

Kitchener Downtown Community Health Centre

Type of Policy:

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|---|--|
| <input type="checkbox"/> Administration (A) | <input type="checkbox"/> Client Services General (CG) |
| <input type="checkbox"/> Board of Directors (B) | <input type="checkbox"/> Client Services Programs (CP) |
| <input type="checkbox"/> Financial (F) | <input checked="" type="checkbox"/> Primary Care (PC) |
| <input type="checkbox"/> Human Resources (H) | <input type="checkbox"/> Acquired Brain Injury Program (ABI) |
| <input type="checkbox"/> KDCHC Governing Principles (K) | <input type="checkbox"/> Diabetes Education Program (DEP) |
| <input type="checkbox"/> Occupational Health & Safety (S) | |
| <input type="checkbox"/> Volunteers (V) | |

Policy No.: PC0202 (previously CM0202)

Title: Ending the Primary Care Client-Provider Relationship

Policy

The effectively working primary care client-provider relationship is essential for good outcomes in the delivery of medical care. However, a provider may ethically and legally decide not to continue seeing a client under the following situations:

- Where the client requests discontinuation of services, or
- Where the Centre considers it in the best interests of the client, the Centre and/or the provider(s) involved.

The principals of providing any urgent care needed will be followed during the transition period to the formal date of discontinuation of services.

The Kitchener Downtown Community Health Centre may choose to end the Primary Care Client-Provider relationship if:

1. The client has a family physician whom he/she is seeing in addition to provider(s) at KDCHC
2. The client has repeatedly missed appointments without adequate notice (see no show policy).
3. KDCHC property has been damaged or destroyed as a result of client behaviour.
4. The client breaks the trust of KDCHC providers through criminal or manipulative activities such as forging or tampering with a prescription; theft of prescription pad; “double doctoring” for narcotics, benzodiazepines or other controlled substances

5. The client has failed to follow the conditions of any KDCHC narcotic and controlled drug treatment letter(s) of understanding such that the clinical provider(s) no longer believes that the treatment offered by KDCHC is beneficial to the client.
6. A KDCHC provider: perceives that a verbal or physical threat from the client is an actual threat; is physically assaulted; is subject to sexually inappropriate language or behavior; is subject to racial or discriminatory communications or behaviours; is put in a position of conflict of interest by the client or client behaviour.

KDCHC is committed to making all reasonable attempts to avoid ending the primary care client-provider relationship.

Procedure

1. The Clinical Director/Executive Director is to be informed of situations that may fall within the scope of this policy.
 - Advise the Clinical Director verbally. Prepare Incident Reports as appropriate.
 - Documentation in the client chart will only be included insofar as it reflects the clinical service delivery relationship and will be in non-judgemental language
 - The Clinical Director will investigate and consult with appropriate staff.
2. The client is to be informed that their behaviour is under consideration in the scope of this policy.
 - The Clinical Director will contact the client, inform them of the policy and discuss the situation with the client.
3. In situations where the behaviour does not warrant immediate ending of the provider/client relationship, the client will be advised to cease and desist in the unacceptable behaviour(s) and the provider will communicate clear behaviour expectations. To assist in documenting and reinforcing this, a non-legally binding “clinical contract” or “service agreement” or similar tool may be drafted.
 - Any “clinical contracts” or “service agreements” should include expectations, timelines, responsibilities, and consequences and must be signed by the client and provider/Centre.
4. In situations where the unacceptable behaviour(s) persists or where the behaviour is sufficiently severe in nature or where the client refuses to amend their behaviour(s), the relationship may be ended.
 - A meeting will be held with the client, the provider and the Clinical Director to discuss the decision to end the relationship.
 - A registered letter to this effect will then be sent to the client by the Clinical Director. This letter will document rationale, date of end of relationship, contact

information for finding another provider, and notification that records will be transferred once a signed request for records is received from another provider.

- A copy of the letter is to be placed in the chart.
5. In the event that a client whose relationship with the Centre has been ended persists in contacting the Centre, the Clinical Director/Executive Director will be notified and take appropriate action.

Reference Documents:

1. CPSO Policy # 4-00 “Ending the Physician-Patient Relationship”
(<http://www.cpso.on.ca/Policies/ending.htm>)
2. Incident Reporting Policy A0401
3. Decision-Making Policy A0301
4. “No-Shows” for Clinical Appointments Policy PC0201
5. Dealing With Aggressive Behaviour Policy CG0401
6. Recognizing Drug-Seeking Behavior. Nursing Spectrum, The University of Chicago Hospitals

Implementation Date: May 13, 2004

Transition/Communication Plan: Circulate to all staff

Approved by: Leslie Benecki
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Date: May 28, 2002
May 13, 2004