Practice Guidelines

When Nurse Practitioners Leave a Practice Temporarily or Permanently

Nurse practitioners, as autonomous health professionals, work in collaboration with their clients and other health care providers to provide high quality, client-centred care. In the event that a nurse practitioner leaves her/his practice, s/he is accountable to take action to minimize interruptions to client care as much as possible. This includes developing a specific communication plan with the employer, collaborating physician(s) and other NPs in the collaborative practice to inform clients and other health care providers and services in a timely manner. This also includes a plan for clients in need of urgent, continuous and/or follow-up care once the nurse practitioner leaves the practice (Nurse Practitioner Standards of Practice, 2012). While collaborative practice structures may differ (e.g. primary care, acute care, etc.), NPs are expected to apply these guidelines to their specific practice settings as appropriate.

Notifying the Employer and Collaborating Physician(s):

NPs must notify their employer, in compliance with their employment contract, and preferably as soon as a decision has been made to leave a practice. This will provide the employer with adequate time to find a replacement. This will also enable the NP, collaborating team and employer to develop a plan to manage client care in the absence of the NP.

Notifying Clients and Planned Follow-up:

When an NP decides to leave a practice, clients must be notified as soon as possible to assure them that plans are in place for follow-up care and/or provide them with options and the information they require to obtain another care provider. The notification must include information about

- Where clients can get urgent care including a list of available community walk-in clinics
- Who will be replacing the NP (if known)
- How clients will receive follow up care including test results, referrals and prescription renewals
- Health providers in the surrounding community accepting new patients, if applicable
- How to transfer their medical records to a new provider (if required)
- If the absence is temporary (e.g., MLOA, leave of absence) the date of return to the practice.

The NP must confirm with the employer the preferred processes that will be used to notify clients and the individuals responsible for each communication message. Communication methods could include but are not limited to the following:

- Personal communication during a face-to-face appointment or by telephone
- Formal client letter, and/ or
- Notification through local newspaper or other community publications
- Printed notice in the practice setting or on a practice website
- Recorded office message.
Notifying Other Healthcare Providers and Services:

To ensure that health care information including referral outcomes, laboratory and other diagnostic results are received by the appropriate individual and that when required timely care is provided, it is essential to notify the following individuals or agencies:

» Health care professionals to whom the NP has referred clients
» Health care professionals or services that refer clients to the NP
» Pharmacies with the NP’s catchment area
» Laboratory and diagnostic services within the catchment area
» Medavie Blue Cross Medical Services Insurance of Nova Scotia (MSI)
» Laboratory services to deactivate the NP’s PMB number (if no longer practicing in Nova Scotia)

Notifying the College of Registered Nurses of Nova Scotiia:

When a NP leaves his/her practice, they must send a CPR Verification Form to the College stating the date that s/he is leaving the practice.

Access to Medical Records:

The majority of NPs in Nova Scotia are employees of a District Health Authority (DHA). The clients’ records are the property of the health authority so when NPs leave their practice they must inform their clients about how to access their records through the DHA if required. Note that this may not be necessary if the clients’ care is being assumed by another member of the collaborative practice.

Self-employed NPs are expected to appropriately arrange for the transfer or retention of clients’ records. According to Nova Scotia’s Personal Health Information Act (PHIA), self-employed NPs would be custodians of client records and are required to have a written retention schedule for personal health information in their custody or under their control. PHIA does not set out a specific period for which records must be retained by a custodian, but does provide that the schedule sets out all legitimate purposes for retaining the information, as well as the retention and destruction schedules associated with each purpose. As a custodian, when establishing a retention schedule, it is important to be mindful of the law regarding potential liability claims which may be brought against the custodian. The College advises self-employed NPs to seek legal counsel regarding the development of retention schedules. The Canadian Nurses Protective Society can provide such counsel.

If there are any questions or concerns, please contact the Trent MacIsaac Practice Consultant at 1 800 565 9744 ext. 250 or npsupport@crnns.ca.