

Practice Standard- Discharging a Patient/Client

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Definition

Discharging a patient/client occurs when the services being provided to the patient/client are terminated.

Intent

Discharging a patient/client is an expected and necessary part of the relationship. Members need to plan for and implement the discharge appropriately. Particular care needs to be taken where the discharge occurs earlier than originally anticipated (e.g., if the goals of the treatment plan cannot be met and/or if the needs of the patient/client are beyond the skill, abilities or scope of practice of the member and/or if the patient/client is abusive). This Standard describes the College's expectations for members involved in the care of patients/clients when the patient/client is to be discharged and focuses particularly on managing earlier than expected discharges.

Standard Statement

Members¹ will plan for the discharge of a patient/client as early as possible and will involve the patient/client in the planning as much as is possible. In keeping with the College's Practice Standard – Record Keeping, reasonable information regarding discharge and discharge plan of care is contained in the patient's/client's personal health record. Where a patient/client is discharged for a reason other than the achievement of the goals of the treatment plan, members will promote, as much as is reasonably possible in the circumstances, the principles of continuity of care and be sensitive in their communications with the patient/client.

Description of Standard

A member demonstrates the Standard by:

1. Examining the Reasons for Discharge

Where the reasons are other than the achievement of goals, the member will examine the significance of the reasons. For example, where the patient/client has become abusive, the reasons for discharge are compelling and may warrant prompt action and careful consideration as to how the patient/client will be referred on to other practitioners. Where there has been a breakdown in the

¹ Members should note that, as per the Practice Standard – Supervision and Education of Students and Support Personnel, creating a discharge plan and discharging a patient/client is not to be assigned to students or support personnel.

professional relationship (e.g., the patient/client misses a number of sessions and does not follow through on mutually agreed upon strategies), the member should examine whether the relationship can be restored. Where the patient/client is no longer able to pay for the services, the member may have some obligations to continue necessary treatment for a reasonable time to enable other care arrangements to be made². It should be noted that members may not discharge a patient for reasons that are considered “protected grounds” in the Ontario Human Rights Code.

Note on discharge from treatment where real, possible or perceived Conflicts of Interest may exist:

In the event that the kinesiologist may provide treatment, services or other care where there are real, possible or perceived conflicts of interest, including situations where the patient is a close personal relation of the kinesiologist (such as a spouse, in circumstances where spousal treatment may be appropriate and permissible), discharge, including transfer of care to another suitable practitioner, should be planned, documented and completed as soon as safely and reasonably possible.

2. Considering the Condition of the Patient/Client

Where the condition of the patient/client requires ongoing kinesiology services in the short term (e.g., to manage pain or to prevent permanent damage or a loss of momentum in progress), the member has a greater responsibility to ensure continuity of care during the transition in provider. This responsibility may involve the member actively participating in the search for an alternative provider and/or a duty to provide ongoing care for a reasonable period of time.

3. Reviewing the Availability of Alternative Services

The availability of alternative services affects how much notice the member should provide to the patient/client before withdrawing services. Where services are readily available in the community, a short period of notice is acceptable. Where services are very difficult to obtain elsewhere, the member may need to consider a longer period of notice. Depending on the nature of the patient's/client's condition and the type of treatment plan, alternative services may include those offered by other practitioners (e.g., a physiotherapist, occupational therapist or a massage therapist).

4. Giving as Much Opportunity to the Patient/Client as Possible

Providing early notice to the patient/client of the need for a transfer of care can fulfill a member's professional obligations. For example, if a member knows that he or she will be closing his or her private practice, the member can provide three months notice to all patients/clients, advising them how and where they can locate alternative services and allow them to find their own replacement service. However, where very little notice is given, the member may need to actively approach alternative care providers for his or her patients/clients.

Legislation

Regulated Health Professions Act, 1991

Paragraph 1(1).6 of the professional misconduct regulation, which reads as follows:

² It is considered unprofessional, once a member has agreed to treat a patient/client, to deny urgent health services to the patient/client simply because he or she cannot afford to pay.

6. Discontinuing professional services that are needed unless the discontinuation would reasonably be regarded by members as appropriate having regard to,
 - i. the member's reasons for discontinuing the services,
 - ii. the condition of the client,
 - iii. the availability of alternate services, and
 - iv. the opportunity given to the client to arrange alternate services before the discontinuation.

Notation

In the event of any inconsistency between this standard and any legislation that governs the practice of members, the legislation governs.