Standard of Practice:

Continuity of Care (2023)

A **Standard of Practice** is the minimum standard of professional behavior and ethical conduct expected by the College on a specific issue.

Continuity of Care

Preamble

Physicians have an ethical and legal obligation to provide appropriate and ongoing care for their patients, whether they are providing primary, consultative, specialist, or episodic care. This standard sets out the College's expectations with respect to continuity of care.

Definitions

***Most Responsible Physician (MRP)*:** the physician, or in some cases, another regulated healthcare provider, who has overall responsibility for directing and coordinating the care and management of a patient at a specific point in time.[1]

Standard of Practice

I. Referrals and Consultations

Making Referrals

When a physician believes that an assessment by another physician is in the best interest of the patient, the physician should refer the patient to a consulting physician.

[1] *Who is the Most Responsible Physician?* CMPA, October 2019

Referrals for consultation should include the following information:

- The patient's name, personal health number, and date of birth;
- Date of referral;
- Purpose of the referral (e.g. medical opinion only, treatment, transfer of care);
- Relevant clinical and social information; and
- Level of urgency of the referral.

Physicians who refer patients for consultation must have a system in place to track referrals made, in order to monitor whether the referrals are being received and acknowledged. If a patient's condition requires that a consultation be provided urgently, a verbal request should be made to the consulting physician.

Should patients have any medical concerns or a change in medical status while waiting for their appointments with consulting physicians, it is the referring physician's responsibility to provide care, and to inform the patient that they remain the most responsible provider during that time.

Physicians must respect patients' reasonable requests for referral to another health care provider for another opinion and/or services outside the scope of practice of the physician. Physicians are entitled to refuse to make referrals that, in their opinion, are unlikely to provide clinical benefit to the patient.

Receiving Referrals

Consultant physicians must acknowledge referrals in a timely manner and respond urgently, if necessary. When acknowledging the referral, the consultant physician must indicate to the referring health care provider whether or not they are able to accept the referral.

Consultant physicians must have a system in place to review and triage incoming referrals. If the consultant physician accepts the referral, the patient must be contacted with an appointment time proportionate to the urgency of the request.

If consultant physicians are not able to accept a referral, they must communicate their reasons for declining the referral to the referring health care provider, and whenever possible, provide alternative suggestions for care or consultation.

Consultant physicians must prepare and distribute a consultation report to the referring health care provider and, if different, the patient's primary care provider. The report must be distributed in a timely manner after assessment or when there is a new finding or change in the patient's care management plan. What is timely will depend on the nature of the patient's condition and any potential risk to the patient if there is a delay in sharing the report. If urgent, a verbal report may be appropriate, although the consultant physician must follow up with a written consultation report.

The consultation report should include the following:

- The identity of the patient, consultant physician, referring health care provider, and if different, the patient's primary care physician;
- The date of the consultation;
- The purpose of the referral;
- A summary of the relevant information considered;
- A summary of the conclusions reached;
- Treatments initiated or recommended;
- Recommendations for follow-up by the referring health care provider;
- Recommendations for continuing care by the consultant;
- Recommendations for referral to other consulting physicians (if applicable); and
- Advice given to the patient.

Consultant physicians must inform the referring health care provider when a consultation will extend beyond one appointment and provide interim reports to the referring health care provider. If consultant physicians require further investigations before reaching diagnosis(es), they must not delegate arrangement and follow-up of those investigations to the referring physician without prior agreement with the referring physician.

Consultant physicians must respect a patient's explicit request to withhold medical information. In circumstances where the withheld information is reasonably necessary to provide the requested healthcare, the Consultant must provide notice to the referring health care provider that information has been withheld from disclosure. [2]

Consultant physicians must notify the patient and the referring physician when the consultation is complete and patient care is being transferred back to the referring health care provider or transferred to another health care provider.

Management of Diagnostic Test Results for Patients without a Most Responsible Physician

Circumstances arise where diagnostic test results are received by a health authority and there is no MRP to direct the results. The College recognizes that it is in the best interests of these patients to receive notification of the results and any recommendations for necessary follow-up.

Physicians who are requested by a health authority to review diagnostic test results for the sole purpose of providing notification to or facilitating continuity of care for patients without an MRP are not considered to have continuing professional responsibility for these patients. The College views these types of physician-patient interactions as a consultation which ends following notification of the diagnostic test result to the patient.

[2] *Personal Health Information Act* SNL2008 CHAPTER P-7.01, s. 27

II. Transfer of Care

Most Responsible Physician

Circumstances will arise where an MRP transfers full or partial responsibility of a patient's care to another health care provider. Examples include: the transfer of a patient to a new family physician when a patient is moving, or the transfer of a patient from an attending physician to another physician who is providing coverage for a defined period of time.

When an MRP is transferring full or partial responsibility for a patient's care to another health care provider, the MRP must communicate clearly with the accepting health care provider and provide a summary that includes the following information:

- Pertinent clinical information, including outstanding diagnostic tests and active consultations;
- Treatment plans and recommendations for follow-up care; and
- Identification of the roles of other health care providers that are involved in the patient's ongoing care.

