



CONTEXTUAL INFORMATION

For the Standard of Practice:

COLLABORATIVE CARE EMERGENT, URGENT, AND INPATIENT REQUESTS

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Contextual Information – Emergent, Urgent, and Inpatient Requests

The *Standard of Practice – Emergent, Urgent, and Inpatient Requests* establishes clear requirements for registrants to work collaboratively with other registrants and health care providers to deliver good medical care to patients who have a condition that places their health in jeopardy if immediate medical attention is not provided.

This standard must always be interpreted from the patient’s perspective, with the primary focus on ensuring that the patient receives the best possible medical care. Every action and decision taken by the registrants involved should be guided by the intention to deliver good medical care to the patient.

Collaboration and Behavioural Expectations

Working alongside other registrants, health care providers, and institutions presents opportunities to significantly enhance the medical care provided to patients. At the same time, collaboration can sometimes be a source of frustration. However, each registrant is responsible for their own behaviour, and this Standard of Practice outlines the behavioural expectations for all registrants involved in patient care.

Benefits of Adopting Professional Behaviours

When all registrants adhere to the behaviours defined by the [CMA Code of Ethics and Professionalism](#), many of the frustrations associated with providing collaborative care are reduced. As a result, both patients and registrants benefit from improved collaboration and professionalism in the delivery of care.

Supporting Registrants

To further assist registrants in understanding the requirements of the Standard of Practice, a set of frequently asked questions (FAQs) has been provided.

Q. 1 - What are my responsibilities when considering the transfer of a patient?

A. Assess Local Treatment Options: First, determine if the patient can be safely treated at their current location. Make sure you have reasonably explored all available local resources and treatment options before considering a transfer.

If transfer is necessary:

Communicate clearly: Contact the receiving registrant directly. Provide concise, relevant information about the patient’s situation, including what care has already been provided and your reasons for recommending a transfer.

Collaborate: Work together with the receiving registrant to arrange the transfer and ensure a safe solution for the patient.

Perspective matters: differing perspectives on the same issue:

Q. 1 A) I often receive requests from rural or remote facilities seeking to transfer patients for matters that I do not have the expertise to deal with. What am I supposed to do when I am not the right person?

Q. 1 B) When I try to transfer a patient in need of emergent care, I often feel that I am met with the 3 Ds (delay, deflect, deny). How do I deal with this?

A. All registrants must start with the understanding that the most important goal is to ensure patient safety and timely care through collaboration. Every action and decision must be based on ensuring the patient receives good medical care.

Applying the 7 Core Responsibilities of Effective Collaboration to the context of ensuring patient safety and timely care will address the above concerns:

1. Respond in a timely fashion.
2. Listen and consider the problem.
3. Provide care or offer professional advice.
4. Stay involved until your help is no longer needed.
5. Share enough information so others can understand the patient's situation.
6. Be professional and respectful at all times.
7. Respect the skills, expertise, scope of practice and resource settings of other collaborating health care providers.

Q. 2 - When someone calls me about transferring a patient, am I “tapped in” and become the Most Responsible Physician?

A. “Tapped in” means that you are responsible for assisting the requesting registrant in providing care. What that assistance looks like will vary depending on the circumstances. Eventually, you may become the Most Responsible Physician, but that occurs when you accept that responsibility.

Q. 3 - What do I do when the registrant I am working with is behaving rudely and obnoxiously?

A. Disrespectful behaviour can be frustrating, especially when you are committed to professionalism. Some constructive steps to consider are:

- **Remain Professional:** Continue to act respectfully and avoid mirroring the rude behaviour. This helps protect your credibility and helps prevent escalation.
- **Address the Behaviour:** If you feel comfortable, remind the registrant of the Standard of Practice, emphasizing that all actions and decisions must be based on ensuring the patient receives good medical care.
- **Document Interactions:** Keep a record of incidents, including dates and details. This can be useful if the issue persists and needs escalation.

- **Escalate if Necessary:** If the behaviour persists or it compromises patient care, report it, where appropriate, to the department lead or your hospital leadership.

If the matter is not being addressed, report it to CPSM, but this should be the last step. We are a self-regulating profession whose members are to resolve communication and personal interaction challenges amongst themselves. CPSM's role is to encourage improvement, not to punish bad behaviour.

Q. 4 - I am practicing in the community and have a patient who I think needs to be seen urgently/emergently. How and where do I send them?

A. If the patient is unstable, call an ambulance. Communicate with the EMTs that the patient is unstable and needs to go to an emergency department, not urgent care.

If the patient is stable, consider whether they are safe to go in a private vehicle versus an ambulance. Advise the patient whether they should proceed to an emergency department or Urgent Care. Be mindful of the care you think the patient requires and direct them to a facility that can provide that care (e.g. imaging or specialty consultant).

Call ahead to the facility where you are sending the patient to provide information so that staff know what to expect. Before contacting facility staff, ensure that you know where the EMTs will take the patient; for various reasons, it may not be where you initially think they will go.

Q. 5 - I am working in an emergency department/urgent care and a patient arrives on the advice of a community registrant. The patient presentation does not seem appropriate for my setting. I am frustrated about this. What do I do?

A. It is important to put the patient first, despite your frustration. The other registrant may have advised one thing, and the patient does another. Or they may not understand the limitations of your setting. Keeping the patient at the centre of care and approaching the situation with professionalism helps support the best outcomes.

Q. 6 - In the acute setting, if I feel a patient needs transfer to an emergency department, what do I do if the emergency or urgent care physician refuses to accept the patient in transfer?

A. Though this can be frustrating, it is the role of the emergency or urgent care physician taking calls at their site to understand the clinical context and assist in either providing care at the local site by making treatment suggestions or recommending transfer to an alternate site.

This will depend on the patient's active issue(s), the site best equipped to manage the issue(s) based on resources available and consideration of current capacity at their site.

At times, hospital crowding may limit your ability to safely transfer a patient, as delays in accessing a treatment space at the receiving site could be detrimental to the patient's condition.

If the emergency or urgent care physician is not accepting the transfer and is not providing satisfactory collaboration in the patient's care, escalate the matter in accordance with facility protocols.

Q. 7 - When my patient is accepted to be transferred, am I still responsible for patient care?

A. Yes, until the patient has physically left your facility, you remain the most responsible physician and you are responsible for the patient.

If the patient's condition deteriorates and you feel unequipped to manage the patient, you can call any of the emergency physicians at the acute care site, the ICU outreach physician for the province, and/or VECTRS, who will assist with ongoing treatment until the patient can be safely transferred.

Q. 8 - My patient has been refused transfer at multiple sites, but I am still worried about them. What can I do?

A. Continue to monitor the patient in your treatment space and ask for specific treatment suggestions if transfer is not felt to be necessary.

Systemic issues cannot be addressed by the referring or consulting registrants, and all parties are working to provide the best patient care possible under the circumstances.

Additionally, ensure you are aware of escalation protocols that are designed to address frontline disagreements.