كويت جديدة
NEWKUWAIT

وزارة الصحة

Title: Standardized Outpatient Services: Infusion policy	
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Notes	

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1.0 Introduction

1.1 Devoted to the diagnosis and care of outpatients who do not require an overnight stay in the facility, the outpatient clinic encompasses many services and specialties and operates differently yet hand in hand with the rest of the health care facility. One such service is the outpatient ambulatory infusion service. Outpatient infusion services help increase healthcare efficiency and decrease wasting resources by providing infusion of medications without the need for admission or emergency room stays. It is thus paramount that such services are governed by operational policies that ensure safe practice and efficient utilization of resources are achieved during patient care.

2.0 Objective

2.1 This policy is aimed to guide health care providers about the operational policy of the outpatient infusion clinic (including the rules, regulations, and responsibilities).

3.0 Definitions

3.1 **Attending**: Any physician of the rank of specialist or above.

3.2 **General Clinical Services**: Clinical services that provide general care within their scope of practice. (General surgery and General medicine).

3.3 **Subspecialty Clinical Services**: Clinical services of a practice, or field of study, that is part of a broader specialty that provide specialized care to their respective patient population (e.g., Rheumatology, Hematology, Neurology, Urology, etc.).

3.4 **Index Hospital:** The hospital or health care facility the physician practices in, or patient resides or follows up in.

3.5 **PHC**: Primary Healthcare.

3.6 **MRP**: most responsible physician; refers to the physician or other regulated healthcare professional who has overall responsibility for directing and coordinating the care and management of a patient at a specific point in time.

3.7 **MOH**: Ministry of Health.

3.8 **HCF**: Health Care Facility.

3.9 **Infusion**: introduction of a solution into the body through a vein.

4.0 Clinic/outpatient services leadership designation

4.1 The health care facility will delegate the responsibility of clinic/outpatient services designation and organization to a respective service/unit established by approval of the Chief Medical Officer (CMO) in accordance with the MOH standard outpatient services policy A-ADM-11.

4.2 establishment of the outpatient infusion services is subject to the facility leadership's vision, requirements, and resources and in accordance with the MOH standard outpatient services policy A-ADM-11.

4.3 The outpatient services leadership will provide oversight and resource designation (e.g., nurses, clinics, consumables etc.) for the outpatient infusion services in accordance with the MOH standard outpatient services policy A-ADM-11.

5.0 <u>Responsibilities</u>:

The responsibilities of the following health care providers are paramount to ensure safe and efficient services are provided to the respective patients.

5.1 <u>Referring Physicians</u>:

5.1.1 To ensure the patient referred for the ambulatory/clinic infusion meets the criteria set in this policy.

5.1.2 To ensure proper documentation of patient demographics, allergies, history, and reason for infusion.

5.1.3 To ensure prescriptions of the appropriate medication, dosage, and route are documented prior to infusion.

5.1.4 To ensure a follow up plan is set for the patient post infusion.

5.1.5 To ensure availability of the contact number of the referring physician or designated team member for communication by the infusion clinic nurse.

5.1.6 To ensure that the patient's medical record includes:

5.1.6.1 Patient Demographics and identification (including Civil ID number and medical record number).

5.1.6.2 The patient's history with a current comprehensive assessment, including at time of admission: diagnosis, clinical notes, plans of care, and physician orders.

5.1.6.3 Allergies and contraindicated medications.

5.1.6.4 Discharge summaries at the end of treatment.

5.2 <u>Infusion Clinic Nurses</u>

5.2.1 To ensure verification of the referred patient's data (demographics, Civil ID number, medical record number, allergies, history and reason for infusion, the infusion of the correct medication, in the correct dose, through the correct access according to the set order after inspection of expiry).
(i.e., The 5 Rs; Right patient, right medication, right route, right dose, right timing).

5.2.2 To ensure having knowledge and experience with peripheral line insertion.

5.2.3 To ensure having knowledge and experience in infusion through peripheral or central access(es).

5.2.4 To ensure documentation of the infusion, access insertion, vital signs (pre, intra and post infusion), allergic or adverse reactions and discharge from the clinic.

5.2.5 To ensure Compliance with the facility policies of hand hygiene, safe handling of sharps, medications infusion, and discarding policies.

5.2.6 To ensure the clinic's respective resources are functional prior to use (reporting any deficiencies or defects to the matron responsible for clinic services).

5.2.7 To ensure being BLS or ACLS certified.

5.2.8 To be aware of and adhere to the health care facility code blue.

5.3 <u>Clinic/outpatient services responsibilities</u>

5.3.1 To assess and monitor the infusion clinic/outpatient services technical and administrative requirements, standards, and performance.

5.3.2 To evaluate infusion clinic/outpatient services needs based on patient population and referrals.

5.3.3 To monitor and audit the infusion clinic/outpatient services appointment waiting times, adverse outcomes, need of admission, turnaround time and allergic reactions, sessions.

