

Request for Service from External Clients

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Revised Date	<i>May 11, 2011</i>	Approved Date	<i>June 25, 2008</i>

Introduction

Residents, visitors, businesses, community agencies and groups in Simcoe County and the District of Muskoka may make a request for service (RFS) to programs offered by the Simcoe Muskoka District Health Unit. Health Connection is the primary intake for requests for service and referrals to programs and services offered by the Simcoe Muskoka District Health Unit. However requests for service may be made to health unit staff in the course of their work in the community. Requests for service are assessed based on health unit mission, service area philosophy, fit with Ontario Public Health Standards, community needs and agency capacity.

Purpose

This policy outlines the process and expectations for Simcoe Muskoka District Health Unit staff for generating a request for service

Legislative Authority

Health Protection and Promotion Act

Policy Definitions and Interpretation

RFS: request for service initiated by individuals, businesses, community groups, agencies, organizations and partners to SMDHU staff for delivery of services and/or programming.

Client: individual, business, community group, agency, organization or partner receiving the delivery of services and/or programming by SMDHU staff.

Individual: individual making the request for service will be the recipient of service.

Community: request for service pertaining to local businesses, community groups, agencies, organizations or partners.

Third Party: individual making the request for service is doing so on behalf of the intended recipient of service not themselves.

Cross Program: request for service pertaining to more than one program within a single local area or more than one program and more than one local area

Policy

Requests for service (RFS) are accepted from individuals, businesses, community groups, agencies, organizations and partners. Self-referral is the primary mechanism for requesting service. However there are times when service will be requested by a third party (caregiver, family member, outside agency, etc.) on behalf of someone else with their consent.

Staff may either receive the request for service or may encourage the client to call Health Connection and make their request directly. For requests for service received by health unit staff

outside of Health Connection, the RFS form is completed. Requests for service are processed according to the service area policy and program directives.

Determination of whether a particular request for service can be met is made at the program level. Program staff will provide a response to the RFS within seven business days of receipt.

Service Area Directors are responsible to ensure that a process for tracking incoming RFS exists within the Service Area to ensure follow-up.

The completed RFS form constitutes a client record with confidential personal health information and shall be filed and maintained in accordance with agency records management standards. Documentation of requests for service is a means of ensuring coordinated, consistent service and is expected to be in compliance with agency documentation standards.

Procedures

1. All requests for service are to be documented using the appropriate RFS form (PP0105 F1 or PP0105F2).
2. Completed RFS forms are to be forwarded to the appropriate Program Assistant to be tracked and distributed as directed by service area/program policies and procedures.
3. Staff will advise the client that receipt of the RFS is not a guarantee that the request can be met and that a response will be provided within seven business days.
4. If the staff person taking the lead on the RFS is unable to initiate contact within the seven day time frame, the situation should be reviewed with their manager for resolution.
5. The hardcopy RFS form completed or printed at the time of intake will serve as the official copy of the RFS.
6. For requests for service received by health unit staff outside of Health Connection where the RFS does not pertain to their program:
 - a) The RFS form is completed and forward to the appropriate program and office for processing by the Program Assistant.
 - b) b. At the time the request is made by the client the staff member will inform the client that their request pertains to a different program area within the health unit and that a request for service will be made on their behalf.
7. For requests pertaining to an individual client staff will:
 - a) Complete RFS form PP0105F1
 - b) Complete in full all identifying information, including the individual's name and contact information.
 - c) For a family, include relationship to individual for those family members who will also be receiving service.
8. For requests pertaining to a community client staff will:
 - a) Complete RFS form PP0105F2
 - b) Complete in full all identifying information for the business, community group, agency, organization or partner, including the full business/agency/organization/group name, contact's name and contact's role/position with the business/organization/agency/group.

- c) Obtain details related to the request such as target audience, expected number of participants, event date, location, time, and set-up cost, if applicable.
9. For third party referrals staff will:
- a) Establish that self-referral is not possible.
 - b) Verify with the third party that they have the individual's consent to make the request for service and have discussed the referral with the intended recipient of service. RFS can only be received if third party has client consent.
 - c) Obtain identifying information for the intended recipient of service.
 - d) Obtain contact information for the third party contact.
 - e) Inform the third party contact that follow-up information will not be shared with them without client consent.
10. For Cross Program requests staff will:
- a) Complete the appropriate RFS form fully.
 - b) For cross program RFSs where the lead program is unknown:
 - i. Program staff will forward the completed RFS form to Health Connection Core Team either by interoffice mail or by email using *hconnect@smdhu.org* by the end of the next business day following the day the RFS is received.
 - ii. The Health Connection Manager or designate will determine which program will take the lead on the request within three business days of receiving the RFS and will communicate this to the manager of the lead program. .
 - iii. Once the lead program is determined the RFS is forwarded to the lead program and duplicate copies of the RFS are sent to the other programs involved in the RFS by the Health Connection Manager or designate.
 - c) For cross program RFSs where the lead program is known:
 - i. The completed RFS form is forwarded by the staff person taking the request to the lead program staff person in the appropriate office.
 - ii. The lead program staff person will connect with staff from other programs in the appropriate office to determine their level of involvement.
 - iii. The lead program staff will provide duplicate copies of the RFS to the other programs involved in the RFS.
 - d) When some co-ordination of response is required, the lead program staff person will identify their role in providing the co-ordination to those copied on the RFS.
 - e) The lead program staff person will open the record for that RFS. Other participating program staff are to forward any documentation to this lead program person to file in a single record.

Related Policies

IM0103 Personal Information Including Personal Health Information Privacy - Consent

IM0104 Personal Information Including Personal Health Information Privacy – Collection and Use

IM0105 Personal Information Including Personal Health Information Privacy - Disclosure

IM0109 Documentation

Service Area/Program level RFS Policies & Procedures

Nursing Documentation Manual

Appendices

Appendix A Guideline for Completion of RFS Forms

Appendix B Issue Sub-Issue and Definitions

Related Forms

PP0105 (F1) Request for Service Individual

PP0105 (F2) Request for Service Community

Final Approval Signature: _____

Review/Revision History:

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