Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg Caring for Health / À l'écoute de notre santé	**Operational Guideline:** Patient Access and Transfers	**Guideline Number:** PCOG#1
PRIMARY HEALTH CARE OPERATIONAL GUIDELINES	**Approved By:** Primary Care Service Area Leadership	**Page:** Page 1 of 8
	Approval Date: July 12, 2022	**Supercedes:** March 1, 2018

1. INTENT:

- To provide guidance to the clinical team regarding patient access eligibility for primary care services
    - Citizen initiated – a request is received from a citizen within catchment to access primary care services
    - Winnipeg Integrated Services (WIS) Team initiated – a request is received from a WIS team member on behalf of an individual or their immediate family (spouses, dependent children, or dependent elderly parents) to access primary care services
    - Family Doctor Finder initiated – a request is received from Family Doctor Finder for a citizen to access primary care services

- To provide guidance to the clinical team regarding the transfer of a patient and primary care services between WRHA Primary Care Direct Operated Clinics:
    - Patient initiated – a request is received from a patient to transfer primary care services from one clinic to another
    - Clinical team initiated - offer is extended to a patient to transfer receipt of services from one clinic to another

2. DEFINITIONS:

Primary Care Services: Services provided within a clinic setting by Physicians, Physician Assistants, Nurse Practitioners, Primary Care Nurses, and other interdisciplinary team members. On occasion, these services may be provided virtually, in group settings, in patient homes, and in alternative community settings (i.e., schools).

Winnipeg Integrated Services (WIS): The vision of the Winnipeg Integrated Services is the provision of efficient, effective, and holistic services that are person/family centered and that recognize the principles of population health and primary health care.

Winnipeg Integrated Services Team: Employees of the WRHA, Manitoba Family Services, or Child and Family Services that work collaboratively to respond to the needs of shared individuals. This may include Acute Care, Long Term Care, and/or Community Health/Social Services.

No Wrong Door: An approach to service organization that provides individuals with or links them to appropriate service interventions regardless of where they enter the system of care. This principle commits all primary care services to respond to the individual's stated and assessed needs through either direct service or a linkage to appropriate programs, as opposed to sending the person from one agency to another. Welcoming goes beyond the individual's initial contact with a service and must be incorporated into every contact between the patient and any staff person. Welcoming conveys the spirit of "No Wrong Door."

Family Doctor Finder: A resident of Manitoba requiring a family doctor can register by phone (204-786-7111 in Winnipeg or toll-free at 1-866-690-8260) or on-line with Family Doctor Finder to receive assistance in finding one. Once registered, Primary Care Connectors will work to find a provider that is accepting patients in a location that works for that individual.

Community Area: A geographic area defined by the WRHA and Manitoba Family Services as basis for engaging communities, studying health trends and service needs, assigning resources, delivering services, and evaluating outcomes. Community Areas have specific boundaries and postal codes assigned to them as follows:

Access Downtown	**R3A, R3B, R3E, R3C (some) (Includes all shelters/surrounding hotels; includes all clients coming to Resource Assistance for Youth (RaY) regardless of postal code)**
Access Fort Garry	**R3L, R3M, R3N, R3P (some), R3T, R3V, and R3Y**
Access River East	**R2L, R2K, R2G, R2E (some)**
Access Transcona	**R2C, R3W, R2J (some)**
Access Winnipeg West	**R3H, R3J, R3K, R3N (some), R3P (some), R3R, R3S, R2R (some), R2Y**
Aikins Community Health Centre	**R2W, R2X, R3B (some; Higgins & Henry Avenue)**
Kildonan Medical Centre	**R2P, R2V and R4A**
Northern Connection Medical Centre	**Generally, uses the same postal code catchments as Access Downtown & Aikins; will also assist Indigenous people from a Northern Community residing temporarily anywhere in Winnipeg, or Indigenous people who prefer/are required to travel to Winnipeg for medical care from Communities closer to the city**

With respect to the above postal code catchment areas currently in place for the Primary Care Direct Operated Clinics:

- The postal codes are driven by the neighborhood characterization areas. The neighborhood characterization areas are driven by City of Winnipeg in conjunction with the Province of Manitoba. The neighborhood characterization areas are also used by Stats Canada.
- These are used for numerous purposes, not just healthcare. They support population analysis across various provincial departments and are also used for community health assessments. Postal codes have not changed even with city expansion.
- Primary Care is not able to change the postal code catchments although at the site level there is some flexibility for accepting patients beyond these borders if they are a good fit for the services delivered by an Access Centre.

