



Continuity of Care Draft Policies

Primer: *Transitions in Care*



INTRODUCTION

This primer provides an overview of the policy development process for the *Transitions in Care* draft policy. This includes, highlights from the research undertaken and stakeholder feedback received. The primer also provides an introduction to key draft policy expectations and the rationale for developing these expectations.



RESEARCH & FEEDBACK

A comprehensive literature review and various engagement and consultation activities have been undertaken to support the policy development process. Key themes that emerged from this work include:

- ✓ The importance of keeping patients informed about who is responsible for their care, especially in hospitals and health-care institutions where multiple health-care providers may be involved in their care.
- ✓ Concerns about the risks inherent in patient handovers within hospitals and health-care institutions were identified in the literature and by stakeholders.
- ✓ Concerns about patients being discharged from hospital without an understanding of their care needs or when and from whom to seek care if complications arise were identified in the literature and by stakeholders.
- ✓ Research suggested that primary care providers are not always getting the information they need about their patients' hospitalization and post-discharge care needs.
- ✓ Research suggested that consultant physicians are not always getting information they need from referring physicians and that referring physicians are not always getting the information they need from consultant physicians or are not getting the information in a timely manner.
- ✓ Stakeholders raised similar concerns about breakdowns in care that occur during the referral and consultation process. This included: delays in responding to referrals, incomplete referral requests, delayed or incomplete consultation reports. Stakeholders also worried that there is a lack of clarity and consistency regarding who is responsible for booking or communicating consultation appointments with patients.
- ✓ Some medical regulatory Colleges in Canada have set out expectations to address these issues. This includes, responding to referral requests promptly or within a specific timeframe (e.g., 14 or 30 days), distributing consultation reports in a timely manner or within a specific timeframe (e.g., 14 or 30 days), and having consultant physicians communicate appointment information with patients.



DRAFT POLICY HIGHLIGHTS

The *Transitions in Care* draft policy sets out expectations of physicians when patient care or an element of patient care is transferred between physicians, or between physicians and other health-care providers. This includes expectations in relation to keeping patients informed about who is responsible for their care, patient handovers within a hospital or health-care institution, discharges from hospital, and the referral and consultation process.

POLICY EXPECTATION	RATIONALE
<ul style="list-style-type: none"> ➤ <i>Within hospitals and health-care institutions, physicians must coordinate with others to keep patients informed about who is their most responsible provider. Referring and consultant physicians must inform patients about their role in managing care.</i> 	<ul style="list-style-type: none"> ➤ <i>Keeping patients informed about who is responsible for their care or an element of their care is an important component of quality care..</i>
<ul style="list-style-type: none"> ➤ <i>Physicians are advised to approach patient handovers in a systematic manner and to set time aside to allow for a real-time and personal exchange of information between health-care providers.</i> 	<ul style="list-style-type: none"> ➤ <i>These best practices help to enable effective patient handovers that equip those assuming responsibility for care with the information they need to manage that care.</i>
<ul style="list-style-type: none"> ➤ <i>Physicians must ensure that a discussion is had with the patient and/or substitute decision-maker prior to discharge about, for example, symptoms that require monitoring and where to go if complications arise.</i> 	<ul style="list-style-type: none"> ➤ <i>Ensuring patients and/or substitute decision-makers have information about the patient’s post-discharge care needs may help reduce post-discharge breakdowns in care.</i>
<ul style="list-style-type: none"> ➤ <i>Where there is interest and consent to do so, physicians must take reasonable steps to involve the patient’s family and/or caregivers in this discussion. Physicians must also use their professional judgment to determine whether elements of the discharge discussion should be captured in writing.</i> 	<ul style="list-style-type: none"> ➤ <i>Both of these measures may help better prepare patients and those who care for them in managing post-discharge care and may help reduce post-discharge breakdowns in care.</i>
<ul style="list-style-type: none"> ➤ <i>Physicians must complete a discharge summary for all in-patients in a timely manner. If a delay in distribution is anticipated, a brief summary must be provided to the health-care providers responsible for post-discharge care..</i> 	<ul style="list-style-type: none"> ➤ <i>The timely distribution of discharge summaries is an essential component of continuity of care and is necessary to equip the health-care providers providing post-discharge care with the information they need to provide that care.</i>
<ul style="list-style-type: none"> ➤ <i>Referring physicians must make referrals in writing and must take reasonable steps to confirm that the referral is within the scope of practice of the physician to whom they intend to refer.</i> 	<ul style="list-style-type: none"> ➤ <i>Providing consultants with complete information in writing and taking steps to ensure that the referral is within their scope of practice may help minimize delays that occur in this process.</i>
<ul style="list-style-type: none"> ➤ <i>Consultant physicians must acknowledge referrals in a timely manner, but no later than 14 days (i.e., indicate whether they can accept the patient and, if so, give an actual or estimated appointment date). Consultation reports must also be distributed in a timely manner, but no later than 30 days following an assessment, new finding or change in the management plan.</i> 	<ul style="list-style-type: none"> ➤ <i>Acknowledging referrals in a timely manner can help limit unnecessary delays and the timely distribution of consultation reports helps coordinate care and ensure that appropriate care is being provided.</i>
<ul style="list-style-type: none"> ➤ <i>Referring physicians must communicate the estimated or actual appointment date to patients, but consultant physicians must communicate any other appointment information.</i> 	<ul style="list-style-type: none"> ➤ <i>There is value in having the physician with whom the patient has a relationship communicate the appointment date. Consultant physicians are, however, better suited to communicate additional information.</i>