

STANDARDS OF PRACTICE

Continuity of Care

Under Review: No

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

Reissued by Council: Mar. 1, 2022; June 1, 2015 (*Continuity of Care*)

IMPLEMENTATION: Mar. 1, 2022

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

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.

Patients who receive greater continuity of care have better health outcomes, higher satisfaction rates and the care they receive is more cost effective. Continuity of care is achieved in two principle ways:

- Through a *continuous caring relationship* with an identified health care professional; and
- Through a *seamlessly integrated service* (e.g., team-based care) enabled by the coordination and sharing of information between different providers.

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’ needs, promoting the seamless integration of care within accountable multidisciplinary teams, including the sharing of necessary information to assure quality patient 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](#)

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- Record Content standard of practice;
- b. for patients who have a risk of receiving a **clinically significant investigation result**^G, have a system in place to track results when they are not received when expected^I;
 - c. review investigation results and consultation reports in a **timely manner**^G;
 - 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**^G 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, have **evidence of an agreement**^G with the identified healthcare provider or service.
2. A regulated member who participates in a team-based care **must** assure processes and procedures are in place that ensure safe care of patients, including:
 - a. a process for team-based review of investigation results and consultation reports;
 - b. a process for the timely sharing of patient health information with other providers to support quality patient care; and
 - c. clear processes within the team for timely follow up care.
 3. A regulated member, including those involved in a team-based care environment, who copies another healthcare provider (e.g., when requesting an investigation, providing treatment requiring follow-up, etc.) **remains** responsible for any necessary follow-up care **unless** the healthcare provider/team to whom the copy is directed formally agrees to accept responsibility for follow-up care.
 4. Where another healthcare provider agrees (see "Evidence of an agreement" in glossary) to accept responsibility for follow-up care, the regulated member **must**

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ensure handover is done in accordance with the *Transfer of Care* standard of practice.

5. A regulated member who receives an investigation 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.
6. A regulated member **must** have a process in place for receiving and responding to **critical investigation results**⁶ reported by a laboratory or imaging facility after regular working hours or in the regulated member's absenceⁱⁱ.
7. A regulated member who will be unavailable during temporary absences **must**:
 - a. enter into an agreement (see "Evidence of an agreement" in glossary) with an appropriate 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 investigations and investigation 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**⁶; and
 - c. inform a patient of ongoing care arrangements where they would have a **reasonable expectation**⁶ of being informed.
8. A regulated member **must not** charge patients for insured after-hours access.
9. A regulated member **must not** order a diagnostic test or make a referral request in another healthcare provider's name.

GLOSSARY

Clinically significant investigation result: a test result determined by a reasonable physician to be one which requires follow-up in a timely fashion, urgently if necessary.

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Physicians determine the clinical significance of a test result using their clinical judgment and knowledge of the patient's symptoms, previous test results, and/or diagnosisⁱ.

Critical investigation results: results of such a serious nature that immediate patient management decisions may be requiredⁱ.

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 physician-patient 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.

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.

[Appropriate] service: for the purposes of this standard, "service" includes, but is not limited to, Health Link, an emergency service, after-hours medical clinics. Evidence of an agreement with an appropriate service is required.

Temporary absence: vacations and leaves of absence (e.g., parental leave, educational leave), as well as unplanned absences due to, for example, illness or family emergencies. This does not include suspensions of a physician's certificate of registration. For expectations relating to suspensions, please see the [Closing or Leaving a Medical Practice](#) standardⁱⁱ.

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

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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](#)

COMPANION RESOURCES

- Advice to the Profession documents:
 - [Continuity of Care](#)
 - [Episodic Care](#)
 - [Responsibility for a Medical Practice](#)
 - [Virtual Care](#)
- Advice to Albertans documents:
 - Continuity of Care (TBD)
 - Episodic Care (TBD)
 - Virtual Care (TBD)
- [CMPA's The Most Responsible Physician](#)
- [AMA's After Hours Support for Continuity of Care](#)
- [Health Link's FAQs for Clinical Groups](#)

IMPLEMENTATION: Mar. 1, 2022

ⁱ From CPSO's [Managing Tests](#) policy (September 2019).

ⁱⁱ From CPSO's [Availability and Coverage](#) policy (September 2019).

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