

|                                          |                      |                                                                                     |     |
|------------------------------------------|----------------------|-------------------------------------------------------------------------------------|-----|
| <b>Organisation name</b><br>Site or unit |                      | <b>STANDARD OPERATING PROCEDURE</b><br><b>Continuity of care and shared records</b> |     |
| <b>Document ID</b>                       | PHC-SOP-002          | <b>Version</b>                                                                      | 1.0 |
| <b>Status</b>                            | Blank form, to adapt | <b>Issue date</b>                                                                   |     |
| <b>Review date</b>                       |                      | <b>Replaces</b>                                                                     |     |
| <b>Owner</b>                             |                      | <b>Approved by</b>                                                                  |     |
| <b>Signature</b>                         |                      |                                                                                     |     |

**Standards** > **Standard S3** > **Standard operating procedures (SOPs)**

Standard operating procedure (SOP) · PHC-SOP-002 · Version 1.0 · Approved by the ASF Expert Committee

**Supports:** System S3 (Primary care practice), criterion S3.3

### At a glance

- Book patients with their usual clinician or team where it is clinically appropriate.
- Keep the record in one place that the whole team can read.
- Any team member who sees the patient writes the key points.
- 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. 1. Purpose

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

## 2. 2. Scope

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

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

### 3. 3. Definitions

| Term          | Meaning                                               |
|---------------|-------------------------------------------------------|
| Clinical lead | The doctor or nurse in charge of the area at the time |
|               |                                                       |
|               |                                                       |
|               |                                                       |

### 4. 4. Background

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. 5. Responsibilities

| Role             | Responsibility                                 | Competence |
|------------------|------------------------------------------------|------------|
| Practice manager | Owns booking rules and the access list         | Management |
| Clinicians       | Write key points; use the usual clinician rule | Trained    |
|                  |                                                |            |
|                  |                                                |            |
|                  |                                                |            |

## 6. 6. Materials and equipment

| Item                                     | Requirement     | Condition          |
|------------------------------------------|-----------------|--------------------|
| Records and forms named in this document | Current version | Checked before use |
|                                          |                 |                    |
|                                          |                 |                    |
|                                          |                 |                    |

## 7. 7. Safety

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

## 8. 8. Before you start

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

## 9. 9. Procedure

### Step 1. Book.

- Offer the usual clinician or team first, where it is appropriate.

**Key point:** Continuity starts at booking.

### Step 2. Record.

- Write the key points of each visit in the shared record.

**Key point:** Write for the next clinician.

### Step 3. Check access.

- Check the access list each year against the team list.

**Key point:** Only current staff have access.

## 10. 10. Decision points

- No decision points in this procedure.

## 11. 11. Special situations

| Situation    | Action                                                                  |
|--------------|-------------------------------------------------------------------------|
| Out of hours | Follow the same steps. Use the on-call contact on the wall of the area. |
|              |                                                                         |
|              |                                                                         |
|              |                                                                         |

## 12. 12. Escalation

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

## 13. 13. Monitoring

| Measure                                            | Target       | Frequency | Owner            | If not met                  |
|----------------------------------------------------|--------------|-----------|------------------|-----------------------------|
| 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 |
|                                                    |              |           |                  |                             |
|                                                    |              |           |                  |                             |
|                                                    |              |           |                  |                             |

## 14. 14. Records

| Record | Kept in | Retention |
|--------|---------|-----------|
|--------|---------|-----------|

| Record named in this document | Patient record or the area file | the period set by the facility's records policy years |
|-------------------------------|---------------------------------|-------------------------------------------------------|
|                               |                                 |                                                       |
|                               |                                 |                                                       |
|                               |                                 |                                                       |

## 15. 15. Training

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

## 16. 16. Related documents

| ID                        | Title                      | Use          |
|---------------------------|----------------------------|--------------|
| <b><u>PHC-FRM-001</u></b> | Shared record access check | Check record |
|                           |                            |              |
|                           |                            |              |
|                           |                            |              |

## 17. 17. Evidence

| Reference | Note                                |
|-----------|-------------------------------------|
| E-006     | ASF Policy Framework v1.2. Adapted. |
| E-006     | ASF Policy Framework v1.2. Adapted. |
| E-009     | ASF Expert Committee consensus.     |
|           |                                     |
|           |                                     |
|           |                                     |

## 18. 18. Change history

| Version | Date                 | What changed  | Approval                      |
|---------|----------------------|---------------|-------------------------------|
| 1.0     | the date of approval | First version | set Expert Committee approval |
|         |                      |               |                               |
|         |                      |               |                               |
|         |                      |               |                               |

No e-learning course is linked to this document yet.

## 19. References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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### Related standard

- [Standard 59: Outpatient Medical Specialties](#)