STANDARDS OF PRACTICE

Continuity of Care

021: Approval for Consultation

Under Review: Yes

Issued By: Council: January 1, 2010 (*After-Hours Access to Care* and *Preventing Follow-Up Care Failures*)

Reissued by Council: June 1, 2015 (*Continuity of Care*)

COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

The ***Standards of Practice*** of the College of Physicians & Surgeons of Alberta ("CPSA") are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. CPSA also provides **Advice to the Profession** to support the implementation of the Standards of Practice.

Note: a glossary of terms can be found at the end of this document. Glossary terms are indicated in teal with a "G" throughout this document.

PREAMBLE

This standard applies to regulated members who provide primary care, including those working in urgent care, walk-in/episodic care clinics; virtual care services (e.g., teleconference, virtual meeting platforms, healthcare apps, etc.); locum coverage; and specialists or consultants. All regulated members have a professional and ethical obligation to ensure continuity of care for their patients. Regulated members are expected to use their professional judgment to determine how best to do this while acting in good faith to facilitate access to coordinated care.

Continuity of care does not mean individual regulated members need to personally be available at all times to provide continuous access or on-demand care to patients. Doing so would compromise the health of regulated members and negatively impact the quality of care provided to patients.

To facilitate continuity of care and minimize risks to patient safety, CPSA has set out expectations for regulated members, recognizing their role in facilitating continuity of care includes being available and responsive to patients and other healthcare providers involved in their patients' care and ensuring patients are provided with information on how to access care when their physicians are unavailable.

STANDARD

1. A regulated member who orders an investigation **must**:

   a. explain the reason and implication(s) of the investigation to the patient and document the discussion in the patient's record, in accordance with the *Patient Record Content* standard of practice;

   b. have a system in place to identify and track when an investigation ordered has not been completed by the patient or a referral request has not been responded to by a consultant in a timely manner[G];

Commented [CD1]: From CPSS's *Medical Practice Coverage* policy: added to clarify this standard applies to all regulated members and to answer frequent questions.

Commented [CD2]: From CPSO's Continuity of Care Advice to the Profession (AtP) document to acknowledge the effect of continuity of care on members and their ability to provide quality care.

Commented [CD3]: This will be expanded upon in the AtP and could be added to a Patient FAQ(in relation to 1(a)).

2021: Approval for Consultation

Terms used in the Standards of Practice:
- "Regulated member" means any person who is registered or who is required to be registered as a member of this College. The College regulates physicians, surgeons and osteopaths.
- "Must" refers to a mandatory requirement.
- "May" means that the physician may exercise reasonable discretion.
- "Patient" includes, where applicable, the patient's legal guardian or substitute decision maker.

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c. review test results and consultation reports in a timely manner;

d. arrange and notify the patient of any necessary follow-up care;

e. document all contacts with the patient, including failed attempts to notify them about follow-up care, in accordance with the *Patient Record Content* standard of practice;

f. directly provide or arrange for continuous after-hours care through an appropriate healthcare provider(s) and/or service with capacity to assess and triage care needs;

g. ensure handover of relevant patient information[G] to the after-hours healthcare provider(s) or service when the patient's need for after-hours care is reasonably foreseeable[G];

h. ensure patients are provided with information on how to access care after hours; and

i. if using a recorded message to direct patients to a healthcare provider or service (e.g., Health Link, an emergency service, after-hours medical clinic), have evidence of an agreement[G] with the identified healthcare provider or service.

2. A regulated member who requests an investigation, performs a procedure, provides treatment that requires follow-up or makes a referral and copies another healthcare provider **remains** responsible for any necessary follow-up care **unless** the healthcare provider to whom the copy is directed formally agrees to accept responsibility for follow-up care arising from the test results.

   a. Where another healthcare provider agrees to accept responsibility for follow-up care, the regulated member **must** document the transfer of care in the patient's record in accordance with the *Patient Record Content* standard of practice.

3. A regulated member who receives a test result in error (e.g., same or similar name or contact information) **must** inform the laboratory or diagnostic facility of the error in a timely manner.

4. A regulated member **must** have arrangements in place for receiving and responding to abnormal test results reported by a laboratory or imaging facility after regular working hours or in the regulated member's absence.

5. A regulated member who will be unavailable during planned absences **must**:

Commented [CD4]: From CPSM's *Good Medical Care* practice standard, CBSNB's *Walk-In Clinics* guideline: added to clarify expectations.

Commented [CD5]: Added to ensure clarity with regard to who is considered the most responsible physician.

Commented [CD6]: From CPSO's *Managing Test Results* policy: will help prevent follow-up care failures.

Commented [CD7]: Removed as too prescriptive: will address in AtP.0

Commented [CD8]: From CPSO's *Availability and Coverage* policy: the current "extended periods" is vague, and physicians may need to ensure there is coverage - differentiates between an unexpected absence (e.g., illness) and a planned absence (e.g., vacation, maternity leave).

Suggesting physicians have an emergency plan in place for unplanned absences will be included in the AtP.

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a. enter into an agreement with another healthcare provider and/or service to provide ongoing care during periods of unavailability, ensuring handover at the start and conclusion of the coverage, including management of:

   i. outstanding tests and test results;

   ii. outstanding referrals and consultation reports; and

   iii. any follow-up care required as a result of the above;

b. have a plan or coverage in place that allows other healthcare providers to communicate or request information pertaining to patients under their care during a temporary absence; and

c. inform a patient of ongoing care arrangements where they would have a reasonable expectation[G] of being informed.

6. A regulated member **must not** charge patients for after-hours access or care.

7. A regulated member **must not** order a diagnostic test or make a referral request in another healthcare provider's name.

Commented [CD9]: From CPSO's *Availability and Coverage* policy: this allows improved continuity of care in the primary care provider's absence.

Commented [CD10]: Added to address common issue: this is not an uninsured professional service and should not be charged for.

Commented [CD11]: Added to address common issue: this could be considered unprofessional conduct, as it contravenes the *Code of Ethics & Professionalism, Responsibility for a Medical Practice, Transfer of Care,* and this standard of practice.

GLOSSARY

Clinically significant: a change in a patient's status that is regarded as important based on a regulated member's judgment in the context of that particular patient's health care (e.g., abnormal or critical investigation results that, if not addressed, could result in patient harm).

Evidence of an agreement: documentation in which the healthcare provider or service agrees to provide after-hours coverage (e.g., an email).

Reasonable expectation: typically in established relationships where a patient would see the regulated member during their absence. Can also include patients awaiting investigation results.

Reasonably foreseeable: the likelihood the patient will experience issues, adverse effects, etc. in the context of that particular patient's health care.

021: Approval for Consultation

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Relevant patient information: pertinent clinical information including, but not limited to, the patient's name and contact information, the regulated member's contact information (in the event of an emergency), relevant/outstanding investigations, treatment plans/recommendations, etc.

Timely manner: a timeframe commensurate with the urgency of the presenting issue.

ACKNOWLEDGEMENTS

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RELATED STANDARDS OF PRACTICE

- *Code of Ethics & Professionalism*
- *Episodic Care*
- *Establishing the Physician-Patient Relationship*
- *Patient Record Content*
- *Referral Consultation*
- *Responsibility for a Medical Practice*
- *Virtual Care* (pending)

COMPANION RESOURCES

- Advice to the Profession: Continuity of Care
- Advice to the Profession: Episodic Care
- CMPA's The Most Responsible Physician
- AMA's After Hours Support for Continuity of Care
- Health Link's FAQs for Clinical Groups

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