



Standard of Practice Collaborative Care Emergent, Urgent and Inpatient Requests

Initial Approval: March 18, 2026

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This Standard establishes how registrants must work with other health care providers when responding to emergent, urgent, and inpatient care requests.

The most important goal is to ensure patient safety and timely care through collaboration.

When Collaborative Care Begins

Collaborative Care principles begin when a registrant, or other health care provider, contacts another registrant verbally or by secure text message regarding what they believe to be an emergent matter that, without immediate medical attention, places the patient's health in jeopardy.

Shared Responsibilities

- All registrants involved share responsibility for finding a safe solution for the patient.
- All registrants involved must support each other by sharing knowledge, expertise, and resources.
- All registrants involved must understand their role and responsibilities in collaborative care.

Initial Steps to Determine Care Actions

In determining the next steps of the patient's care, registrants must:

Determine if the patient can be safely and adequately treated at their present location given the resources available. (↗ See [Q. 1](#) and [Q. 7](#) in *Contextual Information – Collaborative Care – Emergent, Urgent, and Inpatient.*)

If yes - If the patient can be safely and adequately treated at their present location, develop a plan of action for their treatment.

If not - If the patient cannot be safely and adequately treated at their present location, the registrants must develop a plan of action to transfer the patient to a facility where they can be safely and adequately treated. (↗ See [Q. 4](#) in *Contextual Information – Collaborative Care – Emergent, Urgent, and Inpatient.*)

Responsibilities of Registrant Receiving Request to Help

Registrants receiving requests to help with emergent care:

- Should know and follow facility guidance materials for the best pathway to finding care for the patient.
- Are required to apply Collaborative Care principles to the request for assistance.

Examples of **unacceptable** behaviour and responses are:

- “It’s not my problem.”
- “I cannot work with you.”
- “I cannot help you; my facility doesn’t have beds.”
- Providing negative feedback on the expected skills, resources, or scope of practice of the other registrant.

(↗ See [Q. 3](#) in *Contextual Information – Collaborative Care – Emergent, Urgent, and Inpatient.*)

The Referring Registrant’s Responsibilities

(↗ See [Q. 2](#) in *Contextual Information – Collaborative Care – Emergent, Urgent, and Inpatient.*)

Registrants making a request for help with emergent care:

- Should articulate the reason why assistance is sought.
- Provide relevant medical information (history, findings, test results, concerns regarding the issue).
- Provide the registrant receiving the request to help with reasonable assistance within their knowledge, skill and judgement, and resources available to them.

Transfer of Patient

If the patient cannot safely and adequately be treated at their present location, registrants must:

- **Identify an appropriate facility:** Determine where the patient can be safely and adequately treated.
- **Coordinate the transfer:** Collaborate on arranging the transfer, involving all necessary resources and registrants (including those at multiple facilities, if required).
- **Share responsibility:** All registrants involved in developing the plan of action share responsibility for finding a safe solution for the patient. (↗ See [Q. 2](#) and [Q. 7](#) in *Contextual Information – Collaborative Care – Emergent, Urgent, and Inpatient.*)
- **Follow facility policies:** If the accepting service at the identified facility is unclear, the registrant at the receiving facility should follow their facility’s policies.
- **Avoid unnecessary delays:** The transfer should not be delayed while seeking clarity about accepting service.

Interventions and Documentation

During the process of determining the next steps in the patient’s care, interventions (tests, procedures, or treatments) may be required. Registrants must:

- Work together to decide how to perform necessary interventions (test, procedures, treatments).
- Not require the calling registrant to perform interventions beyond their ability.

If Transfer is Declined

(↗ See [Q. 6](#) and [Q. 8](#) in *Contextual Information – Collaborative Care – Emergent, Urgent, and Inpatient.*)

If a transfer request is declined and the patient remains under the calling registrant's care, the consultant registrant should express willingness to accept follow-up calls if the patient's condition changes.

Applicability to All Health Care Professionals

Although these guidelines often describe two registrants working together, the same principles apply when working with other health care professionals.

Related Standards of Practice:

- Collaborative Care
- Non-Emergent Consultation Requests

Related Resources:

- Contextual Information – Emergent/Urgent/In-Patient Consultation Requests
- Contextual Information – Collaborative Care
- Contextual Information – Non-Emergent Consultation Requests
- Practice Direction - Interprofessional Health Care Delivery

Standards of Practice of Medicine set out the requirements related to specific aspects for the quality of the practice of medicine. Standards of Practice of Medicine provide more detailed information than contained in the Regulated Health Professions Act, Regulations, and Bylaws. All registrants must comply with Standards of Practice of Medicine, per section 86 of the Regulated Health Professions Act.

This Standard of Practice of Medicine is made under the authority of section 82 of the Regulated Health Professions Act and section 15 of the CPSM Standards of Practice Regulation.