

Continuity of Care Implementation Support Checklists

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Referrals Checklist

Includes:

- ✓ Making referrals
- ✓ Receiving referrals
- ✓ Special considerations:
 - when preparing for temporary absences from practice
 - for physicians practicing in walk-in clinics

About this Checklist

The OMA has developed a series of checklists to help you understand and implement the CPSO's *Continuity of Care* policies.

This checklist organizes the expectations related to referrals from across all four *Continuity of Care* policies into common tasks. It lists key action items followed by the exact wording from the source policies. It also includes optional guidance from the CPSO's *Continuity of Care: Advice to the Profession* document.

This checklist is not intended as a substitute for reading the CPSO *Continuity of Care* policies in full.

Additional Advice to the Profession from the CPSO

All physicians are facing significant challenges as clinical and administrative workload increases and as pressure on the health system continues to rise. It is more important than ever that physicians work together to deliver quality care to Ontario patients.

Referring physicians and consultant physicians share responsibility for ensuring patients can access the care they need.

Making Referrals

☐ Make referrals in writing and include the information that the consultant physician needs in order to understand the reason for the consult

- Referring physicians **must** make a referral request in writing and include the information necessary for the consultant health-care provider to understand the question(s) or issue(s) they are being asked to consult on. While physicians **must** use their professional judgment to determine what information to include in the referral request, typically this will include:
 - a) Patient, referring physician, and, if different, primary care provider identifying information;
 - b) Reason(s) for the consultation and any information being sought or questions being asked;
 - c) The referring physician's sense of the urgency of the consultation; and
 - d) Summary of the patient's relevant medical history, including medication information and the results of relevant tests and procedures. (*Transitions in Care*, 15)
- If the patient's condition requires that a consultation be provided urgently, a verbal referral request may be appropriate, although the referring physician **must** follow-up with a written request. (*Transitions in Care*, 16)

Additional Advice to the Profession from the CPSO

In order to help minimize delays, it can be helpful to give consideration to:

- whether your patient's condition(s) is(are) within the scope of practice of the consultant physician,
- whether that physician is accepting patients, and
- whether the physician's office is accessible to the patient.

Referring physicians must include all the information necessary for the consultant physician to understand the patient's condition and address the questions or concerns they are being asked to consider.

Referring physicians will need to have conducted an appropriate assessment before referring a patient to a consultant physician. While the policy sets out the type of information that could be included in a referral request, referring physicians can determine what is appropriate in the circumstances.

☐ Make sure you have a system to track urgent referrals

- Referring physicians **must** have a mechanism in place to track referrals where urgent care is needed, in order to monitor whether referrals are being received and acknowledged. (*Transitions in Care*, 14)

☐ Include your professional contact information on referrals

- Physicians **must** include their professional contact information when ordering a test, writing a prescription, or making a referral and must provide relevant coverage contact information directly to other health-care providers (e.g., laboratories, diagnostic facilities) where it is appropriate to do so. (*Availability and Coverage*, 5)

☐ Make sure that referral requests are accurate if you use technology to prepare and distribute them

- Physicians who use technology to assist in the preparation and distribution of referral requests or consultation reports **must** ensure that they are accurate and follow-up with the receiving health-care provider if any errors are identified after the referral or consultation report has been sent. (*Transitions in Care*, 25)

☐ Keep a copy of the referral request in the patient's record

- Both referring and consultant physicians **must** keep a copy of the referral request and any consultation reports in their respective patient medical records. Where the referring and consultant physician have access to a common medical record, referral requests and consultation report may be contained in that common medical record. (*Transitions in Care*, 24)

☐ Tell patients about who will be involved in their care, and how care will be managed

- Referring physicians **must** clearly communicate to patients what the physician's anticipated role will be in managing care during the referral process, including how patient care and follow-up may be managed and by whom, and keep patients informed about any changes that occur in their role. (*Transitions in Care*, 2)

☐ Tell patients how they can follow-up with you if they haven't heard anything about the referral within a specific timeframe

- Referring physicians **must** engage patients in [the referral tracking] process by, for example, informing them that they may contact the referring physician's office if they have not heard anything within a specific timeframe. (*Transitions in Care*, 14 a)

Additional Information Regarding Supporting Ongoing Virtual Care



Additional Advice to the Profession from the CPSO

Changes to virtual care billing came into effect December 2022. As a result of these changes, consultant physicians who provide virtual care will need to preserve their physician-patient relationships in order to bill for the comprehensive virtual care they provide. Referring physicians may need to reissue straightforward referrals every 24 months where ongoing virtual care is needed.

While physicians must determine what information to include in these referrals, they can be straightforward and meet the expectations set out in the *Transitions in Care* policy if they include:

- the patient's name,
- the referring physician's name, and
- a statement indicating that the patient should continue to receive comprehensive virtual care from the consultant physician, along with any changes in the patient's condition.

Making Referrals to a Sub-specialist



Additional Advice to the Profession from the CPSO

In most cases, the consultant physician rather than the referring physician is responsible for making the referral if they determine after an assessment that subspecialist care is needed.

If a consultant declines a referral on the basis that a sub-specialist is needed, the referring physician would be responsible for initiating another referral to an appropriate sub-specialist.

Receiving Referrals

☐ Acknowledge referrals and accept or decline them within 14 days

- Consultant physicians **must** acknowledge referrals in a timely manner, urgently if necessary, but no later than 14 days from the date of receipt. (*Transitions in Care*, 17)
- When acknowledging the referral, consultant physicians **must** indicate to the referring health-care provider whether or not they are able to accept the referral. (*Transitions in Care*, 18)



Additional Advice to the Profession from the CPSO

Acknowledging a referral simply means informing the referring physician whether the referral will be accepted. If it is accepted, consultant physicians can indicate the estimated or actual appointment date. There is no requirement to see the patient within 14 days, just a requirement to review the referral and close the loop.

When receiving referrals, consultant physicians can consider accepting consultation requests, where possible, even if there are minor issues with the requests (e.g. incorrect or outdated referral forms).

It is important that consultant physicians who use e-referral platforms also provide an alternative option for physicians who are unable to access this platform. This will allow referring physicians to complete their consultation requests in a timely manner and will help ensure patient care is not unnecessarily delayed.

New in
2024

If a consultant physician accepts a referral, they will need to provide appropriate follow-up care and handle any administrative work stemming from their care. Referring physicians may not have the expertise or resources needed to manage a patient's specialised care.

