



Team Name: Primary Health Care	Reference Number: CLI.4110.SG.001
Team Lead: Regional Director - Primary Health Care	Program Area: Across Care Areas Policy Section: General
Approved by: Executive Director – North	
Issue Date: January 11, 2016	Subject: Referral to Emergency Department or an Alternate Care Provider
Review Date:	
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**STANDARD GUIDELINE SUBJECT:**

Referral to an Emergency Department or an Alternate Care Provider

**PURPOSE:**

This guideline, in compliance with the Brian Sinclair inquest recommendations, is to provide direction to Primary Care or Community Health Care Providers within Southern Health-Santé Sud when referring from a primary care provider or a community health care program to an Emergency Department or an alternate care provider in the event that the immediate care a client requires exceeds the abilities or equipment of the primary care provider or community health care program. This guideline addresses recommendations 9, 10 and 11.

**DEFINITIONS:**

**Alternate Care Provider** – a person entitled by training and licensure to provide health services in a health care facility, primary care or in community health care services. Some examples may include, but not limited to, providers from Public Health-Healthy Living, Community Mental Health Program, Mobile Crisis Services, Rehabilitation Services, Wound Care Clinic, Chronic Disease Education Team, Palliative Care Program, Home Care Program, QuickCare Clinic, etc.

**Primary Care or Community Health Care Provider** – a person entitled by training and licensure to provide health services in a health care facility, primary care or in community health care services. Some examples may include, but not limited to Public Health Nurse, Community Health Health Worker, Primary Care Nurse, Nurse Practitioner, Community Health Nurse, Home Care Case Coordinator, Home Care Nurse, Chronic Disease Education Nurse, Dietitian, Midwife, etc.

**Services** – services provided by primary care or community health care program staff.

**Referral** – when a primary care or community health care provider determines that the client requires immediate attention that exceeds the ability or equipment available and arranges for that client to be seen by an alternate care provider.

**Vulnerable Patient/Client** – an individual at increased susceptibility to risk (harm) due to cognitive, emotional or physical limitations.

**SBAR–Clinical** – (CLI.4110.PL.010.FORM.01) a tool that asks for articulating the situation, background, assessment and recommendations to capture critical and relevant information as a standardized approach for information transfer at care transition. The SBAR–Clinical (verbal or written) supports communication and highlights a summary of pertinent information, to guide ongoing quality care for referral, consultation or mitigating risk during care transition.

**PROCEDURE:**

- Upon assessing the need of the client, the primary care or community health care provider will determine which facility/alternate care provider is best able to meet the need of the client.
- The primary care or community health care provider will consult by phone with the identified receiving facility/alternate care provider and present the case to the receiving facility/alternate care provider. The primary care or community health care provider will complete the SBAR-Clinical and advise the receiving facility/alternate care provider that a fax of the SBAR-Clinical, as available, will follow the phone call and ensure that the receiving facility/alternate care provider is aware to look for the report. The primary care or community health care provider will document the telephone call, including the nature, time and date of the call as well as the name and title of the person to whom they spoke, in the client health record. A copy of the SBAR-Clinical will be placed in the client record.
- The primary care or community health care provider will fax the SBAR–Clinical, as available (via the usual fax procedure for that clinic/program either through the Electronic Medical Record (EMR) or via land line fax) to the receiving facility; a copy of the faxed SBAR–Clinical will be kept in the client health record.
- If the primary care or community health care provider cannot fax a copy of the SBAR–Clinical to the receiving facility/alternate care provider, the primary care or community health care provider will advise the receiving facility/alternate care provider, during their phone consultation, that they will complete SBAR–Clinical and send a duplicate copy that is sealed in an envelope, as available, address it to the receiving facility/alternate care provider and send it along with the client. The primary care or community health care provider will ask the client to present the envelope to the receiving facility/alternate care provider. A copy of the SBAR–Clinical will be kept in the client record.
- A primary care or community health care provider will ensure that, as per assessment, a vulnerable patient will have the necessary supports to ensure that they are able to attend the recommended health care service. Options may include patient/client independent, patient/client supported by family/friend or transportation called, taxi, as available. If taxi transport is indicated, the primary care or community health care provider will advise the client that taxi transport cost is the client responsibility.

- The primary care provider will ensure transportation is facilitated as per assessment and supported by documentation. An ambulance will be called when “Medically Necessary”. Options for transportation may include: patient/client independent in transportation, patient/client escorted by family/friend, client transported by Emergency Medical Services (EMS) transport.
- If EMR transport is indicated, the primary care or community health care provider will advise the client that EMS transport is a non-insured service, and that the cost of EMS service is the client responsibility, irrespective of the level of urgency of the transport.
- The client may opt for an alternate means of transport; this decision must be documented in the client health record. Documentation should include the primary care or community health care provider assessment of recommended mode of transportation; how or by whom the client is to be transferred and estimated time of arrival at the receiving facility/alternate care provider.
- When a client requires examination and further assessment under the Mental Health Act, the primary care or community health care provider will determine the most appropriate means of transportation based on client assessment. If the client is at risk to self or others, and or at risk of elopement, transportation by police/peace officer may be considered.

**REFERENCES:**

[CLI.4110.PL.010.FORM.01](#) SBAR-Clinical