5.3.4 To develop, implement, evaluate, and maintain an effective, ongoing, facility-wide, data-driven quality assurance and performance improvement (QAPI) program related to Infusion services, including:

5.3.4.1 focus on indicators related to improved outcomes

5.3.4.2 The use of emergency care services, hospital admissions.

5.3.4.3 The prevention and reduction of medical errors.

5.3.4.4 The monitoring of quality indicators including staffing, reporting and review of adverse reactions, medication errors, patient complaints/grievances, infection control and other identified indicators. Periodic review of quality data and outcomes by quality team. Maintain documentary evidence of its QAPI program.

5.3.5 To ensure the infusion clinic is sufficiently staffed by competent/trained nurses with a 1 nurse to 2 patients' ratio during services (and a backup nurse).

5.3.6 To ensure the infusion clinic is provided with the following:

5.3.6.1 Heart rate/blood pressure/ saturation monitor for each patient.

5.3.6.2 An examination bed or chair per patient (adjustable to supine or 90 degrees upright).

5.3.6.3 Crash cart per clinic.

5.3.6.4 Access to oxygen (if not available or possible then 1 oxygen cylinder per bed).

5.3.6.5 That the room is accessible by stretchers for transport.

5.3.6.6 That a policy of pharmaceutical dispensing/administration of the prescribed medicine is in effect.

5.3.6.7 That a policy is established for adverse reactions, and code blue for patients in the infusion clinic.

5.3.6.8 That a policy is established for waste disposal and hand hygiene and iv access care in the infusion clinic.

5.3.6.9 The infusion room is located in proximity to clinics/sites attended by physicians (i.e., not isolated).

5.3.6.10 A designated physician for assessment and resolution of incidences (e.g., adverse reactions, lack of access, verification of doses/medications).

5.3.6.11 The room is equipped with a landline, for access to the hospital operator system for code activation and communication with the respective health care providers within the health care facility.

5.3.7 Monitoring and auditing the Clinic/Outpatient services and appointment waiting times should be done every 3 months by the respective health care facility leadership involved (i.e., Utilization Committee of the quality assurance and CMO).

5.3.8 To ensure implementation of a policy in which the outpatient ambulatory infusion services are provided in a consistent manner in the HCF (i.e., during holidays and after hours in designated alternative sites e.g., emergency room, short stay etc.).

5.3.9 To implement a policy that defines the service provided, the referral process and the infusion accesses used.

5.3.10 To set care protocols for the following infusion accesses (when applicable):

- 5.3.10.1 Peripheral
- 5.3.10.2 Midline
- 5.3.10.3 Central line
- 5.3.10.4 PICC line
- 5.3.10.5 Implantable ports

6.0 Patient appointment allocation and clinic designation

6.1 Source of patient referral

6.1.1 Emergency room by consulted MRP with admission privileges.

6.1.2 Index hospital inpatients after discharge.

6.1.3 Index hospital clinic referrals.

6.2 Population of referred patients

6.2.1 Patients referred to the outpatient clinic are expected to fulfill criteria listed below:

- 6.2.1.1 Patients **do not require** emergency medical care.
- 6.2.1.2 Hemodynamically stable patients
- 6.2.1.3 Patients who are mentally competent or with caretaker/ legal guardian.
- 6.2.1.4 Patients too stable for admission or continued inpatient care but in need of scheduled infusion of medications (or transfusion)
- 6.2.1.5 The absence of alternatives to intravenous or intramuscular route of administration of the required treatment.
- 6.2.1.6 The absence of infusion services in the patient's catchment area PHC facility.
- 6.2.1.7 The intended infusion is within the scope of services of the respective infusion clinic (e.g., Chemotherapy restricted to KCCC).
- 6.2.1.8 Type of infusion access to be used in the outpatient setting, include:

6.2.1.8.1 Peripheral
6.2.1.8.2 Midline
6.2.1.8.3 Central line
6.2.1.8.4 PICC line
6.2.1.8.5 Implantable ports

6.3 <u>Clinic booking</u>

6.3.1 Clinical practice departments, units and their respective specialties with established infusion clinic services must ensure designation of a representative (nurse, clerk, or physician member of the department) to receive, organize, and book referrals in accordance with the tables set below (or a similar template seen fit by the respective facility and its resources). Patient appointments are to be set and confirmed with the aim of avoiding delays, omissions, or gaps in the scheduled medication course.

6.3.2 In case of any reason rendering booking an appointment impossible (e.g., limitations in service, resources or allotted clinic time, holidays etc.) it is the responsibility of the designated representative in charge of booking appointments to refer back the patient to the MRP and inform the referring MRP in case of rejection of the referral.

