" as well as "ARNNL Documentation Standards" readily available at the RHAs and on-line at the professional association. Eastern Health recently released a reference document called "Foundation of Nursing Practice" which assists nurses (registered nurses, nurse practitioners, advanced practice nurses and licensed practical nurses) to articulate their accountabilities and legal obligations in the delivery of safe, competent and ethical care; elaborates on the concepts of accountability, consultation, and models of care and characteristics of a professional practice environment. This document has been shared with the other RHAs. Eastern Health are currently completing a review of Community Health Nursing documentation guidelines. Central Health has policies and standards regarding assessment and they have two remote clinics staffed by RNs and a number of rural, after-hour clinics staffed by RNs and physicians. RNs assess and triage patients who present to the clinic based on the Canadian Triage Acuity Scale (CTAS). Audits are completed on triaged levels which reflect the nursing assessment and patient acuity. Western Health also has a policy whereby patients are assessed and triaged by the RN in all rural health centres and audits are also completed which indicates the completion of comprehensive nursing assessments. In Labrador Grenfell Health, a new Clinical Nurse Educator position has been posted for the community clinics which will enhance regional nurse's education, orientation and support. Labrador-Grenfell Health conducts random chart audits to ensure registered nurses are compliant with their documentation requirements. The Department will create a standing agenda item at the quarterly Provincial Senior Nurse's Council (Provincial Chief Nurse, 4 Chief Nursing Officer representing each Regional Health Authority) to allow each RHA to provide a status report on their monitoring and auditing processes to reinforce the importance of comprehensive nursing assessments throughout the province.

Recommendation No. 6:

The Department of Health and Community Services ensure that all four (4) Regional Health Authorities:

- (a) Review the role of the Nurse-in-Charge at all community clinics in the region and identify areas for improvement;
- (b) Review and revise all policies, as necessary, regarding the role of the Nurse-in-Charge to address the identified areas for improvement; and
- (c) Provide education to all Nurses-in-Charge to ensure compliance with policies.

Department Response: Labrador Grenfell Health has updated their position description and posting for the Nurse-in-Charge position. They have emphasized case coordination and this position will oversee and coordinate monthly client case management meetings with all health care providers at the health centre to develop care plans for clients with complex needs. In addition, the RHA has monthly teleconferences with all RN II staff to update them on policies, standards and professional development educational opportunities. The other three Regional Health Authorities do not have Nurse-in-Charge positions at their health centre or clinic sites. The regions have managers available (on or off-site) for consultation.

Recommendation No. 9:

The Department of Child, Youth and Family Services, the Department of Health and Community Services and the Department of Justice and Public Safety (formerly the Department of Justice) jointly develop and implement initiatives such as a multi-disciplinary committee in communities throughout all regions of the Province to ensure collaboration, communication and information sharing among service providers.

Department Response: The Department is participating on an inter-departmental working committee with representation from the Departments of CYFS and Justice and Public Safety to discuss and foster communications and collaboration. A Health and Community Services Sub-Committee is developed with representatives from the Department and the four Regional Health Authorities and have met to further discuss this recommendation. RHAs have provided updates regarding current practices and/or initiatives which support the recommendation; the committee has identified gaps and barriers and they are implementing a process to address them. All four RHAs indicate that there are processes in place to ensure collaboration, communication and information sharing among professionals who are in the circle of care. These may include: information sessions regarding case management, the use of the model for coordination of services, utilizing linkages to multiple program areas and using the Client Referral Management System in the identification of mutual clients. Each region identified the need to implement more consistent practices in the provision of service delivery to children and youth. There is a strong commitment among partners to enhance collaboration, communication and information sharing to address barriers to good collaborative practice which will be addressed in the committee's action plan.

The action plan includes;

- A regional review of all policies and practices in each program area with a view to gaps and possible strategies to strengthen collaborative practice. For example, ensuring a mechanism for involving other service providers (such as use of the Client Referral Management System to identify mutual clients).
- A review of the Model for Coordination of Services and the Individual Support Services Plan (ISSP) at each RHA.
- The development of multi-agency leadership teams at the RHAs with a mandate to guide and support collaborative practice at the front line level of service delivery.

Recommendation No. 10:

The Department of Health and Community Services and the Department of Child, Youth and Family Services, in collaboration with local governments and other service providers:

- (a) Complete comprehensive needs assessments of the services being provided in every remote and isolated community in the province to identify existing deficiencies; and
- (b) Develop and implement strategies to address the identified deficiencies in a timely manner.

Department Response: The Department is focusing on a three-phased plan to identify communities at greatest risk throughout the province and to assess gaps in services in these communities. This includes:

- 1) Data collection and analysis to assess communities at risk;
- 2) A needs assessment of at-risk communities to determine gaps in service provision; and
- 3) A strategy to address issues in the identified at-risk communities with an emphasis on effective referral, information sharing, case management and consultation.

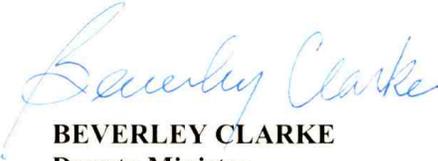
The Health and Community Services Sub-Committee has begun a review of sources of data which may assist in the determination of at-risk communities. This includes:

- The Department of Education & Early Childhood Development have analyzed community needs to determine placement of Family Resource Centers in high risk communities with the Province.
- The Department of Child, Youth, & Family Services has information on the number of referrals by community.
- The Department of Seniors, Wellness and Social Development has data based on community need derived from public consultations with the Poverty Reduction Strategy.
- The Department of Health and Community Services has data on the number of referrals to the Healthy Beginnings Program.
- The Department of Education and Early Childhood Development has implemented the Early Development Instrument (EDI) and the results provide the data at the community level that have children with higher developmental vulnerabilities in comparison with other communities in the Province.

4

We will continue to work towards enhancing our system to ensure safe and protective health care for children and youth in Newfoundland and Labrador.

Sincerely,



BEVERLEY CLARKE
Deputy Minister