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COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA

STANDARDS OF PRACTICE

Continuity of Care

Under Review: Yes
Issued By: Council: Jan. 1, 2010 (*After-Hours Access to Care* and *Preventing Follow-Up Care Failures*)
Reissued by Council: Apr. 1, 2022; June 1, 2015 (*Continuity of Care*)

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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.

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 achieve this in the context of their duty to provide safe and comprehensive health service.

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 principal ways:

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

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 support continuity of care and minimize risks to patient safety, CPSA has established expectations for regulated members. These include being available and responsive to patients' care needs; facilitating coordinated care within multidisciplinary teams, including sharing information necessary for quality patient care; and ensuring patients are provided with information on how to access care when their physician is unavailable.

Related standards and companion resources can be found at the end of this document.

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.
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DEFINITIONS

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. Physicians determine the clinical significance of a test result using their based on clinical judgment, patient context and industry standard. and knowledge of the patient's symptoms, previous test results, and/or diagnosis.

[3]**Critical investigation results:** test results of such a serious nature that immediate patient management may be required.

Evidence of an agreement: documentation in which the healthcare provider or service agrees to accept responsibility for patient follow-up care (e.g., an email).

Ongoing responsibility: accountability for patient follow up arising from investigations, procedures, treatments, recent direction to the patient or other circumstances associated with the care provided by the regulated member.

Commented [CD1]: Added for clarity across standards.

Reasonable expectation: a "reasonable expectation" of ongoing care may arise typically in established physician-patient relationships where the nature, duration or circumstances of the care provided would lead a patient to understand would see the regulated member during their absence. Can also include patients awaiting investigation results. has assumed responsibility for providing or coordinating care beyond a specific care encounter.

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

Relevant patient information: pertinent clinical personal health 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.

Service: for the purposes of this standard, "service" includes, but is not limited to, an emergency service or after-hours medical clinic. Evidence of an agreement with an appropriate service is required.

Team-based care[1]: the provision of health programs and services by two or more healthcare providers who work collaboratively with patients and their circle of care to deliver coordinated, high-quality health service. For the purpose of this standard, team-

[1] From the Institute of Medicine's Core Principles & Values of Effective Team-Based Health Care discussion paper (October 2012).

based care requires processes outlining clear expectations for each team member's responsibilities and accountabilities.

Temporary absence: vacations and both planned (e.g., parental leave, educational leave) and unplanned leaves of absence due to, for example, (e.g., illness, or family personal 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* standard[2].

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

STANDARD

After-hours care

1. A regulated member who has ongoing responsibility for a patient's care **must:**
   a. directly provide or arrange for continuous after-hours care through an appropriate healthcare provider(s) and/or a service with capacity to assess and triage patient needs;
   b. ensure handover of relevant patient information to the after-hours healthcare provider(s) or service when the patient's need for after-hours care is reasonably foreseeable;
   c. ensure patients are provided with information on how to access care after hours; and
   d. if using a recorded message to direct patients to a healthcare provider or service, have evidence of an agreement with the identified healthcare provider or service.
2. A regulated member **must** have a process in place for receiving and responding to critical investigation results reported by a laboratory or imaging facility after regular working hours or in the regulated member's absence[2].
3. A regulated member **must not** charge patients for insured after-hours access.

Investigation management

4. 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*

[2] From CPSO's *Availability and Coverage* policy (September 2019).

Commented [CD2]: The current standard has been rearranged for clarity and flow, with headings added for ease of locating information.

Commented [CD3]: Formerly clause 1(f).

Commented [CD4]: Formerly clause 1(g).

Commented [CD5]: Reorganized and clarified the after-hours provisions to improve readability and reflect contemporary models of practice while maintaining the existing professional expectations reflected in previous versions of the standard.

Commented [CD6]: Formerly clause 6.

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Record Content standard of practice;

b. for patients who have a risk of receiving a clinically significant result, have a system in place to track results when they are not received when expected[3];

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

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

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.

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 not** order a diagnostic test or make a referral request in another healthcare provider's name **unless** there is evidence of a pre-arranged, documented and agreed upon process for doing so in a team-based care context.

7. Notwithstanding clause (6), the regulated member **may** order a diagnostic test or make a referral in another healthcare provider's name in certain circumstances, **if** they carbon-copy ("CC") themselves **and** there is evidence of an agreement, including, but not limited to:

   a. providing locum coverage;

   b. assignment of a post-graduate training program participant to a service; or

   c. practising in a team-based care environment, in accordance with clause (8).

Team-based care

8. A regulated member who participates in a team-based care environment **must** ensure 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;

Commented [CD7]: Formerly clause 1(b).

Commented [CD8]: Added to address current practice.

Commented [CD9]: Formerly clause 10.

[3] From CPSO's *Managing Tests* policy (September 2019).

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.

Transfer of follow-up responsibility

9. A regulated member, including those involved in team-based care, who CC's 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.

10. Where another healthcare provider agrees (see "evidence of an agreement") to accept responsibility for follow-up care, the regulated member **must** ensure handover is done in accordance with the *Transfer of Care* standard of practice.

Temporary absences

11. A regulated member who will be unavailable during temporary absences **must**:

    a. enter into an agreement (see "evidence of an agreement") 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 arising from 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 patients of ongoing care arrangements where they would have a reasonable expectation of receiving care during the regulated member's absence.

Commented [CD10]: Added for clarity.

Commented [CD11]: Formerly clause 4.

Commented [CD12]: Formerly clause 7(a).

Commented [CD13]: Formerly clause 7(c).

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ACKNOWLEDGEMENTS
CPSA acknowledges the assistance of the College of Physicians and Surgeons of Manitoba, the College of Physicians and Surgeons of New Brunswick, the College of Physicians and Surgeons of Ontario, and the College of Physicians and Surgeons of Saskatchewan in preparing this document.

RELATED STANDARDS OF PRACTICE

- *Code of Ethics & Professionalism*
- *Dual Practice*
- *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:
  - Continuity of Care
  - Episodic Care
  - Establishing a Continuing Physician-Patient Relationship
  - Referral Consultation
  - Responsibility for a Medical Practice
  - Virtual Care
- Advice to Albertans:
  - Establishing a Continuing Physician-Patient Relationship
  - Virtual Care
- CMPA's The Most Responsible Physician
- AHS's Information for Health Professionals

Commented [CD14]: In development.

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