☐ Provide the referring health-care provider with an anticipated wait time or appointment date and time when accepting referrals

- If they are [able to accept the referral], consultant physicians **must** provide an anticipated wait time or an appointment date and time to the referring health-care provider. When providing an anticipated wait time, consultant physicians **must** follow-up once an appointment has been set. (*Transitions in Care*, 18 a)

☐ Provide the referring health-care provider with a reason when declining referrals

- If they are not [able to accept the referral], consultant physicians **must** communicate their reasons for declining the referral to the referring health-care provider (*Transitions in Care*, 18 b)



Additional Advice to the Profession from the CPSO

Consultant physicians can decline referrals that do not provide sufficient information, but they must communicate their reasons to the referring physician. Rather than having the referring physician make a new referral, there may be opportunities for the consultant physician to work with the referring physician to clarify any outstanding questions.

Consultant physicians do not have any obligation to suggest another provider if they are unable to take on the referral. However, consultant physicians may have more information about their colleagues than referring physicians do. If they are able to assist the referring physician in re-directing the referral, it would be helpful to do so, especially where the referral is for urgent or unique issues.

☐ Communicate the appointment date and time with the patient

- Consultant physicians **must** communicate the anticipated wait time or the appointment date and time to the patient, unless the referring physician has indicated that they intend to do so, and **must** allow patients to make changes to the appointment date and time directly with them. When providing an anticipated wait time, consultant physicians **must** follow-up once an appointment has been set. (*Transition in Care*, 19)

☐ Keep a copy of referral requests in the patient's record

- Both referring and consultant physicians **must** keep a copy of the referral request and any consultation reports in their respective patient medical records. Where the referring and consultant physician have access to a common medical record, referral requests and consultation report may be contained in that common medical record. (*Transitions in Care*, 24)

Special Considerations

When preparing for temporary absences from practice

☐ Include the contact information of the health-care provider who will be covering for you on referrals when appropriate

- Physicians **must** include their professional contact information when ordering a test, writing a prescription, or making a referral and must provide relevant coverage contact information directly to other health-care providers (e.g., laboratories, diagnostic facilities) where it is appropriate to do so. (*Availability and Coverage*, 5)

For physicians practicing in walk-in clinics

☐ Arrange for someone to review consultation reports and provide or coordinate follow-up care for referrals you have made

- Physicians practising in a walk-in clinic **must** not rely on the patient's primary care provider or another health-care provider involved in the patient's care to provide or coordinate appropriate follow-up for tests they have ordered or referrals they have made, unless the other providers have agreed to assume this responsibility. (*Walk-in Clinics*, 7)
- Physicians practising in a walk-in clinic who make referrals **must** provide or arrange for the provision of necessary follow-up care, including reviewing consultation reports. (*Walk-in Clinics*, 6)

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About this Checklist

This checklist contains a summary of the expectations related to referrals set out across the CPSO's four *Continuity of Care* policies. It is not intended as a substitute for reading the policies in full.

Referrals Checklist Summary

Making Referrals

- ☐ Make referrals in writing and include the information that the consultant physician needs in order to understand the reason for the consult
- ☐ Make sure you have a system to track urgent referrals
- ☐ Include your professional contact information on referrals
- ☐ Make sure that referral requests are accurate if you use technology to prepare and distribute them
- ☐ Keep a copy of the referral request in the patient's record
- ☐ Tell patients about who will be involved in their care, and how care will be managed
- ☐ Tell patients how they can follow-up with you if they haven't heard anything about the referral within a specific timeframe

Receiving Referrals

- ☐ Acknowledge referrals and accept or decline them within 14 days
- ☐ Provide the referring health-care provider with an anticipated wait time or appointment date and time when accepting referrals
- ☐ Provide the referring health-care provider with a reason when declining referrals
- ☐ Communicate the appointment date and time with the patient
- ☐ Keep a copy of referral requests in the patient's record

Special Considerations

When preparing for temporary absences from practice

- ☐ Include the contact information of the health-care provider who will be covering for you on referrals when appropriate

For physicians practicing in walk-in clinics

- ☐ Arrange for someone to review consultation reports and provide or coordinate follow-up care for referrals you have made

Consults Checklist

Includes:

- ✓ Providing consultations
- ✓ Preparing and distributing consultation reports
- ✓ Special considerations when receiving and reviewing consultation reports:
 - during temporary absences from practice
 - for physicians practicing in walk-in clinics

About this Checklist

The OMA has developed a series of checklists to help you understand and implement the CPSO's *Continuity of Care* policies.

This checklist organizes the expectations related to consults from across all four *Continuity of Care* policies into common tasks. It lists key action items followed by the exact wording from the source policies. It also includes optional guidance from the CPSO's *Continuity of Care: Advice to the Profession* document.

This checklist is not intended as a substitute for reading the CPSO *Continuity of Care* policies in full.

Providing Consultations

☐ Tell patients what your role will be in their care, how long you expect to be involved, and keep them informed of any changes

- Consultant physicians **must** clearly communicate to patients the nature of their role, including which element(s) of care they are responsible for and the anticipated duration of care, and keep patients informed about any changes that occur in their role.
 - a) When it is possible to do so, consultant physicians **must** also clearly communicate when the physician-patient relationship has reached its natural conclusion or when it is anticipated that it will reach its natural conclusion. (*Transitions in Care*, 3)



Additional Advice to the Profession from the CPSO

Consultant physicians will need to provide appropriate follow-up care and handle any administrative work stemming from this care [the consultation]. Referring physicians may not have the expertise or resources needed to manage a patient's specialised care.

Preparing and Distributing Consultation Reports

☐ Include necessary information about the patient's health status and needs in the consultation report

- Following an assessment of the patient (which may take place over more than one visit), consultant physicians **must** prepare a consultation report that includes the information necessary for the health-care provider(s) involved in the patient's care to understand the patient's health status and needs. While physicians must use their professional judgment to determine what information to include, this will typically include:
 - a) Relevant patient, consultant physician, and referring health-care provider identifying information;
 - b) The date(s) of the consultation;
 - c) The purpose of the referral;
 - d) A summary of the relevant information considered, including a review of systems, physical examinations and findings, and the purpose and results of tests or investigations;
 - e) A summary of the conclusions reached, including any diagnoses or differential diagnoses;

- f) Treatments initiated or recommended, along with their rationale, including medications or changes in ongoing medications;
- g) Outstanding investigations and referrals, along with their rationale;
- h) Important advice given to the patient; and
- i) Recommendations regarding follow-up and whether ongoing care from the consultant physicians is needed. (*Transitions in Care*, 20)



Additional Advice to the Profession from the CPSO

It is important for consultation reports to be clear and include a summary of the information necessary for the referring physician to understand the patient's needs and follow-up care. Depending on the circumstances, they may be short, or they may require more comprehensive and detailed notes.

