

Kitchener Downtown Community Health Centre

Type of Policy:

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|---|--|
| <input type="checkbox"/> Administration (A) | <input type="checkbox"/> Client Services General (CG) |
| <input type="checkbox"/> Board of Directors (B) | <input type="checkbox"/> Client Services Programs (CP) |
| <input type="checkbox"/> Financial (F) | <input checked="" type="checkbox"/> Primary Care (PC) |
| <input type="checkbox"/> Human Resources (H) | <input type="checkbox"/> Acquired Brain Injury Program (ABI) |
| <input type="checkbox"/> Information Systems (I) | <input type="checkbox"/> Diabetes Education Program (DEP) |
| <input type="checkbox"/> KDCHC Governing Principles (K) | |
| <input type="checkbox"/> Occupational Health & Safety (S) | <input type="checkbox"/> Volunteers (V) |

Policy No: PC1701

Title: Most Responsible Provider

Policy

A Most Responsible Provider (MRP) has the responsibility to facilitate Comprehensive Client Care. A Physician or a Nurse Practitioner will be designated as an MRP for Primary Care.

Objectives of the Most Responsible Provider:

- To Promote Continuity of Care
- To Foster development of a Therapeutic Relationship
- To Facilitate Interdisciplinary Team Work and the provision of Collaborative Client Care
- To Promote Client Safety
- To Enhance the ability of Provider to meet College Standards
- To Facilitate Quality Initiatives (QIP)
- To Meet Accountability requirements of the WW-LHIN

Responsibilities of the MRP:

1. The MRP is responsible to oversee the care of the client i.e. review lab findings, diagnostic imaging, prescriptions, MSAA indicators, vaccinations/immunizations, external consultations etc.
2. THE MRP is responsible to develop a Care Plan with the client. The steps for Care Plan development are:
 - a. The Provider will identify several conditions that would be in client's best interests to address over time.
 - b. The client will select the conditions that they are willing to work and other conditions that they do not wish to address at this time. With these discussions, the client prioritizes and directs the care they receive.
 - c. The MRP will document these discussions, the client's choices and the associated risks to their choices.
3. The MRP is responsible to offer the client the MSAA preventative indicators.
4. The MRP will document the client's response to MSAA's—offered and completed, offered and declined.
5. The MRP will arrange for coverage for planned absences (i.e. vacation)
6. The MRP will communicate to the Team who will be assuming coverage responsibilities. (i.e. reviewing labs)
7. The Team will strategize for unplanned MRP absences (i.e. longer illness)

Procedure to Identify MRP Status:

1. The Physician or the Nurse Practitioner will identify that they are willing to assume the MRP role for the client and will determine this with the client.
2. The Provider will check their own name as the MRP in the client's electronic health record (demographic page).
3. A provider covering Walk-In appointments is only responsible to address the episodic needs of a client. The walk-in provider will reinforce that client should book back with their MRP in their future appointments and /or follow up.
4. As the MRP status is confirmed, the client will be instructed to request their MRP when booking their future appointments. If the client cannot remember Provider name when scheduling, Health Administrative staff can look up MRP in client's E.H.R. from Demographic page.

Steps in Scheduling Appointments:

- A. If MRP identified in E.H.R., the Health Administrative Staff will inquire as to client's needs (urgent or non urgent) offer and schedule client accordingly.**
- B. If No MRP identified,** Primary Health Administration staff will ask the client "Whom do you regularly see?" Simultaneously, Receptionist will open client's chart and look at the scheduling history. Viewing the client's scheduling history, the Receptionist may respond "I see you regularly are seen by ..." and name that Provider. Reception will offer an appointment.
- C. If client's MRP is unavailable,** Primary Health Administration staff is to ask the client if their needs are urgent or not.
 - (i) If client's needs are not urgent,** The client may choose to wait to be seen by their MRP. Reception may book ahead in MRPs schedule up to 4 months.
 - (ii) If client's needs are described as urgent** then Primary Health Administration staff may offer that client may come to a Walk In appointment. Client will be made aware that their Walk In appointment will be with another provider not their MRP. The walk-in provider will reinforce they will address the episodic need and that client should book back with their MRP for their future appointments and /or any follow up arising from the Walk In.

Reference Documents

Policy PC 1201 New Client Orientation

Policy CG 1101 Client Access to Policies

Policy PC0202 Ending the Primary Care Client-Provider Relationship

This policy will be posted to the KDCHC website.

Approved By: Eric Goldberg, Executive Director

Date: January 4, 2017