




# **After-hours care: What clinic staff and physicians need to know**

Continuing Competence Resource

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Continuing Competence Program

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## Overview

CPSA's [\*Continuity of Care\*](#) standard of practice outlines the after-hours care responsibility for physicians. Clinic staff, including receptionists, medical office assistants and clinic managers, support physicians in meeting these after-hours requirements by communicating clinic policies and important contact information with patients.

After-hours care refers to how patients can access medical advice or services outside regular clinic hours, such as evenings, nights, weekends or holidays. All regulated members—regardless of specialty—must have **a reliable after-hours system in place to triage patients safely** and guide them to the most appropriate level of care.

## After-hours care is about triage, not defaulting to the ER

Patients **cannot automatically be directed to the emergency department** as the default after-hours option. Physicians must have a way to assess (directly or indirectly, such as by phone) whether a patient should seek emergency care. If directing patients to the ER after proper triage, communication in alignment with referral standards should be provided, including calling ahead and sharing relevant clinical information.

The after-hours requirements are not intended to create barriers for patients seeking access to emergency services. Physicians must be able to appropriately triage patient concerns arising from the care they received IF advice is sought outside of regular office hours.

## Who is responsible after hours and when

Responsibility for after-hours availability depends on whether there is a **reasonable expectation of ongoing care**. This usually applies when a member has recently:

- prescribed a new medication
- performed a procedure
- ordered investigations
- adjusted treatment for a chronic condition
- provided recent assessment or therapeutic intervention

For example, if you prescribe a new medication at a walk-in clinic, you are responsible for being available (or ensuring coverage) if the patient experiences concerns related to that medication. However, continuous availability is *not* expected if the patient was seen long ago or if the visit was purely diagnostic, with no treatment changes or follow-up needs.

After-hours coverage also allows physicians the opportunity to receive critical results from DI/lab services that may require immediate attention, rather than waiting until the next business day.

## How after-hours care can be provided

After-hours availability can be:

- **Direct**, such as face-to-face or on-call coverage
- **Indirect**, such as phone advice or a triage service

If concerns cannot be safely managed without seeing the patient, the member should direct the patient to a setting where full assessment is available. This may include the ER when clinically appropriate.

## Working with services like Health Link

Partnering with services such as **Health Link** is an *option*, not a requirement. These partnerships are meant to support (not replace) physician responsibility. When used, they should involve clear triage protocols and shared expectations. Formal, written agreements are best practice.

Most importantly:

- Health Link cannot manage diagnostic test results.
- Referring patients to Health Link or emergency services **without an agreement** means the member must still provide direct contact information for urgent issues or critical results.

## Clear guidance for patients is essential

Members are responsible for explaining to patients:

- when to seek after-hours care
- what issues are appropriate for urgent assessment
- when follow-up during regular hours is more appropriate

If a patient consistently misuses after-hours services, documentation of discussions between the patient and the member regarding appropriate use of the after-hours and emergency services is recommended, in keeping with good patient care practices.

After-hours care is not about being available 24/7 as an individual—it's about **having a thoughtful, reliable system** that ensures patients are safely assessed, guided to the right care and supported during vulnerable times. Planning ahead,

collaborating with colleagues, communicating clearly, and documenting decisions are key to meeting this standard and providing safe, continuous care.

**When after-hours care is planned well, everyone benefits.**

**Questions?** If you have any questions about this article or interpreting the *Continuity of Care* standard of practice, please reach out to CPSA's Continuing Competence team at [IPR@cpsa.ca](mailto:IPR@cpsa.ca).