☐ Distribute written consultation reports and any follow up reports to the referring provider and (if different) the patient's primary care provider within 30 days

- Consultant physicians **must** distribute consultation reports to the referring health-care provider and, if different, the patient's primary care provider. (*Transitions in Care*, 22)
- Consultant physicians **must** distribute the consultation report and any subsequent follow-up reports in a timely manner, urgently if necessary, but no later than 30 days after an assessment or a new finding or change in the patient's care management plan. What is timely will depend on the nature of the patient's condition and any risk to the patient if there is a delay in sharing the report.
 - a) If urgent, a verbal report may be appropriate, although the consultant physician must follow-up with a written consultation report. (*Transitions in Care*, 23)
- When consultant physicians are involved in the provision of ongoing care, they **must** prepare follow-up consultation reports when there are new finding or changes are made to the patient's care management plan. While physicians must use their professional judgment to determine what information to include, this will typically include:
 - a) The original problem and any response to treatment;
 - b) Subsequent physical examinations and their findings;
 - c) The purpose and results of additional tests or investigations; and
 - d) Conclusions, recommendations, and follow-up plan(s). (*Transitions in Care*, 21)

☐ Make sure that consultation reports are accurate if you use technology to prepare and distribute them

- Physicians who use technology to assist in the preparation and distribution of referral requests or consultation reports **must** ensure that they are accurate and follow-up with the receiving health-care provider if any errors are identified after the referral or consultation report has been sent. (*Transitions in Care*, 25)

☐ Keep a copy of the consultation report in the patient's record

- Both referring and consultant physicians **must** keep a copy of the referral request and any consultation reports in their respective patient medical records. Where the referring and consultant physician have access to a common medical record, referral requests and consultation report may be contained in that common medical record. (*Transitions in Care*, 24)

Receiving and Reviewing Consultation Reports: Special Considerations

When preparing for temporary absences from practice

☐ Arrange for another health-care provider to i) receive and review consultation reports, and ii) if necessary, provide or coordinate follow-up care

- Physicians who will be unavailable during temporary absences from practice **must** make specific coverage arrangements with another health-care provider(s) to:
 - a) Receive, review, and provide or coordinate immediate care that is required during the temporary absence for all outstanding tests; and
 - b) Receive, review, and provide or coordinate immediate care that is required during the temporary absence for outstanding consultation reports. (*Availability and Coverage*, 8)

For physicians practicing in walk-in clinics

☐ Arrange for someone to review consultation reports and provide or coordinate follow-up care

- Physicians practising in a walk-in clinic who make referrals **must** provide or arrange for the provision of necessary follow-up care, including reviewing consultation reports. (*Walk-in Clinics*, 6)
- Physicians practising in a walk-in clinic **must not** rely on the patient's primary care provider or another health-care provider involved in the patient's care to provide or coordinate appropriate follow-up for tests they have ordered or referrals they have made, unless the other providers have agreed to assume this responsibility. (*Walk-in Clinics*, 7)

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About this Checklist

This checklist contains a summary of the expectations related to consults set out across the CPSO's four *Continuity of Care* policies. It is not intended as a substitute for reading the policies in full.

Consults Checklist Summary

Providing Consultations

- ☐ Tell patients what your role will be in their care, how long you expect to be involved, and keep them informed of any changes

Preparing and Distributing Consultation Reports

- ☐ Include necessary information about the patient's health status and needs in the consultation report
- ☐ Distribute written consultation reports and any follow up reports to the referring provider and (if different) the patient's primary care provider within 30 days
- ☐ Make sure that consultation reports are accurate if you use technology to prepare and distribute them
- ☐ Keep a copy of the consultation report in the patient's record

Receiving and Reviewing Consultation Reports: Special Considerations

When preparing for temporary absences from practice

- ☐ Arrange for another health-care provider to i) receive and review consultation reports, and ii) if necessary, provide or coordinate follow-up care

For physicians practicing in walk-in clinics

- ☐ Arrange for someone to review consultation reports and provide or coordinate follow-up care

Tests Checklist

Includes:

- ✓ Ordering tests
- ✓ Receiving test results
- ✓ Following-up on test results
- ✓ Special considerations:
 - for physicians practicing in walk-in clinics and Emergency Departments
 - when preparing for temporary absence from practice
- ✓ Tracking tests and results
- ✓ Communicating test results

General considerations for testing

About this Checklist

The OMA has developed a series of checklists to help you understand and implement the CPSO's *Continuity of Care* policies.

This checklist organizes the expectations related to tests from across all four *Continuity of Care* policies into common tasks. It lists key action items followed by the exact wording from the source policies. It also includes optional guidance from the CPSO's *Continuity of Care: Advice to the Profession* document.

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Additional Advice to the Profession from the CPSO

Generally, any physician who determines that a test is needed is responsible for ordering that test, tracking the results, and managing any follow-up stemming from that test. By ordering tests that they themselves have deemed necessary, physicians ensure that patient care is not unnecessarily delayed, and that their colleagues are not required to receive results or manage care that falls outside their scope of practice.

Sometimes, physicians in the patient's circle of care may be able to accept responsibility (i.e., tracking and/or follow-up) for a test ordered by another physician, but the receiving physician has to agree to accept responsibility for the test.

Specific situations:

Tests related to incidental findings by a specialist

If during the course of an assessment, a specialist makes an incidental finding unrelated to the consultation (including abnormal lab or imaging tests) they will need to use their professional judgment to determine what is appropriate, taking into account the clinical significance of the finding and the timeliness of the required follow-up.

New in
2024

If a test result is urgent, the specialist needs to communicate the result to the patient and take steps to arrange for timely follow-up. If a result is not urgent, the specialist needs to inform the patient of the finding and advise them to follow-up with their family physician.

Tests recommended by an e-consult physician

Physicians who provide e-consult services may not assess patients directly but might recommend that a test be ordered. In these cases, the physician seeking advice from the e-consultant physician would order the test and follow-up on the results.

Non-urgent tests recommended as a result of urgent or episodic care

In some situations, physicians might provide urgent or emergent episodic care, such as in an emergency department. Any recommendations for additional non-urgent investigations that fall outside of the acute care being provided are not generally the responsibility of the physician providing the urgent or emergent care.

Ordering Tests

☐ Educate patients about the tests you order for them

- When ordering a test, physicians **must** inform patients of the significance of the test, the importance of getting the test done (in a timely manner, as appropriate), and the importance of complying with requisition form instructions. (*Managing Tests*, 21)

☐ Include your professional contact information on test requisitions

- Physicians **must** include their professional contact information when ordering a test, writing a prescription, or making a referral and must provide relevant coverage contact information directly to other health-care providers (e.g., laboratories, diagnostic facilities) where it is appropriate to do so. (*Availability in Coverage*, 5)



Additional Advice to the Profession from the CPSO

If you are not the patient's primary care provider, it is generally good practice to copy the patient's primary care provider on a test requisition so they are aware of the tests ordered and the results; however, they would have no additional responsibilities in regard to the tests or results, unless there is reason to believe that a clinically significant test result has not been followed-up on.

Tracking Tests and Results

☐ Make sure you have a test results management system

- In order to ensure appropriate follow-up on test results can occur, physicians **must** have an effective test results management system that enables them to:
 - record all tests they order;
 - record all test results received;
 - record that all test results received by physicians have been reviewed;
 - identify patients who have a high risk of receiving a clinically significant result, and critical and/or clinically significant test results; and
 - record that a patient has been informed of any clinically significant test results and the details of the follow-up taken by the physician. (*Managing Tests*, 1)
- Physicians who are not responsible for choosing the test results management system **must** be satisfied that the system in place has the capabilities listed above. (*Managing Tests*, 2)



Additional Advice to the Profession from the CPSO

A “critical test result” is one where the result is of such a serious nature that physicians may be required to make immediate patient management decisions. The Ontario Association of Medical Laboratories’ *Guideline for Reporting Laboratory Test Results* sets out the criteria for how labs define a critical lab result and the necessary steps labs must take in response. If in receipt of a critical result, the labs will call clinicians 24 hours a day, 7 days a week to report the result to facilitate prompt medical intervention if required. For more information on how critical test results are defined, consider reviewing the following resources:

- The Ontario Association of Medical Laboratories’ [Guideline for Reporting Laboratory Test Results](#).
- The Canadian Association of Radiologists’ [Communication of Diagnostic Imaging Findings](#).

Additional Resources

The CMPA offers a workshop designed to help physicians build a reliable follow-up system for test results in their practice.

For more information, visit the CMPA’s Workshop: [Test Results Follow-Up](#) web page.

☐ Track the receipt of test results for patients who have a high risk of receiving a clinically significant result

- For patients who have a high risk of receiving a clinically significant test result, physicians **must** track their test results when they are not received when expected. (*Managing Tests*, 3)
- Physicians **must** either personally track test results or assign this task to others. (*Managing Tests*, 5)

☐ Use your professional judgement to determine whether receipt of other test results needs to be tracked

- For patients who are not at high risk of receiving a clinically significant test result, physicians must use their professional judgement to determine whether to track a test result. In making this determination, physicians must consider the following factors:
 - a) the nature of the test that was ordered,
 - b) the patient’s current health status,
 - c) if the patient appears anxious or has expressed anxiety about the test, and
 - d) the significance of the potential result. (*Managing Tests*, 4)
- Physicians **must** either personally track test results or assign this task to others. (*Managing Tests*, 5)

Receiving Test Results

☐ Ensure that critical test results can be reviewed and acted upon if necessary at all times

- Physicians **must** ensure that critical test results can be received and reviewed at all times, including outside of regular office hours and during temporary absences from practice, and that appropriate steps can be taken to notify patients if immediate emergency intervention is required. (*Availability and Coverage*, 11)

☐ Tell the lab or diagnostic facility if you receive a test result in error

- Physicians who receive a critical or clinically significant test result in error (e.g., same or similar name or contact information) **must** inform the laboratory or diagnostic facility of the error. (*Managing Tests*, 18)

Communicating Test Results

☐ Use 'no news is good news' strategies appropriately

- Physicians **must** only use a 'no news is good news' strategy for managing test results if they are confident that the test result management system in place is sufficiently robust to prevent test results from being missed and that no news really means good news. (*Managing Tests*, 14)
- Physicians **must** use their professional judgment to determine when a 'no news is good news' strategy is appropriate in each instance and must consider the following factors in making this determination:
 - the nature of the test that was ordered,
 - the patient's current health status,
 - if the patient appears anxious or has expressed anxiety about the test, and
 - the significance or implications of the potential result. (*Managing Tests*, 15)

☐ Tell patients if you are using a 'no news is good news' strategy and provide them with options to find out their test results

- Physicians **must** inform patients as to whether they are using a 'no news is good news' strategy and must tell patients that they have the option to personally contact the physician's office or make an appointment to come into the office to hear their results. (*Managing Tests*, 16)

☐ Communicate clinically significant test results to patients in a timely and appropriate manner

- When in receipt of a clinically significant test result, physicians **must** always communicate the test result to their patient and **must** do so in a timely manner. (*Managing Tests*, 7)
- For test results that are not clinically significant, physicians **must** use their professional judgment to determine whether to communicate a test result, and if doing so, when to communicate the test result. (*Managing Tests*, 8)
- Physicians **must** use their professional judgment to determine how to best communicate a test result; for example, over the phone or, at the next appointment. In making this determination, physicians must consider a variety of factors, including,
 - the nature of the test,
 - the significance of the test result,

- c) the complexity and implications of the test result,
- d) the nature of the physician-patient relationship,
- e) patient preferences/needs, and
- f) whether the patient appears anxious or has expressed anxiety about the test. (*Managing Tests*, 9)

☐ Consider whether it is appropriate to have another health-care provider and/or non-medical staff member communicate test results to patients on your behalf

- Physicians **must** use their professional judgment to determine the circumstances where it makes sense for other health-care providers and/or non-medical staff to communicate test results. The factors physicians must consider include:
 - a) the nature of the test,
 - b) whether the patient appears anxious or has expressed anxiety about the test,
 - c) the significance or implications of the test result, and
 - d) whether communicating the test result would mean communicating a diagnosis. (*Managing Tests*, 10)

☐ Document attempts to communicate test results to the patient in the patient's medical record

- Physicians **must** ensure that all attempts made to either communicate the test result to the patient and/or to book a follow-up appointment to discuss a test result are documented in the medical record. (*Managing Tests*, 13)

NOTE: This includes attempts made by your staff on your behalf.

