Practice Transitions: Standards for Nurse Practitioners

(Not in effect until approved)

Purpose

This standard ensures that nurse practitioners (NPs) manage practice transitions in a manner that prioritizes patient care and ethical responsibilities. NPs must stop accepting new patients or referrals once a decision is made to **close** or **leave a practice**, **significant change in scope**, **reduce panel size**, or **relocate a practice** a significant distance away. They are required to take **reasonable steps** to ensure no patients are abandoned, equitably manage any reduction in practice size and develop **contingency plans** for high-risk or medically vulnerable patients. NPs must arrange for the transfer of care whenever possible, comply with the Code of Ethics throughout the transition, and establish plans for the management of health records in accordance with the *Health Information Act* and the CRNA's privacy standards. Notification requirements must be met to ensure patients, the CRNA, and other health-care providers are informed in a timely manner, and any unused prescription forms, medications or equipment must be appropriately disposed of.

Criteria

To meet this standard, NPs must:

Stop accepting new patients or referrals once the decision is made to close, leave, significant change in scope, reduce panel size or relocate a practice a significant distance.

- 1. Take reasonable steps to ensure no patients are abandoned and manage any reduction in practice size equitably.
- 2. Take reasonable steps to arrange for the transfer of care patients to another provider when possible.
- 3. Develop contingency plans, if a replacement provider is not found:
 - 3.1. For high-risk or medically vulnerable patients.
 - **3.2.** Ensuring follow-ups on diagnostic tests, prescription renewals and specialist referrals are addressed.

- **3.3.** The NP may provide limited coverage for urgent matters during the initial transition phase (e.g., up to 3 months after departure) or arrange for another provider and does not imply ongoing patient care responsibilities.
- **3.4.** Develop a plan for managing health records in compliance with the *Health Information Act* and the CRNA's privacy standards.
- **4.** Establish an **information sharing agreement** if the NP will not retain custody of health records. The agreement must:
 - **4.1.** Outline responsibilities for record maintenance.
 - **4.2.** Specify associated costs.
 - **4.3.** Ensure any fees for patient access are reasonable and fair.
 - **4.4.** Define procedures for ensuring ongoing patient care in the NP is suddenly removed or loses health record access.
- 5. Designate a **successor custodian** in advance of a sudden practice closure (e.g. NP death) who must be:
 - 5.1. Eligible under the Health Information Act.
 - **5.2.** Located close enough to the original custodian's practice to ensure patients can reasonably access their health record.
- 6. Notify patients (or **substitute decision-maker**) at least 90 days before a closure, significant change in scope, reduce panel size or relocate a practice a significant distance via phone, letter or secure electronic communication. If another provider is available, the notification period may be shortened.
- 7. Document the notification in the patient's health record that includes:
 - 7.1. The planned departure date.
 - 7.2. Instructions for accessing health records.
 - **7.3.** Options for ongoing care.
- **8.** When relocating their practice, provide patients with the option to continue care if the new location is a **reasonable distance**. Notify the CRNA:
 - **8.1.** At least 90 days:
 - 8.1.1. If closing a practice, the planned closure date.

- **8.1.2.** If relocating the practice, the new practice address. Or as soon as possible in the circumstances are beyond the NPs control (e.g. fire, flood).
- 8.2. The plan for transferring patient care.
- **8.3.** Details of health record storage and access, including the successor custodian's contact information.
- **8.4.** The NP's forwarding contact information.
- **8.5.** As soon as possible, for significant changes in scope of practice, and provide documentation of their training, experience and competence related to the change.
- **8.6.** Provide notification to all health-care providers to whom the NP regularly refers patients or from whom they receive referrals, hospitals, employers and Alberta Health if applicable.
- 9. Return unused Triplicate Prescription Program forms according to program requirements.
- 10. Properly dispose of medications, equipment and supplies.

Glossary

CLOSING OR LEAVING A PRACTICE – The permanent discontinuation of a physical and/or virtual NP practice.

CONTINGENCY PLANS – Strategies to address patient care needs in the absence of a replacement provider.

INFORMATION SHARING AGREEMENT – A formal agreement that outlines how custodians will manage shared patient records, including roles, responsibilities and processes. It also specifies the actions to be taken if the arrangement changes.

REASONABLE DISTANCE – A distance that patients can feasibly travel to access care, which may vary depending on individual circumstances. While some patients may be willing to travel greater distances to continue care with their provider, others may require care within closer proximity.

REASONABLE STEPS – Actions taken by an NP to attempt to secure a health-care provider who can assume responsibility for their patients' care.

REDUCE PANEL SIZE – A significant decrease in the practice volume that requires the reduction of the number of patients under the NP's care.

RELOCATE A PRACTICE – Moving an NP's physical and/or virtual practice to a new location, regardless of distance.

SIGNIFICANT CHANGE IN SCOPE OF PRACTICE – A substantial change in the NP's duties and responsibilities.

SUBSTITUTE DECISION MAKER – A person authorized to make health care decisions on behalf of a patient who lacks capacity.

SUCCESSOR CUSTODIAN – An individual, eligible under the *Health Information Act*, designated to assume responsibility for patient health records.

Acknowledgements

The College of Registered Nurses of Alberta (CRNA) acknowledges the valuable contributions of other Canadian nursing, physician, and regulated health profession colleges in the development of this document. The CRNA recognizes the College of Physicians and Surgeons of Alberta for their expertise and collaborative efforts. The insights and practices shared by these organizations have helped shape this standard.