Vulnerable Patient: Increased susceptibility to risk (harm) due to cognitive, emotional, or physical limitations. This may include any individual living in social and economic margins, especially those at risk for or experiencing homelessness.

Handover: The transfer of responsibility and accountability for some or all aspects of care for a

patient or group of patients, on a temporary or permanent basis. It entails appropriately transferring information (dependent on the clinical circumstances) in order to help deliver safe care. As appropriate, the handover process should include opportunities to discuss the meaning of the information, seek clarification and ask questions.

3. OPERATING GUIDELINE:

POPULATION:

3.1 To foster an environment that promotes patient accessibility, the main clinic switchboard line must always be answered by a staff member during regular hours of operation. Lunch breaks and coffee breaks are to be staggered to accommodate this operational requirement. Voicemail recordings, other than a queue message, shall not be used as a means of responding to the public.

3.2 Primary Care Direct Operated Clinics will prioritize patients who:

- Reside within the geographic boundaries of the Community Area or in a Community Area that does not have WRHA Primary Care Services **and**;
- Do not have access to a regular Primary Care provider (Physician or Nurse Practitioner) **and**;
- Experience complex health issues and barriers to service that can be best supported through the coordinated services of an interdisciplinary team **and/or**;
- Are identified by the WIS Team as a person in need of Primary Care services **and/or**;
- Have been recently discharged from or are a frequent visitor of Hospital/Emergency Department and do not have a Primary Care provider

3.3 Primary Care Direct Operated Clinics may go beyond these five criteria and develop service strategies based on specific population health needs. These decisions will be locally driven and based on the community health assessment and community needs analysis. Primary Care Service Area Leadership, Community Health Services Leadership Team and WRHA Senior Management will approve Community Area and Regional specific services.

3.4 Primary Care Direct Operated Clinics support family centered care. If situations arise whereby existing patients have immediate family members (spouses, dependent children, or dependent elderly parents) who require a primary provider, then every effort will be made to accept these family members into the clinic.

3.5 Primary Care Direct Operated Clinics should avoid dual professional and social relationships with patients. A good practice is to avoid treating family members, friends, or business associates where possible (Canadian Medical Protective Association – Good Practices Guide and By-Law #11 Standards of Practice of Medicine and College of Registered Nurses of Manitoba – Professional Boundaries for Therapeutic Relationships). Exceptions may be discussed and managed on a case by case basis by the Team Manager in consultation with the Community Area

Director and Site Medical Lead.

3.6 Primary Care teams (with participation from Community Are Director, Team Manager and Site Medical Lead) should regularly review available data to determine appropriate actions for accepting new patients based on the Primary Care Provider's (Physician and Nurse Practitioner) actual panel size versus initial panel size targets.

For Primary Care teams to be successful in reaching panel size targets, it is imperative they continually monitor Vacancy Management and Advanced Access indicators such as Third Next Available wait times for short and long appointments, Continuity, and Return Visit Rates.

INTAKE PROCESS:

3.7 Primary Care Direct Operated Clinics shall be guided by the principle "there is a no wrong door approach for accessing services". This means all incoming intake requests or inquiries regardless of circumstance or catchment, shall be assisted and guided in their efforts to access primary care services.

3.8 Individual meets criteria: (see *APPENDIX A – Algorithm for Attaching Patients*) Any Winnipeg Integrated Services Team member can make an active offer to an individual and their immediate family member who require a primary care provider if the individual meets the criteria outlined in 3.2 above. The referral should be forwarded to the nearest Primary Care Direct Operated Clinic Team Manager who will confirm if the individual meets the criteria and can be accepted by the clinic.

