

**Transfer of Patient Care or Discharge when a Most Responsible Physician (MRP) Departs from BC Cancer – Final for Approval, Oct. 16, 2015 -
updated with new logo approved by MAC Feb 21 19.**

- Purpose:** To ensure the continuity, quality and safety of patient care during the transition.
- Policy:** Physicians departing from the BC Cancer Agency must, prior to their departure, either:
1. Discharge their patients not requiring active management or follow-up
OR
 2. Transfer care of their urgent and ill patients, including patients with pending critical investigations, to another Most Responsible Physicians (MRP) for continuing care,
OR
 3. Plan with the Regional Professional Practice Leader (RPPL) the transfer of MRP within 6 months of all other non-urgent/ill patients and interim coverage (usually based on alpha list/rota system):
 - a. All ill/urgent patients must have an MRP assigned prior to departure.
 - b. Non-urgent patients are transferred to a new MRP within 6 months of the departure.
 - c. It is the responsibility of the departing MRP to transfer care of ill/urgent patients to another physician. This may be done at the time of the departing MRP's last visit with a patient and includes patients with pending critical investigations.
 - Physician must write a Physician's Order to transfer MRP status for any ill/urgent patients.
 - d. Where possible, the MRP should name the specific oncologist in the order
 - e. The departing physician must plan with the RPPL the disposition of all other non-urgent patients. Interim coverage will be allocated by the MRP coverage rota (alpha list) at each centre.
 - Every patient of the departing MRP must either:
 - i) have a new MRP assigned within six months or at the next scheduled appointment for care management; or
 - ii) be discharged in a timely fashion.

Related Document Notification Process to HIM by RPPL when Physician leaves BCCA

Procedures

Planned Departure*:

(*Note: In exceptional situations involving unplanned, precipitous departure of the MRP and inability to transfer care, the RPPL/designate as applicable, will ensure fulfilment of the responsibilities below with the assistance of operations staff). The MRP will be provided sufficient time and support to complete the following responsibilities.

1. The departing MRP is responsible for:

- a. Completion of staging diagrams for their patients as appropriate
- b. Completion of internal and/or external referral letters for patients as appropriate.
- c. Completion of clinic notes such as progress notes and consultation notes for their patients.
- d. Completion of unsigned orders.
- e. Completion of action list.
- f. Completion of other relevant applications and requisitions such as imaging requisitions and CAP applications for their patients.
- g. Identification of patients that need to be discharged and dictating the necessary Transfer Summary Report.
 - i) ACU Discharge: Dictation worktype#102 letter is dictated and a discharge order is written.
 - ii) Physician's Office Discharge: dictation work type #102 letter only is required (refer to appendix 1 for operating procedures)

2. Designating the new MRP:

- a. Ill and urgent patients of the departing MRP must have a new MRP designated.
- b. Health Information Management (HIM) Coordinator is to be informed and will request list of patients assigned to departing physician. This is a complete list of MRP/Follow-up patient status, including date of last appointment and upcoming appointment, and where known, the family physician/primary care provider. This is forwarded to the RPPL for review.
- c. RPPL will communicate with departing physician outlining their departing responsibilities and attach the list of assigned patients. Copies of the BC College of Physicians & Surgeons (BCCPS) and the Canadian Medical Protective Association (CMPA) relevant guidelines will also be provided.
- d. Departing physician will forward patient list to RPPL after his/her review to be managed in accordance with transferring care or discharging patients.

- e. The reassignment of MRP will be coordinated with input from the RPPL by referring to a physician rota or similar list. This will result in the generation of an "Assignment of MRP for patient" form which is sent to the new MRP's action list.

3. **Scheduling the first appointment with the new MRP:**

Patients who have not been discharged will be booked (as described above) to their new physician. The time allotted for that assessment will depend on patient complexity/needs as well as the availability of clinic time in the new physician's schedule.

4. **Communication of Change in MRP Status** (as per the BCCPS and CMPA guidelines):

- a. Notification of Patients Still Under Care: The MRP should make every effort to notify the patient of a change in MRP. The MRP should either speak to the patient personally or write a letter to the patient (refer to the sample letters in appendix 2).

