

## *Continuity of Care*

*Continuity of care is an essential component of patient-centered care and is critical to patient safety. This policy has been developed to outline the expected standards of practice related to continuity of care.*

### **Introduction:**

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

To facilitate continuity of care and minimize risks to patient safety, CPSPEI has set out expectations for members, recognizing their role in facilitating continuity of care includes being available and responsive to patients' needs, communicating effectively with other health-care providers, providing appropriate follow-up for tests and referrals, and ensuring patients are provided with information on how to access care when their primary care providers are unavailable.

### **Definitions:**

**Temporary Absence from Practice:** Vacations and leaves of absence (e.g., parental leave, educational leave), as well as unplanned absences due to, for example, illness or family emergencies.

**Clinically Significant Test Result:** A test result determined by a member to be one which requires follow-up in a timely fashion, urgently if necessary. Members determine the clinical significance of a test result using their clinical judgment and knowledge of the patient's symptoms, previous test results and/or diagnosis.

**Critical Test Result:** Results of such a serious nature that immediate patient management decisions may be required.

**Walk-in Clinic:** Medical practices that provide care to patients 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, although not always, episodic in nature. This does not include hospital-based emergency departments.

### **Policy:**

#### **1) Availability by Telephone or Electronic Means**

Members **must** have an office telephone that is answered and/or allows voicemails to be left during regular business hours. Members practicing as part of a group practice or within an institutional or department-based environment may rely on a central and shared telephone and voicemail.

Members **must** ensure that outgoing voicemail messages are up to date and accurate, indicating, for example, office hours and closures, as well as relevant information regarding coverage arrangements or access to appropriate care outside of regular office hours and during temporary absences from practice.

Members **must** ensure that voicemail messages are reviewed and responded to in a timely manner. What is timely will depend on, for example, when the message was left and the impact on patient safety that may be caused by a delay in responding.

Members who offer electronic means of secure communication (for example, e-mail or a messaging portal) **must** similarly ensure that messages are reviewed and responded to in a timely manner.

## 2) Communication with Other Health-Care Providers

Members **must** respond in a timely manner when contacted by other members or health-care providers who want to communicate or request information about a patient. What is timely will depend on, for example, the impact on patient safety that may be caused by a delay in responding.

## 3) Temporary Absence from Practice

Members providing care as part of a sustained provider-patient relationship **must** make reasonable efforts to arrange for another health-care provider(s) to provide care to patients during planned temporary absences from practice. What is reasonable will depend on, for example, the length of the absence, the needs of the member's patients, and the health-care provider and/or health system resources available in the community.

If specific arrangements are made, members **must** inform patients seeking care during the temporary absence of these arrangements. If after reasonable efforts are made it is not possible to make specific arrangements, members **must** inform patients seeking care during the temporary absence about appropriate alternative access points of care (e.g., walk-in clinics, emergency department, etc.).

## 4) Managing Tests

When ordering a test, members **must** inform patients of the significance of the test, the importance of getting the test done, and the importance of complying with requisition form instructions.

For patients who have a high risk of receiving a clinically significant test result, members **must** track their test results when they are not received when expected. This could include following-up with a laboratory and/or diagnostic facility, or the patient to find out where the test result is.

For patients who are not at high risk of receiving a clinically significant test result, members **must** use their professional judgment to determine whether to track a test result, taking into account the nature of the test that was ordered, the patient's current health status, if the patient appears anxious or has expressed anxiety about the test, and the significance of the potential result.

When in receipt of a clinically significant test result, members **must** always communicate the test result to their patient and **must** do so in a timely manner.

For test results that are not clinically significant, members **must** use their professional judgment to determine whether to communicate a test result, and if doing so, when to communicate the test result.

Members **must** use their professional judgment to determine how to best communicate a test result; for example, over the phone or, at the next appointment. In making this determination, members **must** consider a variety of factors, including,

- a. the nature of the test;
- b. the significance of the test result;
- c. the complexity and implications of the test result;
- d. the nature of the provider-patient relationship;
- e. patient preferences/needs; and
- f. whether the patient appears anxious or has expressed anxiety about the test.

Members **must** use their professional judgment to determine the circumstances where it makes sense for other health-care providers and/or non-medical staff to communicate test results. The factors members **must** consider include:

- a. the nature of the test;
- b. whether the patient appears anxious or has expressed anxiety about the test;
- c. the significance or implications of the test result; and
- d. whether communicating the test result would mean communicating a diagnosis.

When relying on others to communicate test results, members **must** have a mechanism in place that enables them to respond to any follow-up questions that the patient may have.

When members receive a critical and/or clinically significant test result for a test that they have ordered, they **must** take clinically appropriate action. The timeliness of these actions will depend on the significance of the test result. Members can take clinically appropriate actions personally or they can assign or delegate this task to others.

Members who receive a critical or clinically significant test result in error (e.g., same or similar name or contact information) **must** inform the laboratory or diagnostic facility of the error.

Members in receipt of a test result **must** use their professional judgment to determine if it is necessary to share a patient's test result with other relevant health-care providers whose ongoing care of the patient would benefit from that knowledge and, if sharing the test result, the timeliness with which to share it. It is generally good practice to copy the patient's primary care provider on a test requisition so they are aware of the tests ordered and the results; however, they would have no additional responsibilities regarding the tests or results, unless there is reason to believe that a clinically significant test result has not been followed-up on.

Members whose role is to interpret and report test results (e.g., a radiologist, pathologist, laboratory medicine physician) **must** contact the health-care provider who ordered the test when there is an unusual, unexpected or urgent finding, to ensure that this information is communicated quickly and that it does not go astray.

## 5) Walk-In Clinics

Members practicing in a walk-in clinic **must** meet the standards of practice of the profession, which apply regardless of whether care is being provided in a sustained or episodic manner.

When providing clinical care to patients in a walk-in clinic the member **must**:

- a. Complete a thorough assessment and evaluation of the patient's presenting complaints;
- b. Document each patient visit including but not limited to the patient's medical history, any drug reactions, current medications, pertinent current health problem, current assessment, treatment, investigations ordered and follow-up;

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- c. Ensure that all patient visits are maintained in one cumulative patient record immediately accessible to all health-care providers providing care to that patient in a future encounter at that clinic;
- d. Order any clinical tests and referrals that are indicated, and not refrain from ordering necessary investigations or referrals to avoid ongoing responsibilities for follow-up;
- e. Provide or coordinate appropriate follow-up for tests they have ordered or referrals they have made, and not rely on the patient's primary health-care provider or another health-care provider involved in the patient's care to provide follow-up, unless the other providers have agreed to assume this responsibility;
- f. Communicate any instructions to the patient regarding follow-up and document these instructions;
- g. Ensure all patients are asked if they have a primary care provider. If so, provide the patient's primary care provider with a record of the encounter with the patient's consent and ensure copies of ordered tests and referrals are copied to them. If the patient does not consent or have a primary care provider, provide the patient with a record of the encounter and inform them of the importance of sharing it with their primary care provider;
- h. Explain to the patient the limitations of the episodic medical care they are providing and the extent of any follow-up processes that they will manage; and
- i. Ensure that patients are directed elsewhere for medical care at times when the clinic is closed or if they do not have a primary care provider. Posting a notice containing the clinic hours and advising patients to access the closest emergency department, another walk-in clinic or call 911 is sufficient to meet this standard.

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### **Document History:**

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