



HANDLE WITH CARE

Fall/Winter 2005 - Volume 2, Issue 1

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A Risk Management Newsletter For The Health Care Protection Program's Members

Health Team Leader's Message

A new approach and a new look! Some of you may remember Handle with Care as part of the publications of the BC Health Care Risk Management Society. The Health Care Protection Program (HCPP) is pleased to continue the tradition with this, the inaugural edition of our revitalized newsletter. You can expect to find Handle with Care published twice a year with topical articles such as this issue's Certificates of Incapability, Nurse Practitioners and the first installment in a series on Property Water Damage. Regular features will include a section on frequently asked questions (Riskwise Answers), quick risk tips (Hospital Corners) as well as links of interest and important dates.

In addition to the new look of our newsletters, HCPP is also undergoing

an internal reshaping. Look for enhanced quality of service as we move to a more team-based approach, bringing in the skills and resources from a full range of professionals to provide our members with the risk management and claims/litigation management expertise they need. Watch for a client feedback survey over the next eight months as well as an updated website and long-awaited Program and Practice Guide.

We're excited about the changes and welcome any feedback including suggestions for future articles, risk tips you would like to share, conference information etc. Please do not hesitate to send your comments/suggestions to us at HCPP@gov.bc.ca

Janice Butler, Director
Health Care Protection Program

Certificates of Incapability

A Certificate of Incapability, issued pursuant to the *Patients Property Act*, causes the Public Guardian and Trustee to assume charge of a patient's financial affairs as committee. This legal document has far reaching effects and improperly or inappropriately completed certificates are causing issues for patients and their families, leading to claims against the Health Authorities.

Directors and all staff working in mental health facilities or designated psychiatric units should refer to the complete Risk

Note on this subject available either on our website or by contacting HCPP directly for a copy. We also suggest referring to the very thorough *Practice Guidelines for Certificate of Incapability Assessments* prepared by the Public Guardian and Trustee and available at www.trustee.bc.ca

A Certificate of Incapability should always be a last resort after other committee options have been exhausted and not routinely completed for all involuntary mental health patients. ◀

The Importance of Due Diligence in Managing Water Damage – Part 1 of a series

Every year the Health Care Protection Program (HCPP) pays out millions of dollars to repair damage caused by water. In fact, water damage is the single most frequent and costly cause of property loss to the program. Claims result from the failure of water supply, sprinkler, drain and sewer pipes, roof leaks and from ground water and flooding.

The characteristics of water make it particularly troublesome. It travels easily, led by gravity and capable of fitting through the smallest openings. Even a small amount can lead to major problems, not only from water itself, but from fungus (dryrot, mould, mildew), rust, corrosion, and water-borne pathogens. Cost of repairs may be inflated due to decontamination requirements. In addition, there are potential health issues to staff and patients, especially those with poorly functioning or highly stressed immune systems. And of course, these may cause interruptions in patient care and interference with the operations of your health care facility.

In our experience, two common errors are made in the hours following a water damage incident which lead to higher remediation costs, more significant health hazards and longer interruptions in patient care. Facilities personnel inexperienced in water damage sometimes cost the facility more money than necessary because they have inadvertently:

- 1) underestimated the severity of the situation; or
- 2) overestimated the severity of the situation.

Underestimating the severity

Even if it is clean water, it may not be “just a little water” to be mopped up. If it

is inside walls, especially those with insulation or other areas that are difficult to dry, mould growth can sometimes become significant in as little as 24 hours. When it does, health risks and remediation costs go up.

It is important to take the steps to identify water damage that may not be immediately obvious. Drying quickly and drying properly is key to avoiding larger problems later on.

Overestimating the severity

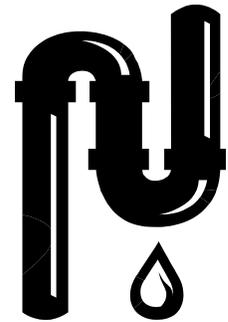
Sometimes, the mere possibility of mould leads to panic and an overzealous response. This can result in huge bills for tearing out and reconstructing areas that turn out (after lab analysis results are known) to have only been minimally contaminated, or not at all.

It is important to professionally assess the extent of water damage in order to develop a reasonable response.

