Team Name: Acute Care Program Team Lead: Regional Director – Acute Care Approved by: Executive Director - Mid	Reference Number: CLI.4110.PL.007 Program Area: Across Care Areas Policy Section: General
Issue Date: December 11, 2017 Review Date: Revision Date:	Subject: Information Transfer at Care Transition – Interfacility Transfer

POLICY SUBJECT:
Information Transfer at Care Transition – Interfacility Transfer

PURPOSE:
To support client safety at care transition by implementing a standardized approach for information transfer when a client is transferred from one health facility to another for care.

BOARD POLICY REFERENCE:
Executive Limitations (EL-01) Global Executive Restraint & Risk Management
Executive Limitations (EL-02) Treatment of clients

POLICY:
Information transfer for all patients transferred from one health facility to another is documented on the Provincial *Manitoba Information Transfer Referral Form* (CLI.4110.PL.007.FORM.01)

Information shared aligns with the Personal Health Information Act and Southern Health-Santé Sud Policies and Procedures.

DEFINITIONS:
Information transfer: Communication at care transitions of pertinent information relevant to the care of the client to assist the receiving provider to immediately identify and prioritize ongoing care needs and monitoring requirements.

Care transition: Any point in care when one care provider is transitioning care responsibility to another care provider e.g. transfer.

Client: Any recipient of healthcare services. Includes patients and residents

IMPORTANT POINTS TO CONSIDER:
Information transfer supports safe client care by providing information reflective of critical inquiry, emphasizing critical thinking and clinical judgment, informed by the condition and care needs of the client.

- Patient/designate involvement is an essential component of information transfer and includes providing them with information that they need to support and guide their health journey.

PROCEDURE:

1. Referring to the *Manitoba Information Transfer Referral Form Guidelines for Completion* (CLI.4110.PL.007.SD.01), the sending facility completes the *Manitoba Information Transfer Referral Form* (CLI.4110.PL.007.FORM.01).
2. Other documents being sent with the patient on the inter-facility transfer are attached and referenced on the *Manitoba Information Transfer Referral Form*.
3. A verbal nurse-to-nurse report is documented as having occurred between the sending and receiving facility on the Manitoba Information Transfer Referral Form.
4. A copy of the Manitoba Information Transfer Referral form is filed in the patient's health record.
5. When a nurse from Southern Health-Santé Sud accompanies the patient on the inter-facility transfer, *Nurse Escort Interfacility Transfer Record* (CLI.4110.PL.007.FORM.02) is used to document information received prior to transfer, for documentation of care during the transfer, and that transfer of care occurred at the receiving facility.
    - ➢ See *Nurse Escort Interfacility Transfer Record: Directions for Use* (CLI.4110.PL.007.SD.02).

SUPPORTING DOCUMENTS:

CLI.4110.PL.007.FORM.01	Manitoba Information Transfer Referral Form
CLI.4110.PL.007.FORM.02	Nurse Escort Interfacility Transfer Record
CLI.4110.PL.007.SD.01	Manitoba Information Transfer Referral Form Guidelines for Completion
CLI.4110.PL.007.SD.02	Nurse Escort Interfacility Transfer Record: Directions for Use

REFERENCES:

Accreditation Canada. (2016). *Qmentum program: Required organizational practices handbook 2017.* Ottawa, ON.