



POLICY: WALK-IN CLINICS AND EPISODIC CARE

PREAMBLE

The College of Physicians and Surgeons of Saskatchewan (CPSS) has responsibility to set standards and policies that result in high quality care for patients regardless of their point of contact with physicians in the health care system. For reasons of convenience or ease of access, patients often turn to episodic services such as walk-in or “no-appointment” physician visits in clinics. Physicians are expected to manage these episodic encounters to provide optimal continuity of care.

An excerpt from the Canadian Medical Association and CPSS Code of Ethics provides the basis for this policy.

Responsibilities to the Patient

19. Having accepted professional responsibility for a patient, continue to provide services until they are no longer required or wanted; until another suitable physician has assumed responsibility for the patient; or until the patient has been given reasonable notice that you intend to terminate the relationship.

This policy is intended to apply to episodic care provided in medical practices, such as, but not limited to:

1. Walk-in clinics.
2. Appointment-based family practice clinics.
3. Primary health care clinics.
4. Minor emergency clinics.

POLICY

1. **Personal Family Physicians** – When being registered at a clinic, patients must be asked if they have a family physician who they usually see for care and, if so, the name of that family physician must be recorded on the patient’s record.

a) Patients who have a family physician must be advised that information about the current visit will be sent to their family physician and given the option to request that this

not be done. Written documentation of such a request must be obtained in each and every case.

b) Patients who do not have a family physician must be encouraged to establish a patient/doctor relationship with a family physician. Suggestions should be made to patients about the value of such a continuing care arrangement. The establishment of such a care arrangement should be facilitated if possible, either within the clinic or with another physician or clinic.

2. **Patient Records** – Physicians must document each patient visit in accordance with accepted standards of care and guidelines for medical record-keeping. Acceptable documentation includes an accurate and complete account of each patient visit including information such as related history, assessment, treatment, investigations, and follow-up. Suitable administrative systems **must** be in place to send information about the visit to the patient’s family physician or primary care clinic, if the patient has one.

3. **Prescribing** – It is advisable for physicians to use PIP (Pharmaceutical Information Program), particularly when dealing with patients who require prescriptions for controlled substances.

4. **Test Results Management** – Physicians ordering investigations must communicate the results to the patient and undertake any appropriate follow up, or be satisfied that there is a system in place to provide this communication and follow up.

5. **Referrals** – When a patient is deemed to require the attention of a specialist consultant:

a) if the patient has a family physician

i. non-urgent consultations should be recommended to and arranged through the patient’s family physician,

ii. urgent consultations should be arranged, and the physician initiating the consultation should clearly advise the consultant if the patient has a family physician so the consultant will keep that family physician informed and involved in the patient’s ongoing care.

b) if the patient does not have a family physician, consultations shall be arranged and appropriate follow up undertaken.

6. **Chronic Disease Management** – Patients who require ongoing care for chronic diseases should be advised of the inability for episodic care services to adequately meet their needs, and should be strongly encouraged to establish a patient/doctor relationship with a family physician.

7. **Imaging and Laboratory Services** – Physicians who own and operate a diagnostic imaging unit or laboratory services within their clinic shall adhere to the Council’s policy with regard

to radiological supervision of diagnostic imaging units and other related standards of good practice.

8. **Multi-Physician Clinics** – In clinics where more than one physician practices, a managing physician shall be designated to:

a) be responsible for implementing appropriate arrangements to handle follow up of test results by other physicians, follow up of test results after hours, and handling of urgent cases, and

b) develop and implement a policy manual which gives clear direction to the physicians employed in the clinic with regard to the policies and standards they shall observe while practicing in that clinic.

References:

CPSBC – Walk-In Clinics – Standard of Care, Primary Care Multi-Physician Clinics

CPSA – Episodic Care Standard of Practice 15

CMA – Code of Ethics

CMPPA – Responsibility for Follow Up of Investigation, June 2008 IL08020-1-E

Guideline Adopted by Council, June 2012

To be Reviewed June 2017