In some cases, patient appointments will need to be changed. The length of the visit is to be decided locally based on clinical requirements. In such cases, patients must be contacted by the responsible clerical staff prior to their appointment to inform the patient of any changes. Patients are to be informed of a change in their physician if they are not already aware from the last visit with the MRP.

All patients within the last two years with BCCA will receive a signed letter of notification of the MRP's departure and reassurance that arrangements will be made to transfer their care to another physician along with contact information for any concerns (as per signed letter).

b. Notification of patients who are being discharged:

- Patients who have been inactive (no appointments) with BCCA for under 2 years will be discharged with letters sent to the patient and GP's office (sample letters are found in appendix 2).
- Patients who have been inactive for 2-5 years will be discharged by sending a letter to the GP's office only and not to the patient
- Patients who have been inactive for over >5 years will be discharged with no requirement for notification letters.

c. Notification of HIM:

When a physician ceases to provide service at BCCA the RPPL or assistant must notify HIM as soon as the physician's departure becomes known. This is to ensure safety and continuity of care by re-routing any current/future reports from the departing physician's action list to the newly assigned MRP or covering physician for those patients. (Refer to Policy: Notification Process to HIM by RPPL when Physician Leaves BCCA in appendix 3)

One week after departure, any items on the action list of the MRP should be routed to the newly assigned MRP on the coverage rota and the action list closed. Any concerns regarding action lists are to be directed to the RPPL.

d. Notification of other Care Providers regarding physician departure:

The MRP should inform:

- The patient's Primary Care Provider (Physician, Nurse Practitioner) where this is known, by phone or letter.
- The local hospital at which the MRP is credentialed and privileged, as applicable (by phone or letter).

Refer to the roles and responsibilities process flow chart in Appendix 4: BCCA Medical Transfer of Care When an MRP Departs-- Standard Operating Procedures.

References

College of Physicians and Surgeons of BC Professional Standards and Guidelines: Leaving Practice, October 2009

Canadian Medical Protective Association: Considerations When Leaving a Medical Practice—Duties and Responsibilities. April 30, 2015



Appendix 1

DISCHARGE PROCESS FOR BCCA REFERRED PATIENTS

Proper discharge instructions are required for patients who no longer receive active care or follow-up at BCCA. This is required to instruct processing of patient related information and, for breast and colorectal cancer patients, to ensure that follow-up letters are generated. Please review and follow the instructions below to ensure proper discharge.

MDs: For all patients who you are sending back to their family doctor for follow-up care, please **dictate a transfer summary (work type 102)**. The transfer summary is the appropriate dictation if you do not want to receive any subsequent labs or reports on your patient. If you have not booked a return appointment for the patient, but do wish to continue receiving the patient's lab and other reports on your action list, please write a "NO NEED TO RETURN" (NNR) order.

For patients with breast or colorectal cancer, both the transfer summary and the "NNR" order, if done by a physician in any of the 6 BCCA clinics, or satellite clinics, result in an annual follow-up letter that will be sent to the family doctor requesting information about the patient's current status.

If at some point in the future you no longer wish to receive reports for signature on your action list, please discharge the patient by dictating a transfer summary (work type 102).

Note to MDs: After signing the transfer summary, it is distributed by Excelleris. A list is generated by IT of all transfer summary work type 102's distributed 30 days previously. The 30 day timeline allows time for the Community Physician to receive the transfer summary letter, and gives time for the Oncologist to receive information sent before notification of the transfer has been received. After HIM changes the patient type to Admitted/Separated 30 days after the transfer summary has been distributed, the Oncologist will no longer receive incoming reports for that patient, unless the Oncologist is the Requisitioning Physician for a test or unless a letter is addressed to the Oncologist. All other incoming reports will be viewable on CAIS but will not require signature.

Clerical staff: When the physician writes a discharge order and dictates a transfer summary, the ACU or RT clerk may still enter the activity code "DISCH" in CAIS, but it will no longer generate a discharge letter. The clerk should ensure that there is no future appointment booked before entering this activity code. If there is a future return appointment with another Oncologist, the clerk should process the order as a "No Need To Return" (NNR) order, and the patient type should **NOT** be changed. The Oncologist may wish to transfer care to the other Oncologist.



