



STANDARDS OF PRACTICE

Episodic Care

Under Review: **NoYes**

Issued By: Council: January 1, 2010

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021: For Consultation

The **Standards of Practice** of the College of Physicians & Surgeons of Alberta ("CPSA") are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. CPSA also provides **Advice to the Profession** to support the implementation of the Standards of Practice.

PREAMBLE

This standard applies to all regulated members who provide primary care, including those working in urgent care, walk-in/episodic care clinics; virtual care services (e.g., teleconference, virtual meeting platforms, healthcare apps, etc.); locum coverage; and specialists or consultants. All regulated members have a professional and ethical obligation to ensure continuity for care to their patients and are expected to use their professional judgment in determining how best to accomplish this while acting in good faith to facilitate access to coordinated care.

In accordance with the *Continuity of Care* standard of practice, regulated members are responsible for the episodic care provided and any follow-up care needed unless another healthcare provider has formally agreed to assume that responsibility. Ultimate responsibility for appropriate continuity of care and follow up of medical care and laboratory tests lies with the ordering regulated member.

STANDARD

1. A regulated member who requests an investigation, performs a procedure, provides treatment that requires follow-up or makes a referral to another healthcare provider **must** do so in accordance with the *Continuity of Care, Referral Consultation and Transfer of Care* standards of practice.

1.2. A regulated member providing episodic care¹ **must**:

- a. inform the patient that ~~the regulated member will not provide ongoing care beyond addressing~~ episodic care is intended to address the patient's presenting concern(s), ~~referred consultation,~~ referred consultation or identified medical

Commented [CD1]: From CPSS's *Medical Practice Coverage* policy: clarifies that episodic care applies to all/in all situations.

Commented [CD2]: From CPSBC's *Primary Care Provision in Walk-In, Urgent Care and Multi-Registrant Clinics* practice standard: added for clarity.

Terms used in the Standards of Practice:

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condition(s);

~~b. explain the limitations of the episodic medical care they are providing and the extent of any follow-up processes they will manage;~~

~~b. establish whether the patient has a primary care provider and, if so, provide the primary care provider with a record of the encounter, including all information discussed in clause (2);~~

~~c. obtain and document the patient's presenting concern(s) and/or medical condition(s);~~

~~d. collect and document the patient's relevant medical history, drug reactions, current medication(s) and pertinent current health problems;~~

~~e. observe, examine and identify relevant positive and negative findings;~~

~~f. establish a reasonable differential diagnosis; and
if~~

~~g. either provide necessary follow up care personally or ensure that arrangements are in place for follow up care.~~

~~2. A regulated member **must** discuss with the patient:~~

~~a. tests requested;~~

~~b. diagnoses reached;~~

~~c. treatment and advice given;~~

~~d. procedures recommended and performed;~~

~~e. referrals and reports made; and~~

~~f. follow up care arranged and/or advised.~~

Commented [CD3]: From CPSNS's *Responsibilities of Physicians Working in Walk-In Clinics* professional standard to assist in ensuring patient understanding.

Commented [CD4]: From CPSNS's *Responsibilities of Physicians Working in Walk-In Clinics* professional standard: this may facilitate the patient providing their primary care provider with the copy and aligns with the current Episodic Care AtP.

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~~i. A regulated member who has provided episodic care **must** document declines to have a record of the encounter shared, provide the patient with a copy of the encounter; and~~

Commented [CD5]: Updated to align with current AtP.

~~ii. inform the primary care provider when information has been withheld;~~

Commented [CD6]: Wording aligns with clause 11 of the *Referral Consultation* standard.

~~h.d. document subclauses (a) through (c) in the patient's record in accordance with the *Patient Record Retention* *Patient Record Content* standard of practice; and~~

~~e. either provide necessary follow-up care personally or ensure arrangements are in place for follow-up care in accordance with the *Continuity of Care* standard of practice.~~

~~3. A regulated member who requests a diagnostic test(s), performs a procedure or provides a treatment that requires follow-up, or makes a referral ~~to~~ and copies another healthcare provider **must**:~~

~~a. have a system in place to:~~

~~i. review and respond to any diagnostic test results and/or consultation reports arising from this encounter;~~

~~ii. review and respond promptly to critical test results reported by a laboratory or imaging facility, including after regular working hours or in the regulated member's absence;~~

~~iii. arrange any necessary follow-up care either personally or through referral to another healthcare provider; and~~

~~iv. notify the patient of any necessary follow-up care; and~~

~~b. track all contacts and attempted contacts with the patient.~~

~~4. A regulated member who requests a diagnostic test and directs a copy of the result to another regulated member ~~remains responsible~~ remains responsible for any necessary follow-up care **unless** the regulated member/healthcare provider to whom the copy is directed ~~has formally agreed to~~~~

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accept responsibility formally agrees to accept responsibility for follow-up care arising from the test results.

a. Where another healthcare provider agrees to accept responsibility for follow-up care, the regulated member **must** document the transfer of care in the patient's record.

3. A regulated member **must** provide or arrange for continuous after-hours care in accordance with the *Continuity of Care* standard of practice.

Commented [CD7]: From CPSM's *Good Medical Care* practice standard, CBSNB's *Walk-In Clinics* guideline: added to clarify expectations.

Commented [CD8]: From CPSBC's *Primary Care Provision in Walk-In, Urgent Care and Multi-Registrant Clinics* practice standard: episodic care does not absolve a physician of being available for critical test results, adverse medication reactions, etc.

(Also required by CPSO's *Walk-In Clinics* policy and CPSPÉI's *Walk-In Clinics* guidelines.)

ACKNOWLEDGEMENTS

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- ~~Advice to the Profession: Continuity of Care~~
- Advice to the Profession documents:
 - Cannabis for Medical Purposes
 - Continuity of Care
 - Physicians as Custodians of Patient Records
 - Prescribing: Administration
 - Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harms
 - Referral Consultation
 - Responsibility for a Medical Practice
 - Safe Prescribing for Opioid Use Disorder
 - Virtual Care
- CMPA's The Most Responsible Physician

¹ Episodic care refers to a single encounter with a patient focused on a presenting concern(s), identified medical condition(s) or referred consultation, where neither the regulated member nor patient have the expectation of an [ongoing care relationship](#).

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