☐ Respond to follow-up questions from the patient

- When relying on others to communicate test results, physicians **must** have a mechanism in place that enables them to respond to any follow-up questions that the patient may have. (*Managing Tests*, 11)

☐ Communicate test results with other health-care providers if necessary

- Physicians in receipt of a test result **must** use their professional judgment to determine if it is necessary to share a patient's test result with other relevant health-care providers whose ongoing care of the patient would benefit from that knowledge and, if sharing the test result, the timeliness with which to share it. The timeliness of the communication will depend on the degree to which the information may impact patient safety, including exposure to adverse clinical outcomes. (*Managing Tests*, 19)

☐ Maintain patient confidentiality and privacy when communicating test results

- Physicians **must** ensure that the communication of test results adheres to their legal and professional obligations to maintain patient confidentiality and privacy. (*Managing Tests*, 12)

Following-up on Test Results

☐ Take or delegate clinically appropriate action in response to critical and/or clinically significant test results

- When physicians receive a critical and/or clinically significant test result for a test that they have ordered, they **must** take clinically appropriate action. The timeliness of these actions will depend on the significance of the test result. Physicians can take clinically appropriate actions personally or they can assign or delegate this task to others. (*Managing Tests*, 17)

Special Considerations

When preparing for temporary absences from practice

☐ Provide coverage information to other health-care providers and facilities when appropriate

- Physicians **must** include their professional contact information when ordering a test, writing a prescription, or making a referral and must provide relevant coverage contact information directly to other health-care providers (e.g., laboratories, diagnostic facilities) where it is appropriate to do so. (*Availability and Coverage*, 5)

☐ Arrange for another health-care provider to i) receive and review all test results, and ii) if necessary, provide or coordinate follow-up care

- Physicians who will be unavailable during temporary absences from practice **must** make specific coverage arrangements with another health-care provider(s) to:
 - Receive, review, and provide or coordinate immediate care that is required during the temporary absence for all outstanding tests, and
 - Receive, review, and provide or coordinate immediate care that is required during the temporary absence for outstanding consultation reports. (*Availability and Coverage*, 8)

☐ Ensure that critical test results can be reviewed and acted upon if necessary at all times

- Physicians **must** ensure that critical test results can be received and reviewed at all times, including outside of regular office hours and during temporary absences from practice, and that appropriate steps can be taken to notify patients if immediate emergency intervention is required. (*Availability and Coverage*, 11)

For physicians practicing in walk-in clinics and Emergency Departments

☐ Arrange for appropriate follow-up on results for tests you have ordered

- Ordering physicians **must** ensure that follow-up on test results received occurs in accordance with provisions 7 through 17 [in the *Managing Tests* policy].
 - In certain health-care environments, the ordering physician may not be the same physician who receives the test result (e.g., in an emergency department or a walk-in clinic). In these situations, ordering physicians must either delegate, assign or otherwise ensure that there is another person that is responsible for coordinating the follow-up or that there is a system in place to do so. (*Managing Tests*, 6)
- Physicians practising in a walk-in clinic **must not** rely on the patient's primary care provider or another health-care provider involved in the patient's care to provide or coordinate appropriate follow-up for tests they have ordered or referrals they have made, unless the other providers have agreed to assume this responsibility. (*Walk-in Clinics*, 7)

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This resource is not intended as a substitute for reading the CPSO Continuity of Care policies in full.

About this Checklist

This checklist contains a summary of the expectations related to tests set out across the CPSO's four *Continuity of Care* policies. It is not intended as a substitute for reading the policies in full.

Tests Checklist Summary

Ordering Tests

- ☐ Educate patients about the tests you order for them
- ☐ Include your professional contact information on test requisitions

Tracking Tests and Results

- ☐ Make sure you have a test results management system
- ☐ Track the receipt of test results for patients who have a high risk of receiving a clinically significant result
- ☐ Use your professional judgement to determine whether receipt of other test results needs to be tracked

Receiving Test Results

- ☐ Ensure that critical test results can be reviewed and acted upon if necessary at all times
- ☐ Tell the lab or diagnostic facility if you receive a test result in error

Communicating Test Results

- ☐ Use 'no news is good news' strategies appropriately
- ☐ Tell patients if you are using a 'no news is good news' strategy and provide them with options to find out their test results
- ☐ Communicate clinically significant test results to patients in a timely and appropriate manner
- ☐ Consider whether it is appropriate to have another health-care provider and/or non-medical staff member communicate test results to patients on your behalf
- ☐ Document attempts to communicate test results to the patient in the patient's medical record
- ☐ Respond to follow-up questions from the patient
- ☐ Communicate test results with other health-care providers if necessary
- ☐ Maintain patient confidentiality and privacy when communicating test results

Following-up on Test Results

- ☐ Take or delegate clinically appropriate action in response to critical and/or clinically significant test results

Special Considerations

When preparing for temporary absences from practice

- ☐ Provide coverage information to other health-care providers and facilities when appropriate
- ☐ Arrange for another health-care provider to i) receive and review all test results, and ii) if necessary, provide or coordinate follow-up care
- ☐ Ensure that critical test results can be reviewed and acted upon if necessary at all times

For physicians practicing in walk-in clinics and Emergency Departments

- ☐ Arrange for appropriate follow-up on results for tests you have ordered

Handover and Discharge Checklist

Includes:

- ✓ Handing over responsibility for patient care
- ✓ Having discharge discussions with patients
- ✓ Completing discharge summaries
- ✓ Distributing discharge summaries

About this Checklist

The OMA has developed a series of checklists to help you understand and implement the CPSO's *Continuity of Care* policies.

This checklist organizes the expectations related to handover and discharge from across all four *Continuity of Care* policies into common tasks. It lists key action items followed by the exact wording from the source policies. It also includes optional guidance from the CPSO's *Continuity of Care: Advice to the Profession* document.

This checklist is not intended as a substitute for reading the CPSO *Continuity of Care* policies in full.

