Standard of Practice Review Package

Standard of Practice Review

During your observation of the candidate, it should be clear that CPSA Standards of Practice are being met. Please complete the following form once.

Standard of Practice Review Reference	
Met	Most elements of the standard of practice are evident and deficiencies, if any, are minor.
Partially Met	Some elements of the standard of practice are lacking, but the likelihood of adverse patient outcomes is low.
Not met	Many elements of the standard of practice are lacking or patient outcomes could be adversely affected.

General Scoring Criteria	Standard for Care
There are formal arrangements in place for patients to access the medical team after office hours.	Continuity of Care Appropriate arrangements have been made and instructions provided to the patient. Examples of appropriate after-hours care include: • a physician colleague participating in the call schedule • third party coverage by HealthLink • Emergency Room (ER) • Primary Care Alliance (PCA) Rural physicians participating in ER coverage can refer patients to ER for after-hours care.
There is a process in place for timely review and patient communication of lab, diagnostic imaging, and consult reports.	Continuity of Care Physicians must have a formalized system in place to review test results and consultation reports in a timely fashion. The system must include: • Staff roles and responsibilities in following up on test results and consults • Policies around contacting the patient (phone call, mail, registered mail, email) • Policies around documenting and following up on failed attempts to contact the patient Physicians must demonstrate that they use the system and evidence of the above must be documented in the patient record.

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Summative Assessment
Standard of Practice Review Package
Page 1 of 3

Standard of Practice Review Package

General Scoring Criteria	Standard for Care
There is a process in place to ensure that patients are not lost to follow-up.	**Continuity of Care** Physicians must have formalized systems in place to ensure they're able to follow up on: • Patients in urgent situations • Patients at a higher risk of receiving a clinical significant result • Patients who cancel or fail to show up for an appointment • Investigations that have been completed, but no report has been received • Abnormal results (blood tests, x-rays, CT, etc.) • Timed interventions to inform patients they need to complete interventions or screening (as per ASAP/TOP Guidelines, including individual roles) Physicians must demonstrate that they use the systems and evidence of the above must be documented in the patient record.
Consultation requests are tracked and include all pertinent information.	**Referral Consultation** There is a formal system in place to track consultations until the patient is seen by the consultant, the report has been received and the candidate has followed up with the patient. The request is made in a timely manner and includes: • Patient's name, personal health number and contact information • Physician's name and contact information • Name and contact information of the consultant or consulting service • Date of the referral • Purpose of the referral, including (but not limited to) specifying if the referral is solely for the purpose of a third-party request; • Pertinent clinical information, including (but not limited to) relevant investigation results • Expected consultation outcomes (medical opinion only, possible transfer of care, etc.)

General Scoring Criteria:		Met	Partially met	Not met	N/A
1	There are formal arrangements place for patients to access the medical team after office hours.				
2	There is a process in place for timely review and patient communication of lab, diagnostic imaging, and consult reports.				
3	There is a process in place to ensure that patients are not lost to follow-up.				
4	Consultation requests are tracked and include all pertinent information.				

If you have any concerns about the candidate's adherence to the above, please explain: