Alberta Health Services | Covenant Health

Transition to..... Flow of Information

		Rehab Available	Nursing Services
Home/Lodge with/without Home Care	Home Care referral for Nursing, OT &/or PT prn: include demographics, surgical repair with weight bearing status and any precautions, summary of acute care stay, physician orders for wound care and suture/staple removal, medication list, follow up appointment, current mobility , therapists' notes with rehab plan, equipment and aids required. Discharge instruction sheet sent with patient/family/caregivers	Home Care/ Outpatients OT/PT	Scheduled needs only
Sub Acute, Transition, Rehab, Rural Hospitals	Send info to facility: include inter-facility transfer sheet, surgical repair with weight bearing status and any precautions, summary of acute care stay, most recent lab work, last bowel movement, pain management, physician orders for wound care and suture/staple removal, medication list, follow up appointment, current mobility, therapists' notes with rehab plan, equipment and aids required, discharge plan and location	Rehab available- amount varies	24 hour RN, LPN, HCA
Supportive Living 3, Personal Care	Send to Home Care or Case Manager, Allied Health team: transfer/referral sheet, surgical repair with weight bearing status and any precautions, summary of acute care stay, last bowel movement, physician orders for wound care and suture/staple removal, medication list, follow up appointment, current mobility, therapists' notes with rehab plan, equipment and aids required. Send updates as able and provide time for the facility to prepare for return home. Discharge instruction sheet sent with patient/family/caregivers	Some AHS, some private- amount varies	24 hour HCA with Home Care or Case Manager support
Supportive Living 4 and Dementia	Send to Home Care, Case Manager, Allied Health team: transfer/referral sheet, surgical repair with weight bearing status and any precautions, summary of acute care stay, last bowel movement, pain management, physician orders for wound care and suture/staple removal, medication list, follow up appointment, current mobility, and therapists' notes with rehab plan, equipment and aids required. Send updates as able and provide time for the facility to prepare for return home. Discharge instruction sheet sent with patient/family/caregivers	Some AHS, some private- amount varies	24 hour LPN and HCA with Home Care or Case Manager support
Long Term Care	Send to facility: transfer sheet, surgical repair with weight bearing status and any precautions, summary of acute care stay, last bowel movement, pain management, physician orders for wound care and suture/staple removal, medication list, follow up appointment, current mobility, and therapists' notes with rehab plan, equipment and aids required. Send updates as able and provide time for the facility to prepare for return home. Discharge instruction sheet sent with patient/family/caregivers	Provided by the facility- amount varies	24 hour RN, LPN, HCA

Send patient information book with the patient with all transitions

Reviewed November 14, 2014 / Bone & Joint Health Strategic Clinical Network