Handing Over Responsibility for Patient Care

☐ Give comprehensive information to the receiving physician and allow for timely discussion when handing over care

- When handing over primary responsibility for patients to another health-care provider, physicians **must** facilitate a comprehensive and up to date exchange of information and allow for discussion to occur or questions to be asked by the health-care provider assuming responsibility. (*Transitions in Care*, 4)
- Physicians **must** respond in a timely manner when contacted by other physicians or health-care providers who want to communicate or request information about a patient. What is timely will depend on, for example, the impact to patient safety that may be caused by a delay in responding. (*Availability and Coverage*, 4)

☐ Work with other health care providers to inform the patient about who will be responsible for their care

- Within hospitals or health-care institutions where care is provided by a team of changing individuals, physicians **must** coordinate with others on the team to keep patients informed about who has primary responsibility for managing their care (i.e., their most responsible provider). (*Transitions in Care*, 1)

Having Discharge Discussions with Patients

☐ Engage the patient in a discharge discussion and provide written reference materials if needed

- Prior to discharging an inpatient from hospital to home, physicians **must** ensure that they or a member of the health-care team has a discussion with the patient and/or substitute decision-maker about:
 - a) Post treatment or hospitalization risks or potential complications;
 - b) Signs and symptoms that need monitoring and when action is required;
 - c) Whom to contact and where to go if complications arise;
 - d) Instructions for managing post-discharge care, including medications (e.g., frequency, dosage, duration); and
 - e) Information about any follow-up appointments or outpatient investigations that have been or are being scheduled or that they are responsible for arranging and a timeline for doing so. (*Transitions in Care*, 5)

- Physicians **must** use their professional judgment to determine whether to support this discussion with written reference materials, and if so, the specific nature of the materials. In making these determinations, physicians must consider a variety of factors including:
 - a) the health status and needs of the patient;
 - b) post treatment or hospitalization risks or potential complications;
 - c) the need to monitor signs or symptoms;
 - d) whether follow-up care is required;
 - e) language and/or communication issues that may impact comprehension;
 - f) whether those involved in the discussion are experiencing stress or anxiety which may impair their ability to recall and act on the information shared; and
 - g) where the patient is being discharged to. (*Transitions in Care*, 7)

☐ **Involve the patient’s family and/or caregiver if the patient or substitute decision-maker i) wants you to, and ii) gives consent**

- Physicians **must** take reasonable steps to facilitate the involvement of the patient’s family and/or caregivers in the discharge discussion where the patient or substitute decision-maker indicates an interest in having them involved and provides consent to share personal health information. (*Transitions in Care*, 6)

Completing Discharge Summaries

☐ **Complete a discharge summary within 48 hours of discharging the patient**

- The most responsible physician must complete a discharge summary for all inpatients within 48 hours of discharge. (*Transitions in Care*, 8)



Additional Advice to the Profession from the CPSO

The *Transitions in Care* policy *does not* require that the discharge summary be transcribed and distributed within 48 hours. Rather, the policy requires the most responsible physician to complete their component of the discharge summary within 48 hours of discharge (for example, completing dictation). While the policy requires that this be done within 48 hours of discharge, it’s considered best practice for physicians to complete their dictation at the time of discharge as doing so will contribute to the timely completion and distribution of the discharge summary.

☐ Include the necessary information for post-discharge care in the discharge summary and use language that is understandable to the receiving health-care provider

- The most responsible physician **must** include in the discharge summary the information necessary for the health-care provider(s) responsible for post-discharge care to understand the admission, the care provided, and the patient's post discharge health care needs. While physicians must use their professional judgment to determine what information to include in the discharge summary, it will typically include:
 - a) Relevant patient and physician identifying information;
 - b) Reason(s) for admission;
 - c) Any diagnoses or differential diagnoses at discharge;
 - d) A summary of how active medical problems were managed (including major investigations, treatments, or outcomes);
 - e) Medication information, including any changes to ongoing medication and the rationale for these changes;
 - f) Follow-up care needs or recommendations; and
 - g) Appointments that have or need to be scheduled, any relevant and outstanding outpatient investigations, tests, or consultation reports. (*Transitions in Care*, 9)
- The most responsible physician **must** use language that is understandable to the health-care providers who will receive the discharge summary. (*Transitions in Care*, 10)

Distributing Discharge Summaries

☐ Distribute discharge summaries to the appropriate health-care provider(s) in a timely manner

- The most responsible physician **must** direct that the discharge summary be distributed to the patient's primary care provider, if there is one, and/or another health-care provider who will be primarily responsible for post-discharge follow-up care. (*Transitions in Care*, 11)
- If a delay in the completion or distribution of the discharge summary is anticipated, the most responsible physician **must** provide a brief summary of the hospitalization directly to the health-care provider responsible for follow-up care in a timely manner. (*Transitions in Care*, 12)

☐ Communicate directly with the post-discharge health-care provider when necessary

- Where follow-up care is time-sensitive or the patient's condition requires close monitoring, the most responsible physician **must** also consider whether direct communication with the health-care provider assuming responsibility for follow-up care is warranted. (*Transitions in Care*, 13)

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Handover and Discharge Checklist Summary

About this Checklist

This checklist contains a summary of the expectations related to handover and discharge set out across the CPSO's four *Continuity of Care* policies. It is not intended as a substitute for reading the policies in full.

Handing Over Responsibility for Patient Care

- ☐ Give comprehensive information to the receiving physician and allow for timely discussion when handing over care
- ☐ Work with other health care providers to inform the patient about who will be responsible for their care

Having Discharge Discussions with Patients

- ☐ Engage the patient in a discharge discussion and provide written reference materials if needed
- ☐ Involve the patient's family and/or caregiver if the patient or substitute decision-maker i) wants you to, and ii) gives consent

Completing Discharge Summaries

- ☐ Complete a discharge summary within 48 hours of discharging the patient
- ☐ Include the necessary information for post-discharge care in the discharge summary and use language that is understandable to the receiving health-care provider

Distributing Discharge Summaries

- ☐ Distribute discharge summaries to the appropriate health-care provider(s) in a timely manner
- ☐ Communicate directly with the post-discharge health-care provider when necessary

Availability and Coverage Checklist

Includes:

- ✓ Availability during office hours
- ✓ Availability outside of office hours
- ✓ Preparing for temporary absences from practice

About this Checklist

The OMA has developed a series of checklists to help you understand and implement the CPSO's *Continuity of Care* policies.

This checklist organizes the expectations set out in the *Availability and Coverage* policy into common practice contexts. It lists key action items followed by the exact wording from the policy. It also includes optional guidance from the CPSO's *Continuity of Care: Advice to the Profession* document.

This checklist is not intended as a substitute for reading the CPSO *Continuity of Care* policies in full.

During Office Hours

☐ Make sure you have a monitored office telephone and/or voicemail system

- Physicians **must** have an office telephone that is answered and/or allows voicemails to be left during regular business hours. (*Availability and Coverage*, 1)

NOTE: In a group practice, institutional, or departmental setting, there may be a common phone and voicemail system shared among a number of physicians.

- Physicians **must** ensure that the outgoing voicemail message is up to date and accurate, indicating, for example, office hours, any closures, and relevant information regarding coverage arrangements or access to appropriate care outside of regular office hours and during temporary absences from practice. (*Availability and Coverage*, 2)
- Physicians **must** ensure that voicemail messages are reviewed and responded to in a timely manner. What is timely will depend on, for example, when the message was left and the impact to patient safety that may be caused by a delay in responding.