Do It Right and Do It Fast

It is important to develop the right response and it is important to do so quickly. The specific response will depend upon:

- The amount of water
- The type of water (clean, grey or black/sewage)
- The types of material affected
- The amount of mould present, if any
- The types and amounts of pathogens, AND
- The specific location of the moulds and pathogens relative to population risk groups (at highest risk are patients with compromised immune systems; at lowest risk areas which have no patients and are minimally staffed)



*“Do It Right and
Do It Fast”*

The Importance of Due Diligence in Managing Water Damage – Part 1 of a series (cont'd)

How to Do It Right and Do it Fast?

Call HCPP immediately. We will assist with advice, referrals and assignment of an adjuster or

restoration contractor. Our lines are open 24/7 at (250) 356-1794. In the meantime, stop the spread of water and start a basic mop-up using staff or a reputable restoration contractor. ◀

Nurse Practitioners – Regulation and Insurance

Nurses (Registered) and Nurse Practitioners Regulation.

The Nurses (Registered) and Nurse Practitioners Regulation (the Regulation) came into effect under the *Health Professions Act (HPA)* on August 19, 2005. The Regulation:

- ▲ Designates nursing by registered nurses (RNs) as a health profession under the *HPA*;
- ▲ Replaces the Registered Nurses Association of British Columbia (RNABC) with the College of Registered Nurses of British Columbia (CRNBC or the “College”), which continues to regulate the practice of registered nursing according to the *HPA*, the Regulation and the Bylaws of the College;
- ▲ Recognizes nurse practitioners (NPs) as a new category under the College Bylaws; and
- ▲ Defines how and under what circumstances care is delivered to patients by establishing a scope of practice for registered nurse and nurse practitioners, including the reserved actions that may be performed by RNs and NPs. A reserved action is any action that could cause significant harm to a patient and, thus, can only be completed by health professionals who have the required education and experience.



About Nurse Practitioners

What is a Nurse Practitioner?

NPs are registered nurses with the advanced competencies and skills to provide a broad range of health care services including diagnosing, prescribing, ordering diagnostic tests and managing common acute conditions and chronic illnesses. NPs will register within one of three streams: family, adult or pediatric. Like registered nurses, once they complete a broad education program and are registered, NPs may decide to focus their practice into a particular area such as geriatrics or mental health. While there may be some overlap with services commonly provided by physicians, NPs will work, within the scope of practice set out in the Regulation complemented by Standards, Limits and Conditions set by the College, as part of a health care team to manage common acute and chronic illness and offer preventative health education and planning. Physicians will continue to diagnose and treat complex diseases.

How do you become a Nurse Practitioner?

Upon completion of a CRNBC recognized nurse practitioner program or equivalent Prior Learning Assessment and Recognition process (PLAR), and successful completion of both a written examination and an Objective Structured Clinical Examination, NPs will be registered in a separate nurse practitioner class by CRNBC.

Nurse Practitioners (cont'd)

For more information regarding the registration process please contact CRNBC directly.

Temporary Registration

Applicants who have graduated from a CRNBC recognized nurse practitioner program and applicants who have established equivalency through the PLAR process may use the title Nurse Practitioner (Temporary) if they meet the other requirements established by the Board of CRNBC and are registered as an RN or eligible for registration as an RN. The Nurse Practitioner (Temporary) must practice under the supervision of a registered nurse practitioner or physician and is not permitted to order diagnostic tests or prescribe medications.

How is a Nurse Practitioner insured for liability?

It is anticipated that the majority of NPs in BC will be employed by a Health Authority.

In BC, all Health Authorities (as well as various stand-alone entities) are members of the Health Care Protection Program (HCPP). HCPP provides Health Care Comprehensive Liability which includes Professional Liability. This coverage is provided for the health organization itself and also includes coverage for all employees of the organization as additional interests under the program. A Nurse Practitioner employed by any HCPP covered entity is automatically provided with this coverage in the same manner that any other employee of an HCPP covered entity is covered, including nurses and employed physicians.

Coverage under HCPP does not extend, however, to contractors and should an HCPP covered entity opt to enter into a

contract situation with a Nurse Practitioner for services, HCPP's advice is to include specific contract language referencing that the Nurse Practitioner carry appropriate coverage. In addition to general liability, it should also reference an amount for professional or malpractice liability of not less than \$5,000,000 (consistent with CRNBC bylaws).

