The College of Naturopaths of Ontario

Inspection Committee Report

Hart & Sol Integrative Healthcare
4161 Portage Road
Niagara Falls, ON
L2E 6A2

Following a review of the Inspector's Report and all other documentation pertaining to the inspection conducted on January 30, 2019 of the above premises the Inspection Committee has issued an outcome of a pass.

Recommendations

When Inspection Program Requirements are partially met and do not warrant a condition being placed on the premises, the Inspection Committee makes recommendations to the premises.

The Committee makes the following recommendations:

i) As per Inspection Program Requirements 1.1.6.3: Emergency procedures are clearly displayed and 1.1.6.4: Fire exits are clearly marked and evacuation maps are located in patient areas.

> The Committee recommends that emergency evacuation procedures and evacuation maps are displayed in prominent locations in all patient areas.

ii) As per Inspection Program Requirement 2.1.1: Conducted and documented a risk analysis, as outlined in the *Standard of Practice for Emergency Preparedness*.

> The Committee recommends that the premise's risk analysis is documented and included in the Policies and Procedures Manual.

iii) As per Inspection Program Requirement 2.4: Equipment and supplies not on crash cart but readily available.

> The Committee recommends that topical lidocaine be stocked and readily available.

iv) As per Inspection Program Requirement 3.2.8: A telephone screening protocol has been developed and implemented.

The Committee recommends that the telephone screening protocol is implemented.

v) As per Inspection Program Requirement 3.2.10: Clean toy and soiled toy bins are used where applicable.

The Committee recommends that a toy bin for soiled toys is available and used.

vi) As per Inspection Program Requirement 3.5.3: A procedure is in place to decontaminate gross spills of blood.

The Committee recommends that the current procedure includes putting an actual spill kit in place.

vii) As per Inspection Program Requirement 4.1.1.1: A general drug/substance inventory record is maintained including expiration dates.

The Committee recommends that the inventory log includes the expiry dates for all drugs and substances.

viii) As per Inspection Program Requirement 4.1.1.2: When applicable, drugs/substances are labeled to indicate the date the seal was broken.

The Committee recommends that the bottles and vials of all drugs and substances are always labelled with the date when the seal was broken.

ix) As per Inspection Program Requirement 4.1.1.10: Drugs are organized for easy access in appropriately labeled bins/cupboards

The Committee recommends that all cupboards and drawers are properly labelled.

x) As per Inspection Program Requirement 4.1.1.12: Cold chain management is ensured.

The Committee recommends that cold chain management is ensure through the use of a thermometer that allows for external monitoring of the refrigerator temperature and records the maximum and minimum temperatures is in place.

xi) As per Inspection Program Requirement 4.1.1.14: Expired or contaminated drugs/substances are stored and labelled to ensure they are not used, and are discarded appropriately.

The Committee recommends that there is a process in place to ensure that expired drugs and substances are properly disposed of, such as through the Ontario Medications Return Program.

xii) As per Inspection Program Requirement 6.1.1: Appointment Record – Contains member's name, clinic name, address and telephone number.

The Committee recommends that the appointment record always contains the clinic's address and telephone number.

xiii) As per Inspection Program Requirement 6.5.13: Prior to the procedure the IVIT protocol along with risks, benefits, alternatives, potential complications and side effects, and costs were discussed with the patient/substitute decision maker and documented.

The Committee recommends that all information required be provided to the patient when obtaining informed consent is discussed and documented in the patient chart.

xiv) As per Inspection Program Requirement Patient Chart Requirements 6.7.6: An IVIT specific form contains the following information:

- vital signs (blood pressure, heart rate, respiratory rate or pulse oximeter reading and temperature) before, during and after treatment,
- documentation of patient monitoring during IVIT in addition to vitals.

The Committee recommends that the information related to the delivery of intravenous treatment contained on the IVIT specific form in the patient's chart always includes vital signs (blood pressure, heart rate, respiratory rate or pulse oximeter reading and temperature) that are taken before, during and after the treatment, as well as other information gathered while monitoring the patient during IVIT.

xv) As per Inspection Program Requirement 7.1.18: Labeling requirements for the iv bag.

The Committee recommends that the premises ensures that it complies with all labeling requirements as stated in the Inspection Program Requirements and the *Standard of Practice for Compounding* by ensuring that the following are always included:

- the name of the person compounding the iv bag and their title,
- the expiry date of the iv bag, even if the bag is to be used on the same day it is compounded,
- any special instructions or cautionary information.

xvi) As per Inspection Program Requirement 7.1.19: The label used is disposed of in a secure manner, such that any identifying information is destroyed or unreadable.

The Committee recommends that the iv bag label is always properly disposed of and that any identifying information is either destroyed or made unreadable.

xvii) As per Inspection Program Requirement 8.1.1: Conducted re-assessment including review of symptoms, medications, and supplements, contraindications and diagnostic tests.

The Committee recommends that a re-assessment of the patient is always conducted prior to administering the IVIT to ensure there have been no changes.

xviii) As per Inspection Program Requirement 8.1.4: Obtained informed consent and answered patient's questions.

The Committee recommends that prior to beginning every IVIT, informed consent is always obtained and patients are given the opportunity to ask questions.

xix) As per Inspection Program Requirement 8.2.6: Appropriate post-treatment instructions are given to the patient including reporting to the ND any serious health events such as shock or convulsions; infections, allergic reactions and adverse reactions. Also any unscheduled treatments as a result of the IV treatment, that may include visit to a hospital emergency department or another health care practitioner are to be reported.

The Committee recommends that patients are always fully informed regarding post-treatment instructions as outlined in Inspection Program Requirement 8.2.6.

xx) As per Inspection Program Requirement 8.3.4: Patients are screened for methicillin resistant organisms and infectious diseases.

The Committee recommends that a screening process for methicillin resistant organisms be put in place that includes questioning the patient when taking their history.

xxi) As per Inspection Program Requirement 10.2.1: The premises has a written quality improvement program in place which:

- monitors and evaluates patient care,
- evaluates methods to improve patient care,
- identifies and corrects deficiencies within the premises,
- alerts the designated member to identify and resolve problems.

The Committee recommends that the premise's quality improvement program has fully developed processes that are implemented and documented, and include identifying and correcting deficiencies within the premises, and alerting the designated member to identify and resolve problems.