- a) Physicians who offer electronic means of secure communication must similarly ensure that messages are reviewed and responded to in a timely manner. (*Availability and Coverage*, 3)

☐ Make sure your appointment booking structure allows patients to access timely appointments for urgent or time-sensitive issues

- Physicians providing care as part of a sustained physician-patient relationship **must** structure their practice in a way that allows for timely access to appointments for urgent or time-sensitive issues. (*Availability and Coverage*, 6)

☐ Communicate with other health-care providers about patients in a timely manner as necessary

- Physicians **must** respond in a timely manner when contacted by other physicians or health-care providers who want to communicate or request information about a patient. What is timely will depend on, for example, the impact to patient safety that may be caused by a delay in responding. (*Availability and Coverage*, 4)

☐ Include your professional contact information when ordering tests, writing prescriptions, and making referrals

- Physicians **must** include their professional contact information when ordering a test, writing a prescription, or making a referral and must provide relevant coverage contact information directly to other health-care providers (e.g., laboratories, diagnostic facilities) where it is appropriate to do so. (*Availability and Coverage*, 5)

Outside of Office Hours

☐ Tell your patients where they can access care outside of your regular office hours

- Physicians providing care as part of a sustained physician-patient relationship **must** inform patients of when and where to access appropriate care outside of regular office hours (e.g., Telehealth, local walk-in clinics, emergency department, any coverage arrangements that have been made, etc.). (*Availability and Coverage, 7*)



Additional Advice to the Profession from the CPSO

The legal concept of “duty of care” may require you to take additional steps to help patients access the right kind of care (e.g., post-operative follow-up, obstetrical care, etc.). Your “duty of care” will depend on your practice type. You may wish to seek legal advice for further clarity.

☐ Ensure that critical test results can be reviewed and acted upon if necessary at all times

- Physicians **must** ensure that critical test results can be received and reviewed at all times, including outside of regular office hours and during temporary absences from practice, and that appropriate steps can be taken to notify patients if immediate emergency intervention is required. (*Availability and Coverage, 11*)

Preparing for Temporary Absences from Practice

☐ Make reasonable efforts to arrange for another health-care provider to care for your patients while you are absent from practice

- Physicians providing care as part of a sustained physician-patient relationship **must** make reasonable efforts to arrange for another health-care provider(s) to provide care to patients during planned temporary absences from practice. What is reasonable will depend on, for example, the length of the absence, the needs of the physicians’ patients, and the health- care provider and/or health system resources available in the community.
 - If specific arrangements are made, physicians **must** inform patients seeking care during the temporary absence of these arrangements;
 - If after reasonable efforts are made it is not possible to make specific arrangements, physicians **must** inform patients seeking care during the temporary absence about appropriate alternative access points of care (e.g., Telehealth, local walk-in clinics, emergency department, etc.). (*Availability and Coverage, 10*)



Additional Advice to the Profession from the CPSO

What is considered “reasonable efforts” to find coverage while you are away depends on a variety of factors. Other options, like informing patients about appropriate points of care (such as the emergency department) may be appropriate when you don’t have any other reasonable options.

It is also important to help patients understand the benefit of seeing physicians they have an ongoing relationship with. For example, you can help your patients understand that waiting to see their own physician (if they are able to) may contribute to continuity of care.

You can also support continuity of care by encouraging patients to develop a list of their medications and health conditions that they can share if they need to go to an emergency room, walk-in clinic, or other health-care provider.

☐ **Arrange for another health-care professional to i) receive and review outstanding tests and consultation reports while you are absent from practice and ii) if necessary, provide or coordinate follow-up care**

- Physicians who will be unavailable during temporary absences from practice **must** make specific coverage arrangements with another health-care provider(s) to:
 - a) Receive, review, and provide or coordinate immediate care that is required during the temporary absence for all outstanding tests; and
 - b) Receive, review, and provide or coordinate immediate care that is required during the temporary absence for outstanding consultation reports. (*Availability and Coverage*, 8)

☐ **Give coverage information to other health-care providers and facilities when appropriate**

- Physicians **must** include their professional contact information when ordering a test, writing a prescription, or making a referral and **must** provide relevant coverage contact information directly to other health-care providers (e.g., laboratories, diagnostic facilities) where it is appropriate to do so. (*Availability in Coverage*, 5)

☐ **Ensure that critical test results can be reviewed and acted upon if necessary at all times**

- Physicians **must** ensure that critical test results can be received and reviewed at all times, including outside of regular office hours and during temporary absences from practice, and that appropriate steps can be taken to notify patients if immediate emergency intervention is required. (*Availability and Coverage*, 11)

☐ **Arrange for someone to communicate with health-care providers about your patients as necessary while you are absent from practice**

- Physicians **must** also have a plan or coverage arrangement in place that allows other health-care providers to communicate or request information pertaining to patients under their care during temporary absences from practice. (*Availability and Coverage*, 9)

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Availability and Coverage Checklist Summary

About this Checklist

This checklist contains a summary of the expectations set out in the CPSO's *Availability and Coverage* policy. It is not intended as a substitute for reading the policy in full.

During Office Hours

- ☐ Make sure you have a monitored office telephone and/or voicemail system
- ☐ Make sure your appointment booking structure allows patients to access timely appointments for urgent or time-sensitive issues
- ☐ Communicate with other health-care providers about patients in a timely manner as necessary
- ☐ Include your professional contact information when ordering tests, writing prescriptions, and making referrals

Outside of Office Hours

- ☐ Tell your patients where they can access care outside of your regular office hours
- ☐ Ensure that critical test results can be reviewed and acted upon if necessary at all times

Preparing for Temporary Absences from Practice

- ☐ Make reasonable efforts to arrange for another health-care provider to care for your patients while you are absent from practice
- ☐ Arrange for another health-care professional to i) receive and review outstanding tests and consultation reports while you are absent from practice and ii) if necessary, provide or coordinate follow-up care
- ☐ Give coverage information to other health-care providers and facilities when appropriate
- ☐ Ensure that critical test results can be reviewed and acted upon if necessary at all times
- ☐ Arrange for someone to communicate with health-care providers about your patients as necessary while you are absent from practice

Walk-in Clinics Checklist

Includes:

- ✓ Supporting the relationship between episodic and primary care
- ✓ Maintaining standards of practice

About this Checklist

The OMA has developed a series of checklists to help you understand and implement the CPSO's *Continuity of Care* policies.