In BC, being a practicing member of the CRNBC means liability coverage is automatic. (Nurse Practitioners receive professional or malpractice liability in an amount of \$5,000,000.) Nurses and Nurse Practitioners may opt to purchase additional excess coverage through CNPS Plus. In the event that a contract is entered into either directly with a Nurse Practitioner or with a medical facility for services please contact HCPP for further advice regarding insurance.

RNs and NPs should direct any questions regarding the coverage provided through their membership with CRNBC directly to CRNBC.

Resource Links:

Nurses (Registered) and Nurse Practitioners Regulation:
http://www.gp.gov.bc.ca/statreg/reg/H/HealthProf/233_2005.htm

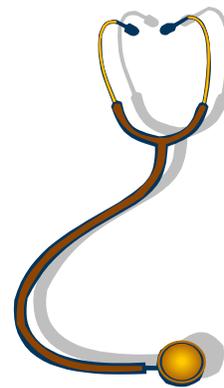
College of Registered Nurses of British Columbia: <http://www.crnbc.ca>

Nursing Directorate Homepage:
<http://www.healthservices.gov.bc.ca/ndirect/index.html>

Includes the Fact Sheets:

Registered Nurses - Working in Partnership with the Health Care Team

Nurse Practitioners - Working in Partnership with the Health Care Team◀



Hospital Corners – Quick Risk Tips

“Document, document, document”. The importance of it cannot be overemphasized. Whether dealing with patients, their families, visitors or employees – the existence of careful documentation is critical to the development of an effective defense. Any time you are dealing with a third party to whom you have a duty of care, it is important to keep a written record of your interaction with them. Documentation should be done in a consistent way such as making sure all of the details for which you are responsible are covered. This may include patients who have refused treatment or employees who have received disciplinary action. The purpose of the documentation is to enable you to later defend your actions. The third party who brings an allegation against you will be required to prove that they have suffered harm as a result of your actions. If you have documented everything that was said or done, including notations about the third party’s response to them, you will be in a much more defensible position. Months or years later it will be difficult or impossible to rely upon memory alone. Documentation that supports the fact that you have acted reasonably and/or failed to act unreasonably is important in defending yourself against allegations of negligence and key to successfully avoiding a costly claims settlement.

“The palest ink is better than the strongest memory” – Ancient proverb



Riskwise Answers

What is an indemnity and why does it have to be approved?

An indemnity is a contractual agreement to compensate another party for loss or damage. Generally it provides that one party will reimburse another for damages paid as a result of claims arising from certain acts or incidents. It is a means of transferring risk from one party to the party most able to control the risk.

Whenever a government corporation grants an indemnity to another party the terms must be agreed to in

advance by the Minister of Finance or the Director of the Risk Management Branch of the Ministry of Finance (Alternatively, your process itself can be reviewed and approved). This is legislated by the *Financial Administration Act* as noted in the applicable regulation, which is available for reference at the following link

http://www.qp.gov.bc.ca/statreg/reg/F/FinAdmin/258_87.htm

If you have questions you would like to ask “Riskwise” please send them to HCPPP@gov.bc.ca

“Risk is measured in terms of consequences and likelihood”.

Links of Interest and Dates to Remember

National Patient Safety Agency in the UK

<http://www.npsa.nhs.uk/display?contentId=4135>

Workplace Violence & Corporate Policy for Healthcare Settings

<http://www.medscape.com/viewarticle/508158>

Halifax 5: The Canadian Healthcare Safety Symposium was held October 20 – 22, 2005 in Calgary, Alberta (watch for Halifax 6 in Vancouver next year)

About Our Organization...

We are the Client Services Team for the Health Care Protection Program (HCPP). HCPP is a self-insurance program which is funded by the Province of BC. The program is housed within the offices of the Risk Management Branch of the Ministry of Finance which also has responsibility for similar programs such as the Schools Protection Program, and the University, College & Institute Protection Program. As part of the services of our program, we provide risk management and claims & litigation management services to HCPP member entities including all the Health Authorities and various other stand-alone health care agencies in the Province of BC.

Our Team of Professionals

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In addition to the core Health Team above, HCPP continues to rely on the expertise of many individuals within the Risk Management Branch including:

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We're on the Web!

See us at:

www.hcpp.org

It should be clearly understood that this document and the information contained within is not legal advice and is provided for guidance from a risk management perspective only. It is not intended as a comprehensive or exhaustive review of the law and readers are advised to seek independent legal advice where appropriate.