- If accepted – Team Manager to advise referral source and process intake accordingly
- If not accepted - Team Manager to advise the Site Medical Lead and the Community Area Director of why the referral cannot be accepted
    - The Community Area Director will acknowledge by signing off on the inability to accept the individual and forward to another WRHA Primary Care Direct Operated Clinic for consideration or Family Doctor Finder. The referral source should be kept advised of the efforts being undertaken.

Individual does not meet criteria: (see *APPENDIX A – Algorithm for Attaching Patients*) Any Winnipeg Integrated Services Team member can make an active offer to an individual and their immediate family member who require a primary care provider. In the event the individual does not meet the criteria outlined in 3.2 above, the individual should be assisted in their efforts to locate a primary care provider by having them register with Family Doctor Finder.

3.9 If the individual has been accepted into the clinic, a designated team member will complete an intake referral (see *APPENDIX B – Request for Consultation/Referral*) and/or enter the individual's demographics directly into Community EMR. If the individual is not accepted into the clinic, an explanation as to why is given and the individual is provided with the Family Doctor Finder number where they can register for assistance in locating a primary care provider.

3.10 Each Primary Care Direct Operated Clinic shall identify an intake workflow to optimize the interprofessional team for services (i.e., nurse completes a review of the patient's pertinent past medical history or current medications are reviewed by the Physician/Nurse Practitioner during the meet and greet process).

3.11 Primary Care Direct Operated Clinic providers having accepted professional responsibility for a patient, shall continue to provide services until they are no longer required or wanted, until another suitable provider has assumed responsibility for the patient, or until the patient has been given adequate notice of the intention to terminate the relationship (College of Physicians and Surgeons of Manitoba Statement No.173).

3.12 Primary Care Direct Operated Clinics will provide the right service to the right person at the right place at the right time by an interprofessional team in partnership with other community providers.

3.13 Where possible, Primary Care Direct Operated Clinics should have and make available to the general public a clinic specific brochure outlining the details of the clinic and health services available at that location.

3.14 Each Primary Care Direct Operated Clinic shall develop a communication plan regarding current access to primary care services. This plan will target the public, health professionals and intersectoral partners (i.e., clinic team member may use a script to advise the individual that the clinic is not currently accepting patients, but to please contact Family Doctor Finder at 204-786-7111 in Winnipeg or toll-free at 1-866-690-8260 to register).

3.15 Walk-In Connected Care Clinics are available to the general public on a walk-in basis to meet unexpected episodic health care needs during times when it is difficult to see their regular care provider. Walk-In Connected Care is provided by Nurse Practitioners, Physician Assistants and Primary Care Nurses who will directly communicate and connect back to the individual's regular care provider if required. Should an individual present that does not have a regular health care provider, staff can assist by referring the individual to the Family Doctor Finder.

PATIENT TRANSFER PROCESS:

3.16 Patients who move out of the Community Area may be offered the choice to remain a patient of the clinic or to transfer to an available provider in the new community they are moving to. If the new Community Area has a Primary Care Direct Operated Clinic, the clinic managers will work collaboratively to accommodate a transfer, if possible, by following the defined handover process.

3.17 A patient centered handover when transitioning patients from one provider or clinic to another should consider these ten **CLINIC SAFE** tips for improving transitions.

Departing Care Provider shall:	
C	Clearly notify patients
L	Look over patient file (ensure tests are completed and any future follow-up is communicated by way of a Transition Summary to the Primary Care Clinic provider assuming care)
I	Identify if high risk patient
N	New Primary Care Clinic provider should be contacted directly to discuss patient care
I	Insist patient follows-up
Assuming Care Provider shall:	
C	Call patients who miss initial visit
S	Study follow-up promptly (i.e., outstanding referrals & requisitions)
A	Assume care immediately and promote ownership
F	Find patient, as it may take time to establish rapport
E	Establish rapport

3.18 Depending on the risk associated and the complexity of the patient's care, in some cases the transfer of provider may not be recommended as it would introduce undue risk. The decision to transfer a patient to another provider is a clinical judgment. Extra caution should be used in making transfer decisions for complex/vulnerable patients. Some specific considerations may include:

- Complex care
- Multiple barriers
- Benefit of having an integrated /interprofessional team approach
- Previous challenges with attachment to primary care
- History/evidence of cognitive and/or communication impairment that affects the patient's ability to understand the reason for transferring to a new provider

