Enhancing Concurrent Capability Toolkit Transitions in Care Quick Reference Sheet

What are the roles in transitions of care?

Your role as a care team member

As a care team member, you can build relationships with others to support a person in their care and transitions. For example, you can:

- Cultivate partnerships within your organization and develop external partnerships with community organizations and agencies.
- Support the person in navigating community resources, including recreational, spiritual, medical, social, and housing.
- Help set up the person for success, using reminders, outreach, and follow up, and involve family when appropriate.
- Know when to keep and consult, and when to provide a warm handoff to more appropriate services.

Below is an overview of the roles and responsibilities of the sending and receiving providers, which ensure transitions are communicated in a patient-centred manner.

Role of sending provider

Establish goals for the transition with the person receiving treatment and their and family.

- Assess the person to ensure they are ready to transition.
- Co-create a care transition plan with the person, their family, and the receiving service or provider.
- Provide all referral information e.g., transition plan, discharge plan, medication reconciliation, to the receiving provider.
- Ensure that the person knows what to expect from the transition.
- Ensure that the receiving provider has all of the correct information about the person's plan for care and recovery, and answer any questions they might have.
- Help to coordinate the logistics of the physical transition from one service, unit, facility etc. to another.
- Notify the primary care physician of the care transition plan if appropriate.

Role of receiving provider

- Request and receive all relevant transition and recovery plan information for the person before they arrive.
- Acknowledge receipt of the referral information with direct communication to sending provider.
- Clarify any questions about the transition plan with the sending provider and/or the person receiving treatment.
- Confirm the date, time and location for the person's first appointment with the person and the sending provider.
- Notify the sending provider and/or primary care physician if the person does not attend their first appointment.
- Introduce the person to the new facility, unit, service and team.
- Follow-up with the person to see if they have any questions about the new service.