When the physician writes an “NNR” order, and there is no future return appointment with another Oncologist, the ACU or RT clerk enters the activity code “NNR” and changes the patient type to A/F in CAIS.

HIM staff: Access the list showing the names and agency id’s of patients whose transfer summaries were distributed 30 days previously. HIS staff (or designate) then change the patient type from A or AF to AS and update the follow-up flag screen in CAIS (follow-up flag, follow-up interval, date of last contact, and type of last contact is automatically populated when the patient type is changed to AS).

Satellite clinics: Please note that satellite clinics follow the same procedures as the 6 comprehensive cancer centres.

CON clinics: Please note that the NNR order is NOT available for Communities Oncology Network (CON) clinics.

Definitions:

AF: Admitted/Follow-up for those patients who are no longer being seen but the MRP wishes to see any future tests/reports in the action list for signature

AS: Admitted/Separated for those patients who have been discharged and the MRP no longer wishes to see future reports.



Provincial Health Services Authority

Category: Patient Care

Transfer of Patient Care
When MRP Departs from
BCCA

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Appendix 2: Sample letters

A. To BCCA patients regarding change in MRP

B. To Primary Care Provider regarding Patient Discharge from BCCA

A. LETTER TO PATIENT REGARDING CHANGE IN MRP

Date

Dear Patient/Name,

It has been a great pleasure providing your health care. As of _____(date) I will be leaving the ____Centre, BC Cancer Agency. This letter is to inform you your care will be transferred to one of my colleagues at the _____ Centre. Arrangements will be made for you to see another oncologist, but in the meantime your care will continue under the care of the covering doctors. If you have any concerns about your care please call the phone line at XXX-XXX-XXXX.

If you have any questions please call the _____ Centre appointment booking line at (phone number).

Thank you and kind regards

Physician
Centre/BCCA



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Appendix 2: Sample Letters - Continued

B. LETTER TO FAMILY PHYSICIAN/PRIMARY CARE PROVIDER REGARDING PATIENT DISCHARGE FROM BCCA

Family Physician
Address
Address

Dear Dr. X:

Re: Patient XY BCCA# XXXXXXXX DOB: 0X/0X/XXXX

Dr. A is leaving the cancer agency as of XXXXX. We realize that your patient hasn't been seen at the BC Cancer Agency in more than 2 years and we are writing to inform you that they are now being discharged from the Cancer Agency. If your patient needs ongoing follow-up or needs to be seen again please send in a new referral to the new patient office at XXX-XXX-XXXX.

If this patient is no longer in your practice there is no need to contact us. Please just dispose of this correspondence in a confidential manner.

Thank you and kind regards,

Physician
Centre/BCCA

(or from RPPL if physician/MRP has already departed from BCCA)

Appendix 3

Notification Process to HIM by RPPL when Physician leaves BCCA

Policy

When a physician ceases to provide service at BCCA, the Departmental Regional Professional Practice Leader or his/her Administrative Assistant must notify HIM within 48 hours of the physician's departure.

The reasons HIM needs to know when a physician is no longer working at BCCA are:

1. To re-route any reports from the physician's action list to the physician(s) assigned to these patients.
2. To route future incoming reports for patients for whom the physician was MRP before leaving BCCA.

Without HIM being notified of a physician's departure, there is a risk that patient care will be jeopardized because no physician is receiving information for the patient and the reports will remain in the action list of the physician who is no longer working at BCCA.

Procedures

1. Whenever a Physician leaves BCCA, his patients are assigned to another physician.
2. Notify the HIM Coordinator in your Centre that the physician is leaving BCCA, and give the date when the physician leaves.
 - Give information as to whom the physician's patients have been assigned.
 - Give information as to where any outstanding items in the physician's action list are to be re-routed.
 - Give information as to where new reports being sent for the patient are to be routed.

BCCA Medical Transfer of Care When an Oncologist Departs: Standard Operating Procedures

