



<p>Team Name: Primary Health Care</p> <p>Team Lead: Regional Director - Primary Health Care</p> <p>Approved by: Executive Director - North</p>	<p>Reference Number: CLI.6110.PL.001</p> <p>Program Area: Primary Health Care</p> <p>Policy Section: General</p>
<p>Issue Date: June 20, 2018</p> <p>Review Date:</p> <p>Revision Date:</p>	<p>Subject: Information Transfer at Care Transition–Primary Health Care</p>

**POLICY SUBJECT:**

Information Transfer at Care Transition–Primary Health Care

**PURPOSE:**

The purpose of this policy is to outline minimal requirements for information transfer of care transitions within the Primary Health Care program to support client safety, communication of information in an effort to support continuity of care.

**BOARD POLICY REFERENCE:**

Executive Limitations (EL-01) Global Executive Restraint & Risk Management  
 Executive Limitations (EL-02) Treatment of Clients

**POLICY:**

The SBAR-Clinical (CLI.4110.PL.010.FORM.01) is used as a standardized approach for information transfer and is a document included as a component of the health record.

Providers derive knowledge from scientific sources and professional experiences. The culmination of knowledge gained from these sources results in a provider’s foresight, intuition and gut sense that guides continued critical thinking and decision-making around what to be worried about, what could go wrong and what to look out for. This is a critical component within Information Transfer at Care Transition.

Client and families are supporting during care transitions by being provided information that they need to support and be involved in their care.

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

**DEFINITIONS:**

**Primary Health Care** – this policy is applicable to Midwifery Services, QuickCare Clinic, Family Doctor Finder, Chronic Disease Education Team, Nutrition Services Team, Mobile Clinic, School Clinics, Interprofessional Demonstration Team Initiative and My Health Team and other health care providers in the regional Primary Health Care Program.

**Care Transition** – any point in care when one care provider is transitioning care responsibility to another care provider. Examples include admission, transfer, discharge and handover.

**Client** – any recipient of healthcare services including patients and residents.

**Handover** – Information transfer from one provider to another provider assuming responsibility of care, within the same care location and includes but is not limited to transferring responsibility of care between shifts, or shorter periods of time such as breaks or change in care assignments.

**Health Care Provider** – all individuals who provide direct or indirect care as a result of their position and role in client care.

**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.

**IMPORTANT POINTS TO CONSIDER:**

- Information Transfer supports safe care by providing information reflective of critical inquiry, emphasizing critical thinking and clinical judgment, informed by the condition and care needs of the client.
- Information Transfer includes involving and informing the client, family and/or designate in care and providing them information that they need to support and guide their care.

**PROCEDURE:**

1. See Referral to an Emergency Department/Alternate Care Provider.
2. The SBAR-Clinical is completed at care transition with pertinent information relevant to client care needs to inform the receiving provider of immediate care needs supporting safe continuity of care.
3. A copy of the SBAR-Clinical is included in the health record.

**REFERENCES:**

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| <a href="#">CLI.4110.SG.001</a>         | Referral to an Emergency Department/Alternate Care Provider |
| <a href="#">CLI.4110.PL.010.FORM.01</a> | SBAR-Clinical   |