

Clinic – First Approach

Prescriber Fact Sheet

Home and Community Care Support Services operates with a Clinic-First Approach to maximize nursing skill sets and overall capacity by utilizing [Community Nursing Clinics \(CNC's\)](#). CNC's schedule patient appointments to provide convenient, high quality nursing care. They promote patients of all ages to integrate into the community, increase independence and permit access to a clean, controlled environment that promote high standards and equity across the South West region. By modernizing community-based care delivery models with CNC's, visiting nurse capacity is increased to deliver care in the home for patients with palliative and complex needs. Initiate care using '[Referral/Request for Assessment' \(form\)](#), unless specified with a hyperlink below.

Appropriate for Clinic-based care plans

- **Peripheral IV Therapy:** For [Hydration](#), [Antibiotics](#) and (*) specialized infusions. Includes IV starts, trouble shooting, treatment, flushes and maintenance. Therapy infusions provided through Elastomeric devices (non-electronic), electronic pumps or gravity.
- **Central IV Therapy:** For [Hydration](#), [Antibiotics](#) and (*) specialized infusions. Includes central device access, treatment, flushes and maintenance. Therapy infusions provided through Elastomeric devices (non-electronic), electronic pumps or gravity.
- **Subcutaneous IV Therapy:** For special requests, including initiation of controlled substances, treatment, and maintenance. Prescriptions infused with electronic pumps.
- **(*) Special & Atypical IV Therapy Infusions** will be accepted based on Nursing policy & clinic capacity (for monitoring purposes), including, but not limited to:
 - First dose of Antibiotics - [Screeener required](#)
 - Iron Sucrose/Venofer - [Screeener required](#)
- **Injections:** IM or SQ for Antibiotics, Anticoagulation (such as time specific Fragmin), or Analgesics.
- **Medical Nutrition Support:** G-Tube and J-Tube care and enteral feeds (where appropriate).
- **Diabetic Teaching Support:** Initial and transition to self-management plans.
- **Catheter Care:** Initial, maintenance, teaching &/ or removal of Foley catheter; Post Void Residuals; Continuous Bladder Irrigation (CBI); and/or patient-specific trial plans.
- **All Drain Care:** Passive and active drains including flushing, emptying, monitoring, dressing changes, trouble shooting and removal. Includes Chest Tubes; T-Tube; Jackson-Pratt (JP); Penrose; Nephrostomy; Nasogastric (NG); and/or Hemovac.
- **Tracheostomy Care:** Patient MUST bring patient-specific supplies
- **Wound Care:** Ranging from simple to complex. Includes Surgical, Trauma, Burns, Diabetic Foot Ulcers, Pressure Ulcers, Arterial Leg Ulcers, Malignant, Pilonidal Sinus, Non-Healable/Chronic, and/or General Wound. Include etiology details to support early entry into community wound pathway (established based on best practice guidelines). Treatments and interventions can include:

Appropriate for Clinic-based care plans (continued)

- sharp debridement, irrigation, packing, cleansing/soaking
- **NSWOC Consultation:** Nurses Specializing in Wound, Ostomy, & Continence (home or clinic)
- **Negative-Pressure Wound Therapy (NPWT):** Including starting with orders, monitoring response, teaching and troubleshooting (M-W-F schedule)
- **Electrical Stimulation (E-Stim):** Including starting with orders, monitoring response, teaching and trouble shooting
- **Diabetic Foot Offloading Devices:** Initial fitting and management
- **Ankle Brachial Pressure Index (ABPI) test and Compression management:** Lower leg assessment; starting of compression dressings; and/or transition into long term compression garments.
- **Ostomy:** Assessment, consults and self-management coaching during first 1-2 months, or with a change of ostomy status.
- **5FU:** Chemotherapy disconnects only.
- While providing any of the above listed care, generalized **Nursing Assessments** including health and medication teaching, as required.
- All **Out of region** patients vacationing in the South West catchment, who require nursing will be supported in a CNC.

Exceptions to Community Nursing Clinic location

- Communicable disease – confirmed or screened as +’ve (includes ARI or Antibiotic Resistance).
- Complexities appropriate for home-based care, including but not limited to, Organ or Stem cell transplant recipient, Cystic Fibrosis, Shift Nursing, Palliating patients with a PPS of < 50 &/or patients with advanced cognitive impairment.
- Complex care plans requiring extensive equipment and time (>2hrs) such as Peritoneal Dialysis (PD), Home Hemodialysis (HHD) or Tube Feeds (TPN, enteral).
- Significant functional limitations, inability to independently and safely reposition for care (such as wheelchair to treatment bed), and/or considered Bed-bound.
- Permanent residence is more than 45-minute travel, or reside in Long-Term Care Home.

PLEASE NOTE: Administration of Chemotherapy & blood products are not supported in the Community (Clinic or Home).

Patients with an appropriate treatment for a CNC, as outlined above, may receive a Manager level exception (and receive in-home services) should it be deemed necessary, based on the Care Coordinator’s assessment with the patient.

Clinic partnership inquires can be sent to SW.PatientSafety@hccontario.ca