The College of Physicians and Surgeons of Prince Edward Island

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Guideline on Standard of Care
Walk-In Clinics

DESCRIPTION

Introduction

Over the past number of years, at first due to a shortage of physicians, and fueled by life style choices and requirements of some physicians and some patients, walk-in clinics, or episodic care clinics, have become a reality in the care of patients. Walk -In Clinics supply both non-urgent and urgent care, as defined by the patient, and are attended by patients who do not have a family physician and those who cannot or choose not to attend their own physician for whatever reason.

Definition of Walk-In Clinic

For the purposes of this document, walk-in clinics are defined as medical practices that provide episodic care to patients who are not required to have an existing association with the practice, and who may not be required to book appointments. This definition does not include hospital-based emergency rooms.[1]

CMA Code of Ethics and Professionalism, December, 2018

Fundamental commitments to the well-being of the patient:
*Consider first the well-being of the patient; always act to benefit the patient and promote the good of the patient.
Professional Responsibilities:
2. Having accepted professional responsibility for the patient, continue to provide services until they are no longer required or wanted, or until another suitable physician has assumed responsibility for the patient, or until after the patient has been given reasonable notice that you intend to terminate the relationship.
8. Provide whatever appropriate assistance you can to any person who needs emergency medical care.
26. Discuss professional fees for non-insured services with the patient and consider their ability to pay in determining fees
42. Contribute, where appropriate, to the development of a more cohesive and integrated health system through inter-professional collaboration, and when possible, collaborative models of care.
44. Contribute, individually and in collaboration with others, to improving health care services and delivery to address systemic issues that affect the health of the patient and of populations, with particular attention to disadvantaged, vulnerable, or underserviced communities.[2]

Principle

Physicians are expected to provide the same standard of care to patients irrespective of the practice setting in which such care is provided and irrespective whether the patient is, or is not a regular patient of the clinic where the physician works.[3] It is the medical need of the patient that should guide decisions around the provision of appropriate medical care.

1. At any visit for an episode of illness or concern, physicians must inform patients up-front when the physician does not intend to provide continuing care to the patient in a long-term relationship. Patients who require ongoing care for chronic diseases should be advised of the inability for the walk-in clinic to adequately meet their needs, and should be strongly encouraged to establish a patient/doctor relationship with a family physician[4].
2. A thorough evaluation of a patient's presenting complaints and needs is required in any and all practice settings. In fact, an episodic, one-time assessment must be as comprehensive, if not more so, than in a situation where the patient is well known to the treating physician. Depending on the nature of the complaint, such an assessment would include a description of the complaint, past history, allergies, a record of medications, family history and a physical examination as necessary and appropriate, a diagnosis or assessment, and a treatment plan. In situations where the patient cannot be properly evaluated, the physician should advise the patient, and specific arrangements or referrals should be made to an alternate

individual or facility – urgently where necessary[5].

3. A patient medical record must be created and maintained over time, whether on paper or electronically, that details all physician-patient interactions so that the treating physician, and other physicians working at the same walk-in clinic, may access and benefit from the information documented in the record[6]. Any forms or documentation requirements regarding any care or treatment provided are the obligations of the walk-in clinic physician.[7]
4. Appropriate continuity and follow-up of medical care and test results, as required by the patient's condition, is the responsibility of the ordering physician or an associate, unless other physicians involved in the patient's care have been informed and have explicitly agreed to assume this responsibility. Unilateral referrals of the test results and any necessary actions or treatments to the "regular" physician, if one exists, or to a specialist physician are not appropriate.[8] This responsibility cannot be delegated to non-physician owners or staff. If a critical report comes to the attention of any physician, in any context, she or he has an obligation to take reasonable steps to ensure that it is acted upon.[9]
5. Patients attending walk-in clinics should be asked if they have a primary care physician or clinic. If so, at each visit, the walk-in clinic physician must seek the patient's permission to inform the primary care physician or clinic of the patient's visit(s) and to share copies or summaries of the patient-physician interaction at the walk-in clinic, including copies of ordered tests. The walk-in clinic physician must ensure that suitable administrative systems are in place to send information about the visit to the patient's family physician or primary care clinic.[10] Sharing this information is not only a professional courtesy, but is also essential for ensuring comprehensive patient care.
6. Physicians who work in walk-in clinics where the care of patients is shared by a number of physicians must have a system to ensure the appropriate follow-up of test results by physicians (including after hours test results) and the handling of urgent cases or those requiring continuity of care.
7. Physicians who work in walk-in clinics must ensure that appropriate steps are taken to direct patients elsewhere for medical care at times when the clinic is closed.[11] Patients should be advised of the most appropriate alternative places to seek medical care based on the specific situation, should complications develop.
8. All physicians who work in walk-in clinics should have on site access to the Drug Information System (DIS) and document appropriate review of it in the medical record. This is particularly important when prescribing opioids or other psychoactive medications to a patient who is not receiving longitudinal medical care from the prescriber. Patient consent to access DIS should be included in the patient consent to access treatment. If the physician does not have access to DIS, prescriptions for opioids and other psychoactive medications should not be issued.

1. Guidelines on Standard of Care for Walk-In Clinics, CPSNS,
2. CMA Code of Ethics and Professionalism, Canadian Medical Association, 2018
3. Policy: Clinics That Provide Care To Patients Who Are Not Regular Patients Of The Clinic, CPSS, March 2018
4. Policy: Walk-in Clinics and Episodic Care, CPSS, June, 2012
5. Guideline: Walk-In Clinics, CPSNB, March, 2012
6. Guideline: Walk-In Clinics, CPSNB, March, 2012
7. Guideline: Walk-In Clinics, CPSNB, March, 2012
8. Guideline: Walk-In Clinics, CPSNB, March, 2012
9. Practise Standard: Primary Care Provision in Walk-In, Urgent Care, and Multi-Physician Clinics, CPSBC, June 2019
10. Policy: Clinics That Provide Care to Patients Who Are Not Regular Patients of the Clinic, CPSS, March 2018
11. Professional Standard on the Standard of Care for Walk-in Clinics, CPSNS, May 22, 2015

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