6.3.3 Ward/inpatients referrals from within the index hospital are referred according to the follow up plan set in the ward prior to discharge.

6.3.4 Clinical practice departments, units and their respective specialties must ensure patient appointments are set and confirmed ***<u>prior</u>*** to referring for outpatient infusion to avoid delays, omissions or gaps in the scheduled medication course.

6.3.5 it is the responsibility of the referring MRP to ensure alternative options of management (e.g., oral route, admission, referral to ER or PHC for infusion etc.) if an appointment date is not possible to be set due to limitations in service, resources or allotted clinic time, holidays etc.).

6.3.6 It is the responsibility of the referring MRP (or designee from the treating team) to ensure the referral (paper or HIS) contains the following data.

6.3.6.1 Name, age, medical record number (MRN), CID, diagnosis, allergies, reason for infusion, the required infusion dose and duration and the follow up plan.

6.3.7 **Weekends and holidays:**

6.3.7.1 If no infusion clinic services will be available during weekends, public holidays or after the designated working hours, the facility is required to organize alternative settings and

resources for continued infusion care and the MRP is to refer to article 6.3.5.

6.4 <u>Rescheduling appointments</u>

6.4.1 It is the rebooking of a patient appointment due to any of the following reasons:

6.4.1.1 Missed appointment.

6.4.1.2 Late arrival.

6.4.1.3 Cancellation by the receiving physician.

6.4.1.4 State/national holidays.

6.4.2 **Source of rescheduling**

6.4.2.1 The process of rescheduling appointments may be designated to any of the following personnel:

6.4.2.1.1 Clinic nurse.

6.4.2.1.2 Front desk clerk.

6.4.2.1.3 Treating Physician (or member of team).

6.4.2.1.4 If a non-physician (clinic nurse, front desk/reception clerk) is approached by a patient for rescheduling, every attempt should be made to communicate with the treating physician regarding appointment allocation).

6.4.3 **Rescheduling time**

6.4.3.1 If the patient is a new referral and missed the appointment due to late arrival, he/she is to be discussed with his treating team or MRP for setting an alternative management plan for the day (i.e., clinic infusion if available slot, referral to ER, or PHC or admission to ward vs alternate route therapy i.e., IM or oral).

7.0 Reorientation

7.1 For patients presenting to the ER in need of redirection/reorientation, the MOH Emergency Department Triage Policy D-AE-001, article 6.0, is to be followed.

7.2 For patients reoriented from the ER triage, referral must be done by either manual or electronic referral to the respective department/ triage clinic services.

7.3 For patients reoriented from the ER bed after assessment, referral must be done by either manual or electronic referral to the respective department/ triage clinic services by the Most Responsible Physician (MRP).

8.0 Discharge from clinic services

8.1 It is when patient care has been completed with no further need for follow-up or management in the hospital clinic setting.

8.2 Patients, who completed their consultation in the OPD and planned for discharge, must have their discharge summary documented.

8.3 Copies of the discharge summary and necessary references may be provided to the patient as a reference for referrals if needed or requested.

8.4 Clinical departments will set criteria for patient referral/ follow up in PHC's after discharge from the clinic services.

Table 1

Morning Shift (8:00 am – 1:00 pm)			
Time		**Category**	**Appointment Type**
08:00	AM	Specialty	Referral from, OPD, Wards and ER (In-person) antibiotics and therapeutics.
08:20	AM	Specialty	
08:40	AM	Specialty	
09:00	AM	Specialty	
09:20	AM	Specialty	Referral from OPD, Wards and ER antibiotics.
09:40	AM	Specialty	
10:00	AM	Specialty	
10:20	AM	Specialty	Walk in only for the same doctor or same treating unit.
10:40	AM	Specialty	Referral from, OPD, Wards and ER (In-person) antibiotics and therapeutics.
11:00	AM	Specialty	
11:20	AM	Specialty	
11:40	AM	Specialty	
12:00	PM	Specialty	
12:20	PM	Specialty	Antibiotics.
12:40	PM	Specialty	
01:00	PM	Specialty	

Table 2

Afternoon Shift (2:00 pm – 6:00 pm)			
Time		**Category**	**Appointment Type**
02:00	PM	Specialty	Referral from, OPD, Wards and ER (In-person) antibiotics and therapeutics.
02:20	PM	Specialty	
02:40	PM	Specialty	
03:00	PM	Specialty	
03:20	PM	Specialty	Referral from, OPD, Wards and ER antibiotics.
03:40	PM	Specialty	
04:00	PM	Specialty	
04:20	PM	Specialty	
04:40	PM	Specialty	
05:00	PM	Specialty	
05:20	PM	Specialty	
05:40 06:00	PM	Specialty	Walk in only for the same doctor or same treating unit.

*** N.B: the above tables are suggested templates subject to modification based on patient appointment wait time by category, indications and audited appointment waiting times.*