

# After Hours Care

The After Hours Care (AHC) is a collaborative initiative of the Ministry of Health (including HealthLink BC supported by UBC Digital Emergency Medicine Unit) and Doctors of BC (together as the Family Practice Services Committee), working with Primary Care Networks (PCNs) and longitudinal family practice clinics and providers (i.e., family physicians (FP) and nurse practitioners (NP)).

## Purpose

The purpose of the After Hours Care program is:

1. To provide access to after-hours virtual care for attached patients in community with urgent or semi-urgent health concerns as an extension of the longitudinal FP/NP service.
  - Provision of support for those residing or currently in facilities and/or unattached patients is out of scope for this service.
2. To support longitudinal FPs and NPs to better meet their professional obligations to their patients in respect of the above.
3. To support PCNs to meet core policy attributes with respect to urgent, same-day access and extended hours of service.

## Principles

The partners have a shared understanding that the key principles below are foundational for the AHC program:

1. The partners will work collaboratively to ensure the After Hours Care program has a clearly defined scope of service agreed to by all partners and supported by clear governance and operational structures and processes.
2. The After Hours Care program's service model will support the longitudinal relationship between a patient and their FP or NP. This includes:
  - Supporting longitudinal FPs to staff the service in a way that does not produce a new silo of care.
  - Reporting back to the longitudinal FP or NP on all encounters and actions taken.
3. Consistent with the principle of mutual support that is central to PCNs, clinics and FPs/NPs receiving support through the After Hours Care program are expected to contribute either to staffing the program or participating in other PCN initiatives to support their community.

4. Community FP/NPs will be expected to use the service in the spirit in which it was intended, and in return for receiving after hours support through the service will:
  - Make a reasonable number of rapid access appointments available each week to their patients who use the service and where the recommendation of the service is that they be seen in a rapid timeframe.
  - Provide feedback on their experience of the service, in order to help improve it.
  - As per the CMPA, retain ultimate decision-making and responsibility for the management of their patient, despite any such recommendation from the service regarding timeframe to be seen or diagnosis.
  
5. The AHC will use an interdisciplinary approach that includes:
  - Navigators,
  - Registered nurses,
  - Clinical program support,
  - Community FPs staffing the service, and
  - Potentially other professions as agreed by the partners.
  
6. The inter-disciplinary team will prioritize and manage patient calls in accordance with agreed upon criteria and processes and clinical scopes of practice:
  - Navigators will manage calls that do not require clinical support and determine the most appropriate pathway for those that do.
  - Registered nurses will manage calls that require clinical support within the nursing scope of practice and will escalate urgent or semi-urgent calls outside their scope to FPs staffing the service.
  - Clinical program support will assist with management of calls referred to the FP, including:
    - Pre/post consultation preparation and assistance in connecting patients with FP as necessary;
    - Supporting the FP with issue management and handling of lab results (both critical labs and results returning from lab ordering);
    - Engaging with pharmacies when consultations result in prescriptions; and,
    - Ensuring that patient consultation documentation is appropriately communicated through EMRs and to MRPs.
  - FPs will manage urgent or semi-urgent calls which require the expertise and clinical judgement of a physician.
  
7. On occasion, unforeseen circumstances (e.g., short notice staffing challenges, technology interruptions, etc.) may require the partners to temporarily adapt the inter-disciplinary model and workflow for the service. In such circumstances, the partners will work together to enact any such changes and will communicate these changes to all participating clinicians and staff.

8. Prioritization and management of calls will also include potentially connecting patients to other services and care outside of the AHC if appropriate (e.g., 911, Emergency Department, Palliative Care, Maternity, Mental Health Crisis Support, etc.).
9. After Hours Care program team members will aim to provide patients with the right care from the right provider using agreed upon criteria. Patient perception of urgency will be considered as part of the agreed criteria for prioritization.
  - It is recognized that the understanding of a patient's reason for calling may evolve as they speak with various team members and some calls ultimately determined to be non-urgent may get passed from navigators and/or nursing through to FPs, either intentionally or unintentionally.
  - Regardless, all calls received by FPs staffing the service will be managed in a respectful, culturally safe, and compassionate way to address the patient's concern as appropriate and according to the professional judgment of the FP.
10. Opportunities to improve operations or patient care will be addressed through separate and agreed issues management and quality improvement structures and processes.
11. Interactions between and among After Hours Care team members managing calls as well as the collaborative partners more broadly will be respectful and collaborative at all times.
12. The After Hours Care program will take a 'learning health system' approach and will be data-informed with agreed-upon measures to support operational planning and improvement. This approach will support the judicious use of resources both in HealthLink BC as well as in PCN communities. Provincial spread of the After Hours Care program will be informed by evaluation during the prototype phase and is subject to available funding.
13. All public and/or partner facing communications related to the After Hours Care program will be jointly developed by the Ministry of Health and Doctors of BC.