Ontario
Health atHome

Transfer of Accountability

To be used by all Service Provider Organization (SPO) when transferring care.

For personal support: PSS Supervisor to complete form to hand over care to new PSS provider

Patient Information

Surname:	First Name:	Date of Birth:
Address:		
HCN:		Version Code:

Ontario Health Service Provider Information

Service Provider Name:	Service Provider Telephone:	First Visit Date (dd-mmm-yyyy):
Current Visit Frequency:	Last Projected Visit Date by Current SPO:	Requested Start Date for OHaH:

Is a joint home visit recommended? ◯ **Yes** ◯ **No**

Is a teleconference recommended? ◯ **Yes** ◯ **No**

Service Plan Information

Current patient status (ADL, Mobility, and Cognition):

Patient/family/SDM goals and care preferences:

Current Plan of Care:

Describe current service plan:

Considerations required for successful transition:

Outstanding follow-up required:

Education provided to patient/family/SDM:

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Medical Information

Route

- ☐ Subcutaneous
- ☐ IM
- ☐ Peripheral
- ☐ Midline
- ☐ Central Venous Line (PICC,Hickman)
- ☐ Implanted

Route Details

Insertion Date: _____

# of lumen(s): _____

PICC external length: _____

Last Dressing Change: _____

Last Line Flush: _____

Vital signs, if appropriate (dd-mmm-yyyy)	Blood Pressure	HR	Temperature	Respiratory

Relevant documents attached:

- ☐ Most recent interRAI assessment
- ☐ Most recent medical orders/treatment orders/prescriptions/etc. (It is the health care professional's responsibility to ensure that the most recent orders are shared with the new service provider)
- ☐ Best Possible Medication History (BPMH)
- ☐ PSS: Care Plan and visit schedule
- ☐ Wound care progress
- ☐ DNR-C and other palliative documentation, if applicable
- ☐ Labs/diagnostic tests

List consults and/or other documents:

Additional Comments

Signature (Name and Designation)	Date (dd-mmm-yyyy)
Organization	Telephone