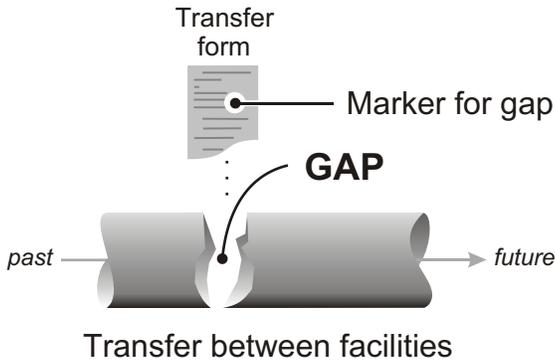
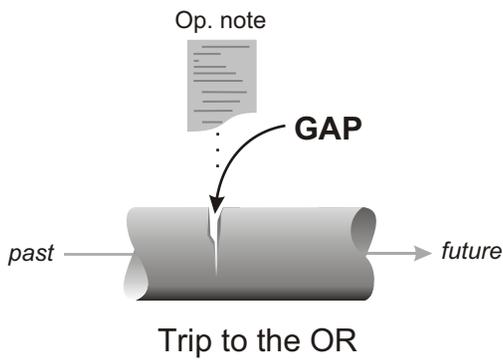


①



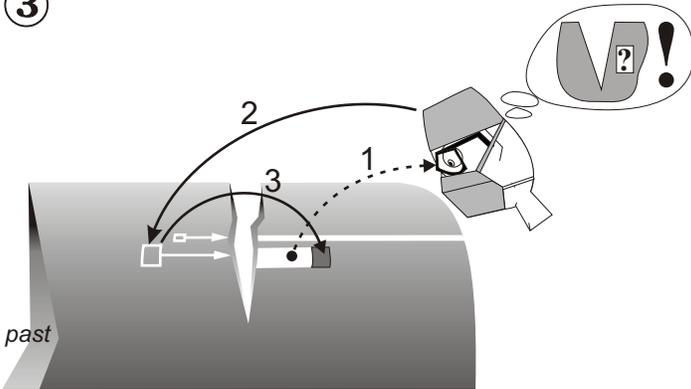
- Gaps in the continuity of care are common.
- Widely recognized gaps are partly offset by artefacts that make up for the discontinuities produced by gaps.
- An example of a recognized discontinuity is patient transfer between facilities.

②



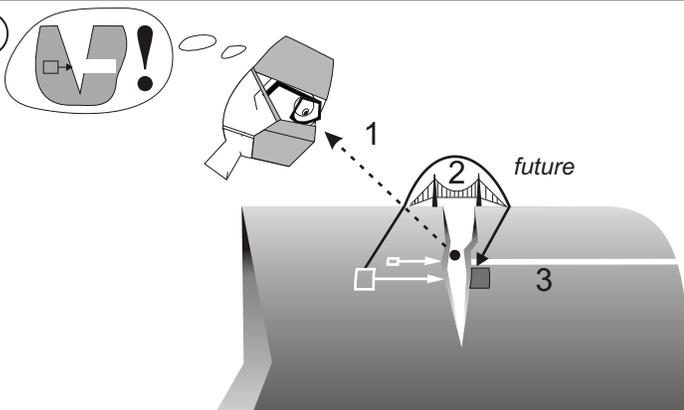
- Smaller gaps occur frequently.
- Examples include trips to the operating room or the change of shift workers.
- Defenses against lost continuity of care include formal artefacts (e.g. the surgeon's op. note) and less formal measures such as communication between operating room, recovery room, and ward personnel.

③



- Past gaps are recognized by their effects.(1)
- Missing or inconsistent data in the world or unexpected behaviors alert practitioners to possible gaps.
- Practitioners recover from the effects of gaps by restoring continuity by reassembling coherent world views (2, 3) or making up for the consequences of gaps.

④



- Experienced practitioners see future gaps (1).
- Anticipating the gaps leads practitioners to construct bridges. (2) These offset some *but not all* of the expected consequences of gaps.
- Successful bridging limits the impacts of gaps (3) but also reduces their apparent significance.