

Ending Nurse Practitioner-Patient Relationship: Standards for Nurse Practitioners

(Not in effect until approved)

Purpose

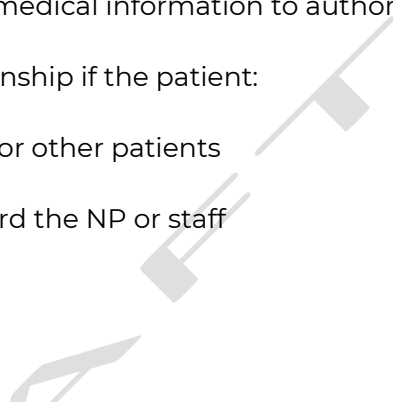
This standard ensures that nurse practitioners (NPs) end NP-patient relationships ethically and professionally by adhering to principles of non-discrimination, fairness and transparency. NPs must base their decisions on sound clinical judgment, document efforts to resolve issues and take reasonable steps to safeguard continuity of care. The standard protects patients from unjustly ending of the NP-patient relationship while supporting NPs in **complex** situations, including addressing safety concerns and appropriate follow-up care.

Criteria

To meet this standard, NPs must:

1. Not delegate the decision to end the NP-Patient relationship; the NP must make the decision and communicate it directly to the patient.
2. Document all attempts to resolve issues leading to ending the relationship in the patient's health record.
3. Have a reasonable expectation that care provided extends beyond **episodic care**, such as **longitudinal relationships** or care for a defined period.
4. Not end the relationship based on **discrimination**, medical complexity, patient lifestyle choices or time demands of the patient's care unless reasonable attempts to resolve the issues have been documented.
5. Not end the relationship due to:
 - 5.1. Elements of care being outside the NP's clinical expertise; in such cases referrals to other providers must be explored.
 - 5.2. Administrative requirements associated with the patient's condition (e.g., documentation or reporting).
 - 5.3. Missed appointments or unpaid fees, without first:
 - 5.3.1. Considering the patient's socioeconomic factors.

- 5.3.2. Offering reasonable accommodations where appropriate.
 - 5.3.3. Attempting to resolve the issue.
 - 5.4. Patient declines to pay for **uninsured services** or **block fees**.
 - 5.5. Non-adherence to treatment unless repeated non-compliance persists despite efforts to resolve it.
 - 5.6. Practice relocation when it is reasonable for patients to follow the NP to the new location.
 - 5.7. The patient choosing treatment options that do not align with the NP's advice (e.g., use of traditional medicine, vaccination decisions).
 - 5.8. The patient living with addiction, dependence or being prescribed high doses of controlled substances.
 - 6. Consider ending the relationship if:
 - 6.1. A significant breakdown in trust or communication occurs (e.g., prescription fraud, persistent no-shows).
 - 6.2. Another provider assumes responsibility for the patient's care.
 - 6.3. The patient relocates, making in-person visits unreasonable.
 - 6.4. The NP changes their scope of practice, and current patients no longer fit within the new scope.
 - 6.5. The NP reduces their panel size to maintain safe care delivery.
 - 7. When reducing panel size
 - 7.1. Use fair and compassionate criteria to identify patients for removal.
 - 7.2. Consider patients' vulnerability and access to alternate care.
 - 7.3. Prioritize retaining patients with **acute** or complex care needs.
 - 8. Before ending the relationship make reasonable efforts to address the issue and ensure patient care is not jeopardized.
 - 9. When ending the relationship:
 - 9.1. Document the reasons in the patient's health record.
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- 9.2. Provide written notice with a timeline appropriate to the patient's care needs.
 - 9.3. Inform the patient of their right to access their medical record and any applicable transfer fees.
 - 9.4. Share reasons for ending unless disclosure poses immediate or grave risks to health, safety or public welfare.
 - 9.5. Ensure continuity of care for any serious conditions.
 - 9.6. Arrange for timely access to emergency care, prescription renewal, follow-up care and specialist referrals for a reasonable period.
 - 9.7. Establish processes for transferring medical information to authorized parties.
10. Consider immediately ending the relationship if the patient:
- 10.1. Threatens the safety of the NP, staff or other patients
 - 10.2. Engages in abusive behaviour toward the NP or staff
 - 10.3. Violates professional boundaries.
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Glossary

ACUTE – Short-term treatment of a severe or life-threatening injury, illness, routine health problem, recovery from surgery or acute exacerbation of a chronic illness.

BLOCK FEE – A fixed fee for designated uninsured services provided over a specific time period.

COMPLEX – Patients with increased care needs due to multiple chronic conditions, mental health issues, medication-related problems and social vulnerability that may cause episodic crises or exacerbation of illness.

DISCRIMINATION – The unjust or prejudicial treatment of individuals based on characteristics such as race, gender, socioeconomic status, disability or other personal attributes.

EPISODIC CARE – Care focused on a specific health concern or condition, which may involve multiple steps such as diagnostic tests, follow-up appointments and specialist referrals. While the NP provides the necessary care to address the immediate issue, there is no expectation of an ongoing, long-term care relationship.

LONGITUDINAL RELATIONSHIP – A sustained and ongoing relationship between an NP and a patient, typically encompassing care for multiple health care needs over time.

UNINSURED SERVICES – Services that individuals must pay for themselves. Examples include copying or transferring health records, travel immunizations and form completion.

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