3.19 The following principles should be considered when transferring a patient between Primary Care Direct Operated Clinics:

- The patient has the right to refuse any transfer at any time at any point
- A transfer would improve the patient's ability to access services
- The relocation of a patient to the catchment area where they currently reside should not be the sole reason for transfer
- The clinic being asked to receive the transfer has the right to refuse with explanation. Such instances may require the involvement of the Community Area Director and Site Medical Lead at both clinics to determine if there can be a resolve.
- Once agreement to transfer has been reached amongst all parties, the clinics shall follow the defined handover process

3.20 Transfer of Personal Health Information (PHI) between Primary Care Direct Operated Clinics:

- Upon request and with proper patient consent in place, the original existing primary care paper chart (if applicable) is to be forwarded to the new primary care provider of record. In this instance because it is an internal transfer, the clinic transferring the patient to another location is not required to maintain a copy of the original paper chart.
- When a patient with an electronic chart is transferring between Primary Care Direct Operated Clinics, the new clinic will have access to the patient's electronic medical record (same instance of Accuro) and therefore no transfer of PHI is required.

Transfer of PHI outside of the WRHA:

- Original paper charts (if applicable) should never be transferred outside of the WRHA. In such cases, the clinic would keep the original and provide a copy of the chart (paper or USB) to the external clinic, only forwarding the minimum amount of information required.
- When a patient with an electronic chart is transferring outside of the WRHA, the clinic would provide a copy (paper or USB) of the electronic chart to the external clinic, only forwarding the minimum amount of information required.

  NOTE:
  - Only MB eHealth supplied USB Flash Drives that have been verified to have sufficient levels of encryption and are password protected, can be used for the transfer of PHI. USB Flash Drives are available for purchase through MB eHealth.
  - The USB Flash Drive must be delivered through a secure means such as medical courier and the password always communicated separately
  - USB Flash Drives should never be used as a permanent storage of PHI as they are subject to loss and even with sufficient encryption, may pose a risk if the information on the USB is unique

3.21 If the patient requesting transfer is served by other WIS Service Areas, then Service Area staff should work together to transfer all components of health and social services to the new location.

4. REFERENCES:

- Canadian Medical Protective Association Good Practices Guide (2014); Professionalism Respecting Boundaries
- College of Registered Nurses of Manitoba – Professional Boundaries for Therapeutic Relationships
- Canadian Medical Protective Association Good Practices Guide (2014); "What is a Handover"
- The College of Physicians and Surgeons of Manitoba Statement 173 and Statement 148
- Manitoba Centre for Health Policy, College of Medicine, Faculty of Health Sciences University of Manitoba (Spring 2016) A Comparison of Models of Primary Care Delivery in Winnipeg http://mchp-

appserv.cpe.umanitoba.ca/reference//Models%20of%20Primary%20Care_Web_final.pdf

- "Attachment to Primary Care for WIS Clients – Algorithm"; Consultation between WRHA and Manitoba Family Services (January 2015)
- Best Advice Panel Size, The College of Family Physicians of Canada (2012)
- Consultation with Community Health Information Management regarding "Transfer of paper charts" (March 2016)
- Consultation with Shared Health Chief Privacy Officer and Digital Health regarding "Transfer of PHI using USB Flash Drives" (October 2016)
- Consultation with Primary Care Service Area Leadership, Primary Care Direct Operation Clinic Team Managers, Community Area Directors, Regional Primary Health Care Quality Team and EMR Support Services (June 2022)

5. APPENDICES:

- APPENDIX A – Algorithm for Attaching Patients
- APPENDIX B – Request for Consultation/Referral

SCOPE: Applicable to all WRHA Primary Care Direct Operation Clinics (including Walk-In Connected Care Clinics located at Access Winnipeg West, Access Fort Garry, and McGregor).

NOTE: While the Funded Community Health Agencies are out of scope of Primary Care Operating Guidelines, it is recommended the content and/or processes be adapted/adopted where applicable.

Questions regarding this or any other Primary Care Operating guideline should be directed to Primary Care Service Area Leadership