

Guidelines for Withdrawal of Service

Revised October 2021
Previously Revised December 2015

Policy

It is CommuniCare Therapy policy to support the provision of a safe work environment for clinicians.

It is CommuniCare's policy to temporarily suspend the delivery of services to a patient if delivering the services would or would likely,

- (a) cause harm or risk to clinician; or
- (b) subject clinician to harassment or abuse

It is recognized that the immediate decision to suspend service will be dependent on a clinician's judgement of the environmental or behavioural issues putting themselves, the patient or others present for the visit at risk. It is CommuniCare policy to support a clinician's right to decide to terminate a visit due to concerns for their safety.

CommuniCare may permanently withdraw services from a patient if,

- (a) the delivery of services to the patient would breach health and safety laws putting the clinician's safety and well-being at risk
- (b) the patient/caregivers continue to ignore, or breach agreed up on expectations for receipt of services (e.g., smoking while clinician present or on oxygen, taking drugs, not restraining animals, failing to clean up space, continued harassment or discriminatory behaviours)
- (c) the contracting partners authorize the permanent withdrawal

It is CommuniCare Therapy policy to escalate situations to a contracting partner organization where withdrawal of services has occurred or is planned due to abuse, harassment, discrimination or identified safety or health risks.

It is CommuniCare Therapy policy to permanently withdraw services only after all efforts have been made in cooperation with contract partners to provide a safe working environment.

Procedure

A clinician may end a therapy session prematurely if they are subject to abuse (verbal, physical), harassment or discrimination of any kind. If a clinician determines a perceived or actual risk to their health and safety, they may end the session and exit from the service location immediately.

The decision to suspend service shall follow the following protocols:

Temporary Suspension

- The clinician shall immediately report the incident to the CommuniCare Manager on Duty and to the Care Coordinator.

- The clinician will ensure all details of the incident are documented in the patient file (AlayaCare).
- The Manager on Duty will record a brief outline of the incident and any actions taken in the patient's file (AlayaCare) under client notes (MOD Note). The MOD Note may reference the clinician's progress notes for specific details.
- The Manager on Duty (or Program Manager) will contact the patient to discuss the incident when appropriate and get their perspective. The manager will attempt to put a plan in place with the patient's input that will allow for services to resume safely.
- Within three working days, the CommuniCare Quality Manager will document the incident, actions taken and agreed to plan (if applicable) in AlayaCare (internal risk) and to the appropriate contracting partner (via CELS, RER or RedCap Report).
- If the patient is not cooperative in the creation of a plan to resume services safely the CommuniCare Manager and clinician will consult with the Care Coordinator and other team members to make a decision regarding continued temporary suspension of services or an alternative action plan. If a decision cannot be confirmed, CommuniCare will escalate the situation as per risk management escalation protocols defined by the contracting partners.
- If the decision is to continue the suspension of services, the Manager and clinician must provide the contracting partner with an assessment of the risks to the patient that may result due to the withdrawal of services.
- If the direction from the contracting partner is to resume the provision of services, the Manager and clinician must provide the contracting partner with an assessment of the risk to the clinician that may result if services resume without mitigation of risks.
- An alternative service delivery plan to resume the delivery of services shall be developed by CommuniCare with the assistance of the contracting partner as soon as possible. The contracting partner will authorize the final plan for service delivery.
- The action plan will be documented, implemented and monitored as appropriate by the CommuniCare Manager and Care Coordinator.
- It is recognized that the contracting partners may request an independent assessment by another agency to determine if the decision to temporarily withdraw services was appropriate. This assessment is at the contracting partner's expense.
- CommuniCare will make available a management representative to participate in any meeting or mediation activities coordinated by the contracting partners.

Permanent Withdrawal

- The CommuniCare Manager must request contracting partner authorization to permanently withdraw services. The written request will include the reason for the permanent withdrawal, the measures taken in an attempt to address the problem (alternative service delivery plan) and the date for service withdrawal.
- The contracting partner will either approve the request or request that CommuniCare cooperate in developing further alternative service delivery planning for the patient.

CommuniCare managers will ensure that the patient's name is added to our "do not assign" list. This will be done to ensure that a manager can follow up with HCCSS or CHEO if any future referrals are received for a patient who had their services previously withdrawn. This follow up will be performed to ensure that a clinician is not assigned to a high-risk patient without first confirming that the appropriate changes have been made in the relevant risk area.

Related Documents

Event Reporting P&P 424
Escalation Matrix CH HCCSS
SEHCCSS Communication Guide
Patient / Clinician Bill of Rights P&P 402
Clinician Safety P&P 301
Smoking P&P 305
Communications in Emergency Situations P&P 306
Workplace Violence Prevention P&P 319
Workplan Harassment Prevention P&P 320
Harassment and Discrimination P&P 105

References

General Conditions for Community Care Access Centre Services Agreement – 2014 Consolidated Services Version – Template Final Version – September 2014 – Sections 3.15 and 3.16