The MRP must ensure that the patient (or the patient's substitute decision maker) is informed of the identity of the new MRP.

Discharge Summaries (for hospital patients)

The MRP must ensure a discharge summary is prepared which includes the information necessary for the health care provider(s) responsible for post-discharge care to understand the hospital admission, the care that was provided, and the patient's post-discharge health care needs. The discharge summary must be completed in a timely manner to ensure appropriate continuity of care for the patient. If a delay in the completion or distribution of the discharge summary is anticipated, the MRP must provide a brief summary of the hospitalization directly to the health care provider responsible for follow up care in a timely manner.

The MRP must direct that the discharge summary be distributed to the patient's primary care provider, if there is one, who will be primarily responsible for the post-discharge follow-up care.

Prior to discharging an inpatient from the hospital to home, the MRP must ensure that the patient (or the substitute decision maker) is informed, both verbally and with supporting written documentation, about the following:

- Post treatment or hospitalization risks or potential complications;
- Signs and symptoms that need monitoring and when action is required;
- Whom to contact and where to go if complications arise;
- Instructions for managing post-discharge care, including medications; and

- Any follow-up appointments or outpatient investigations that have been or are being scheduled or that they are responsible for arranging and a timeline for doing so.

III. Availability and Coverage

The expectation of the College is not generally for physicians to work longer in an effort to ensure continuity of care. Physicians are expected to organize themselves in such a way that there are systems in place to prevent deficiencies in patient care.

Physicians are expected to work with colleagues and make arrangements to ensure that urgent medical advice is available to patients as necessary. Physicians must ensure that such arrangements are communicated or accessible to other health-care professionals who are involved in the patient's care (e.g., laboratory physicians, pharmacists, hospital-based physicians, etc.) who may need to communicate with them about diagnostic tests, community follow-up after treatment in hospital, and other ongoing care issues.

IV. Management of Diagnostic Test Results

Physicians must have an effective test result management system in place that enables them to record:

- all tests that have been ordered;
- all test results that have been received;
- that test results have been reviewed by a physician;
- when a patient has been informed of their test results; and
- any follow up measures taken by the physician.

V. Walk-in Clinic Practices

Walk-in Clinic practices provide care to patients in circumstances where there may be no existing association between the patient and the practice, where there may be no requirement to book appointments, and where the care provided is generally episodic in nature. Hospital emergency departments are not considered to fall within this definition.

Physicians are expected to meet the standard of practice of the profession regardless of whether care is being provided in a sustained or episodic manner. This includes conducting assessments, tests, and investigations that are required in order to appropriately provide treatment and arrange for appropriate follow-up care. Physicians who practice in a Walk-in Clinic must not rely on the patient's primary care provider to manage tests they have ordered or referrals they have made, unless the other health care provider has explicitly agreed to assume that responsibility.

Physicians who practice in a Walk-in Clinic must provide the patient's primary care provider, if there is one, with a record of the patient encounter, unless the patient explicitly directs the

physician otherwise. If it is not possible to send a record of the encounter directly to a patient's primary care provider, physicians should provide patients with the record of the encounter and inform them of the importance of sharing that record with their primary care provider.

Physicians must ensure that medical records are kept for each patient encounter, in accordance with the College's Standard of Practice on Medical Records Documentation & Management. For patients who receive ongoing care at the clinic, there must be a comprehensive medical record that should include a cumulative patient profile.

In circumstances where the care of patients is shared by a number of physicians within a Walk-in Clinic, the clinic must have a designated physician who is responsible for the medical administration of the clinic. The role of this physician must include:

- responsibility for establishing administrative procedures to ensure standards of appropriate medical care;
- responsibility for ensuring the clinic's compliance with the College's Standard of Practice: Medical Records Documentation & Management, in particular, custodianship, retention, storage, and disclosure of medical records; and
- representation of the clinic in communication with the College regarding the administrative operations of the clinic.

Acknowledgements

CPSO (2019) Transitions in Care
CPSO (2019) Walk-in Clinics

CPSBC (2019) Referral-Consultation Process
CPSBC (2019) Primary Care Provision in Walk-in, Urgent Care, and Multi-physician Clinics

CPSA (2015) Continuity of Care
CPSA (2017) Referral Consultation
CPSA (2016) Transfer of Care
CPSA (2015) Episodic Care

CPSNS (2019) Referral and Consultation for Patients with a Family Physician
CPSNS (2016) Transfer of Care
CPSNS (2020) Responsibilities of Physicians Working in Walk-in Clinics

CPSM (2019) Collaborative Care

CMPA (2019) Closing the Loop on Effective Follow-up in Clinical Practice
CMPA (2015) Part-time Practice, Full-time Safety: Reducing Clinical Workload While Addressing Risks
CMPA (2019) Walk-in Clinics: Unique Challenges to Quality of Care, Medical-legal Risk
CMPA (2019) Who is the Most Responsible Physician?
CMPA (2020) Results and Expectations: Test follow-up and the office-based family physician.

Health Quality Council of Alberta (2013) Continuity of Patient Care Study

Related Documents

CPSNL (2023) Medical Records Documentation & Management

Personal Health Information Act, SNL 2008 Chapter P-7.01

Document History

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