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Continuity of Care

The "*Policy on Continuity of Care*" has been developed to assist physicians in determining the appropriate way to provide continuous care to their patients in the interest of patient safety.

Continuity of Care describes the ongoing care of a patient's needs. The opposite of providing continuity of care is called patient abandonment. These terms can apply to general availability, or the provision of a particular service. A physician cannot abandon a patient at a time of the patient's need. Doctors have a legal and ethical responsibility to patients for whom they have undertaken to provide care. This includes the responsibility to make reasonable arrangements for transfer of care when the doctor is unavailable or departs.

Consider the following:

I. In leaving one's practice, try to ensure that one's patients continue to get the care they need.
II. In taking time away from one's practice, ensure that there is a service available for urgent care.
III. In individual situations, such as conscientious objection, ensure the patient knows how to access appropriate help.
IV. Guidance on Sign-out to another physician

I. Leaving A Practice (Permanently Relocating or Retirement)

Primary care physicians should, before leaving a practice, make arrangements for patients and let patients in the practice know of a planned departure.

1) *Primary Care Physicians*

In person, by telephone or in the form of a letter or email correspondence to patients which could include information about who will be replacing the physician or how to find a new physician. Supplemental methods of notification may include a printed notice posted in the office premises, a notice in the local newspaper, or a recorded message on the office answering machine. Whether to stay with the replacement physician or relocate to an alternate physician is a choice that is completely left up to the patient.

For those working in Walk-in clinics or Emergency Rooms (ERs), where there is no expectation of an ongoing physician-patient relationship, physicians are only expected to notify those patients to whom they are actively providing care See also the CPSPEI document-"Guideline on Standard of Care-Walk-In Clinics".

2) *Consultants:*

In the form of a letter or email correspondence to the primary care physicians who regularly refer to them, providing advice about transferring patients to alternate specialist consultants. The consultant who is seeing a patient and

providing active medical care should transfer the patient to another specialist consultant, and ensure the handover of relevant patient information.

3) ***Both Primary Care Physicians & Consultants:***

If a member ceases practice suddenly (i.e. illness or death), a notice may be put in the newspaper, and/or in the office premises, and/or a message may be left on an office answering machine – as to where and when patient files (copies) may be accessed. Notice as to a reasonable fee for this service may also be given.

Before leaving practice, a physician must notify in writing the PEI Medical Society, the College, any hospitals in which the physician has privileges, affiliated universities and the Canadian Medical Protective Association (CMPA). Physicians must also notify the College and the PEI Medical Society of where medical records will be stored and how they may be accessed.

Letters should also be sent to colleagues and any regional centers that may be dealing with the physician's patients (i.e., facilities for the aged, disabled or palliative care, external laboratories, etc). These letters must include: the date when the physician will be stopping work, the physician's forwarding address, the person and address to whom correspondence/reports about the patient should be sent, where patient records will be stored, how to request a copy of them and any associated cost.

(*No person should destroy medical records except in accordance with College Policy. Members are reminded of their own medico-legal vulnerability if they decide to destroy charts.)*

II. Temporarily Away From One's Practice

It is impossible for a physician to be available 24 hours a day, 7 days a week, 52 weeks a year without a break. Traditionally the problem of physician absence was covered where possible by physicians sharing the responsibility for urgent care in a hospital emergency room or in a group practice. Some physicians still do this. Other physicians made and still make themselves available at least by phone.

For those patients requiring ongoing care, the physician must arrange to have another physician cover or assume care for those patients.

Physicians need to be available to their patients, and other professionals, during regular working hours. Physicians must have a system in place to advise patients regarding emergent/urgent care, after hours care or care needed when the physician is away or unavailable. Adequately informing patients about how to appropriately access healthcare services is part of the role of a regulated member.

A physician, or physician designate, must be available or have arrangements in place to receive urgent/critical laboratory and diagnostic imaging reports, and calls from other professionals assisting with the care of a mutual patient at <u>any</u> time. This could be by arranging to have another physician review test results and ensure follow-up, or by arranging for patients to receive test results from the physician's office or test facility, with instructions on how to obtain follow-up. A physician remains responsible for follow up, with the appropriate degree of urgency, as required, of any lab test or diagnostic imaging exam that the physician has requested. If a patient is being seen by a specialist, his primary care physician shares responsibility for care with the specialist.

A physician must attempt to facilitate patient access to prescription medication required for long-term or chronic conditions while away from practice. To facilitate access, the physician may provide the patient with renewals for the time the physician will be away, or advise (and preferably arrange for) the patient to attend another physician to have their prescription(s) renewed.

Continuity of care for physicians away from practice because of a suspension, revocation or voluntary undertaking to suspend practice is dealt with in a separate policy-"Continuity of Care for Physicians Under Suspension, Revocation or Voluntary Undertaking to Suspend Practice."(*New Policy to be developed*)

III. Individual Situations

The CMA Code of Ethics and Professionalism (2018) states physicians should take all reasonable steps to prevent or minimize harm to patients. However, the idea of what is harmful may conflict between the physician and the patient. Physicians, like patients, come with many differing beliefs and physicians have the right to conscientiously object to a request from a patient, on the grounds of religious or moral beliefs.

In the fiduciary relationship which defines the doctor/patient relationship, it is the patient's autonomy which ethicists have defined as the governing factor, and physicians must do their utmost to allow the patient to decide on the course of treatment or action to be taken. In situations of conflict, physicians are obliged to provide ongoing care to their patients, and provide information to their patients with guidance as to where they might be able to receive more information or necessary consultation.

IV. Guidance On Sign-out To Another Physician

Govern your actions by what you would want to know if you were your colleague.
For example:

- When handing over to a colleague providing coverage, let your colleague know of any special circumstances involving your patient population that might be expected to result in a patient requiring continuity of care. Also ensure your patients know when and how to contact your colleague; this shows respect for both your colleague and patients while ensuring excellent care.

- When requesting a lab test, if you expect a usual result for your patient will likely be outside the reported normal range, identify this on the requisition. A colleague covering for you or another provider assessing the patient will appreciate having this information.

- When directing patients to the ER or another facility such as an after-hours medical clinic, provide a courtesy notification to your colleagues to not only enhance care, but relationships and professional respect as well.

After-hours availability is primarily for triage purposes. It may be met directly (i.e., face-to-face) or indirectly (e.g., by phone). Particularly when addressing a colleague's patient through an indirect means, if in doubt as to whether the concerns can be safely managed without patient contact, the regulated member should direct the patient to a location where full evaluation is available, either by the regulated member or a colleague. There will be times when it is best to direct the patient to an emergency service; this **does not** require a formal agreement.

Responsibility for continuous availability is contextual. It does not apply to every regulated member who has ever had contact with a given patient, but only to those physician-patient relationships where there is a reasonable expectation of ongoing care (i.e., where there has been recent direction, a procedure performed or investigation). Starting a patient on a new medication, providing a therapeutic service, recent assessment, evaluation or treatment adjustment for a chronic condition are all relevant.
Continuity of care enables the best care, in both primary and consultant environments. Both the patient and system benefit when the patient can access the right provider at the right time.

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