Quick Tip

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Information transfers at Care Transitions

Patient and Provider:

- Use standardized tools (e.g. patient care bedside rounds, 'faces' pain scale, GAP tools)
- Patient room whiteboards (if available)
 Provide patient education material in
- multiple languages (if available)

 Discharge teaching materials & follow-up
- instructions
- Interpretation Services
- Use Read-Back/Teach Back methods
- Community Partners participate in family meetings

Provider to Provider:

- Use standardized communication tools (e.g. SBAR, discharge checklists)
- LEAN Board and Safety Huddles
- Common referral forms
- Organization to Organization:
 - Letter generation to Connecting Ontario
 - Common referral forms



Information about the plan of care is communicated effectively during transitions

More Information: www.pemreghos.org/accreditationhub