

## STANDARDS OF PRACTICE

# Episodic Care

Under Review: No

Issued By: Council: Jan. 1, 2010

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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, including those who provide [episodic care](#)<sup>G</sup>, have a professional and ethical obligation to ensure continuity for care to their patients and are expected to use professional judgment in determining how best to accomplish this while acting in good faith to facilitate access to coordinated care.

In accordance with the [Continuity of Care](#) standard of practice, regulated members are responsible for the episodic care provided and any follow-up care needed unless another healthcare provider has formally agreed to assume that responsibility. Ultimate responsibility for appropriate continuity of care and follow up of medical care and investigations lies with the ordering regulated member.

Additional information, general advice, and/or best practices can be found in the [Episodic Care Advice to the Profession](#) document.

## STANDARD

1. A regulated member who requests an investigation, performs a procedure, provides treatment that requires follow-up or makes a referral to another healthcare provider **must** do so in accordance with the [Continuity of Care](#), [Referral Consultation](#) and [Transfer of Care](#) standards of practice.
2. A regulated member providing episodic care **must**:
  - a. inform the patient that episodic care is intended to address the patient’s presenting concern(s), referred consultation or identified medical condition(s);

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### 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. CPSA regulates physicians, surgeons, osteopaths and physician assistants.
- “Must” refers to a mandatory requirement.
- “May” means that the physician or physician assistant may exercise reasonable discretion.
- “Patient” includes, where applicable, the patient’s legal guardian or substitute decision maker.

- b. explain the limitations of the episodic medical care they are providing and the extent of any follow-up processes they will manage;
  - c. establish whether the patient has a primary care provider and, if so, provide the primary care provider with a record of the encounter if it is in the **patient's best interests**<sup>G</sup> to do so;
  - d. document subclauses (a) through (c) in the patient's record in accordance with the [Patient Record Content](#) standard of practice; and
  - e. either provide necessary follow-up care personally or ensure arrangements are in place for follow-up care in accordance with the [Continuity of Care](#) standard of practice.
3. A regulated member, including those involved in a team-based care environment, who copies another healthcare provider (e.g., when requesting an investigation, performing a procedure, providing treatment requiring follow-up, making a referral, etc.) **must** do so in accordance with the [Continuity of Care](#) standard of practice.
  4. 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.
  5. A regulated member **must** provide or arrange for continuous after-hours care in accordance with the [Continuity of Care](#) standard of practice.

## GLOSSARY

**Episodic care:** refers to a single encounter with a patient focused on a presenting concern(s), identified medical condition(s) or referred consultation, where neither the regulated member nor patient have the expectation of an ongoing care relationship, in accordance with the [Establishing the Physician-Patient Relationship](#) standard of practice.

**Patient's best interests:** will differ from patient to patient and will depend on the regulated member's clinical judgment, but the default expectation is to provide the patient's primary care provider with the record of the encounter to ensure they have the information necessary to ensure continuity of care for their patient. When a record of the encounter is not shared with the primary care provider, the member should thoroughly document the rationale behind their decision to withhold the information in the patient's record.

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## ACKNOWLEDGEMENTS

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## RELATED STANDARDS OF PRACTICE

- [Cannabis for Medical Purposes](#)
- [Continuity of Care](#)
- [Establishing the Physician-Patient Relationship](#)
- [Patient Record Content](#)
- [Patient Record Retention](#)
- [Prescribing: Administration](#)
- [Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harms](#)
- [Referral Consultation](#)
- [Responsibility for a Medical Practice](#)
- [Safe Prescribing for Opioid-Use Disorder](#)
- [Transfer of Care](#)
- [Virtual Care \(pending\)](#)

## COMPANION RESOURCES

- Advice to the Profession documents:
  - [Episodic Care](#)
  - [Cannabis for Medical Purposes](#)
  - [Continuity of Care](#)
  - [Physicians as Custodians of Patient Records](#)
  - [Prescribing: Administration](#)
  - [Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harms](#)
  - [Referral Consultation](#)
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  - [Safe Prescribing for Opioid Use Disorder](#)

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- [Virtual Care](#)
- [CMPA's The Most Responsible Physician](#)

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