This checklist organizes the expectations set out in the *Walk-in Clinics* policy into common themes. It lists key action items followed by the exact wording from the policy. It also includes optional guidance from the CPSO's *Continuity of Care: Advice to the Profession* document.

This checklist is not intended as a substitute for reading the CPSO *Continuity of Care* policies in full.

Supporting the Relationship Between Episodic Care and Primary Care

☐ Explain the nature of episodic care to your patients

- Physicians practising in a walk-in clinic **must** use their professional judgement to determine whether it would be appropriate to sensitively remind patients:
 - a) That there are differences between episodic care and care that is provided as part of a sustained physician-patient relationship;
 - b) About the benefits of seeing their primary care provider, if they have one, for care within their physician's scope of practice; and/or
 - c) About the benefits of having a primary care provider and encouraging them to seek one out, if they don't already have one. (*Walk-in Clinics*, 1)
- Physicians practising in a walk-in clinic who limit the care or services they provide due to the episodic nature of walk-in clinic care **must**:
 - a) Make decisions to limit the services they provide due to the episodic nature of walk-in clinic care in good faith;
 - b) Communicate any limitations to patients in a clear and straightforward manner; and
 - c) Communicate appropriate next steps to patients seeking care or services that are not provided, considering factors such as the urgency of the patient's needs and whether other health-care providers are involved in the patient's care. (*Walk-in Clinics*, 4)

☐ Assist patients who wish to find a primary care provider

- Physicians practising in a walk-in clinic who are asked for assistance in finding a primary care provider **must** be as helpful as possible in supporting the patient. (*Walk-in Clinics*, 2)

NOTE: Examples include directing patients to a colleague who is accepting new patients or to an organization that may be able to assist, such as a Community Health Centre, a local hospital or emergency room, or other organization. The CPSO's Physician and Public Advisory Service (PPAS) may also be able to provide some general tips and advice to patients seeking a new provider. Call PPAS toll-free at 1-800-268-70-96 ext. 603.



Additional Advice to the Profession from the CPSO

The *Walk-in Clinics* policy does not set out expectations for providing care to patients who do not have a primary care provider.

Some patients have difficulty finding a primary care provider and regularly visit the same walk-in clinic for care. It can be beneficial to offer additional care beyond the usual walk-in clinic experience to these patients if possible. Examples of additional care could include working with the other physicians in the practice to:

- monitor and manage basic elements of a chronic condition, and/or
- offer preventative care visits.

☐ Provide a record of the patient encounter to the patient's primary care provider if i) the patient requests you to or, ii) it is warranted from a patient safety perspective and the patient consents

- Physicians practising in a walk-in clinic **must** provide the patient's primary care provider (if there is one) with a record of the encounter when:
 - The patient makes a request to do so; or
 - In their opinion, one is warranted from a patient safety perspective and the patient has provided consent to do so. (*Walk-in Clinics*, 8)
- If it is not possible to send the record of the encounter directly to the patient's primary care provider (e.g., where there is uncertainty regarding their identity or incomplete contact information), physicians practising in a walk-in clinic **must** provide the patient with the record of the encounter and inform them of the importance of sharing it with their primary care provider. (*Walk-in Clinics*, 9)



Additional Advice to the Profession from the CPSO

The *Walk-in Clinics* policy requires you to send a record of the patient encounter to the patient's primary care provider if i) the patient requests you to, or ii) it is warranted from a patient safety perspective and the patient consents.

You are also free to consider whether there are other instances where providing a record of the patient encounter to the patient's primary care physician (with the patient's consent) would be beneficial.

Maintaining Standards of Practice

☐ Deliver patient care that meets the standard of practice for the profession

- Physicians practising in a walk-in clinic **must** meet the standard of practice of the profession, which applies regardless of whether care is being provided in a sustained or episodic manner. For example, physicians practising in a walk-in clinic must conduct any assessments, tests, or investigations that are required in order for them to appropriately provide treatment and must provide or arrange for appropriate follow-up care. (*Walk-in Clinics*, 3 a)
- Physicians practising in a walk-in clinic who limit the care or services they provide due to the episodic nature of walk-in clinic care **must**:
 - Make decisions to limit the services they provide due to the episodic nature of walk-in clinic care in good faith;
 - Communicate any limitations to patients in a clear and straightforward manner; and
 - Communicate appropriate next steps to patients seeking care or services that are not provided, considering factors such as the urgency of the patient's needs and whether other health-care providers are involved in the patient's care. (*Walk-in Clinics*, 4)

☐ Provide or arrange for appropriate follow-up care when ordering tests and making referrals. Do not presume this will be done by the patient's primary or other health-care providers.

- Physicians practising in a walk-in clinic **must** not rely on the patient's primary care provider or another health-care provider involved in the patient's care to provide or coordinate appropriate follow-up for tests they have ordered or referrals they have made, unless the other providers have agreed to assume this responsibility. (*Walk-in Clinics*, 7)
- Physicians practising in a walk-in clinic who make referrals **must** provide or arrange for the provision of necessary follow-up care, including reviewing consultation reports. (*Walk-in Clinics*, 6)
- Physicians practising within a walk-in clinic who order tests **must**:
 - Comply with the expectations set out in the Managing Tests policy, including providing appropriate follow-up on test results; and
 - Comply with relevant expectations set out in the Availability and Coverage policy, in particular those relating to coordinating coverage for critical test results. (*Walk-in Clinics*, 5)



Additional Advice to the Profession from the CPSO

It's good practice to copy the patient's primary care provider on the test requisition form.

Although you can assume you have consent to share this information with the patient's primary care provider under PHIPA 2004, it's good practice to get express consent from the patient. There are many reasons why a patient may not want this information shared with their primary care provider.

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Walk-in Clinics Checklist Summary

About this Checklist

This checklist contains a summary of the expectations set out in the CPSO's *Walk-in Clinics* policy. It is not intended as a substitute for reading the policy in full.

Supporting the Relationship Between Episodic Care and Primary Care

- ☐ Explain the nature of episodic care to your patients
- ☐ Assist patients who wish to find a primary care provider
- ☐ Provide a record of the patient encounter to the patient's primary care provider if i) the patient requests you to or, ii) it is warranted from a patient safety perspective and the patient consents

Maintaining Standards of Practice

- ☐ Deliver patient care that meets the standard of practice for the profession
- ☐ Provide or arrange for appropriate follow-up care when ordering tests and making referrals. Do not presume this will be done by the patient's primary or other health-care providers.