Continuity of care and shared records

Standard operating procedure (SOP) | PHC-SOP-002

Document type	Standard operating procedure (SOP)
Title	Continuity of care and shared records
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	System S3 (Primary care practice), criterion S3.3
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Book patients with their usual clinician or team where it is clinically appropriate.
2. Keep the record in one place that the whole team can read.
3. Any team member who sees the patient writes the key points.
4. Review the access list each year.

Stop and get help straight away if: a team member cannot find the history needed for a patient they are seeing.

1. Purpose

To keep one story for each patient, so that any team member can continue their care (S3.3).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

Patients who see a different clinician each visit repeat their history, and important details are lost. Continuity means one clinician or team holds the story, and records move with the patient.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Practice manager	Owns booking rules and the access list	Management
Clinicians	Write key points; use the usual clinician rule	Trained

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Book.	• Offer the usual clinician or team first, where it is appropriate.	Continuity starts at booking.
2	Record.	• Write the key points of each visit in the shared record.	Write for the next clinician.
3	Check access.	• Check the access list each year against the team list.	Only current staff have access.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Patients seen by usual clinician where appropriate	At least 70%	Quarterly	Practice manager	Escalate to clinical lead
Access list reviewed in the last 12 months	100%	Yearly	Practice manager	Escalate to chief executive

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
PHC-FRM-001	Shared record access check	Check record

16. Evidence

ID	Source and status
E-006	ASF Policy Framework v1.2. Adapted.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval