Clients and Families Participating in the Information Transfer at Care Transitions Contributes to Patient Safety

Effective communication is a critical element in improving patient safety, especially at transition points. Transition points occur when clients experience a change in team membership or location, admission, handover, transfer and discharge. Communication breakdown is one of the leading contributing factors to patient safety incidents. Ensuring there is an accurate and timely exchange of information helps minimize misunderstandings and improve patient safety.

Minimum information to be shared at care transitions include client's full name and other identifiers, contact information for responsible providers, reason for transition, safety concerns and client goals. Additonal information such as allergies, medications, diagnoses, test results, procedures and advance directives may also be relevant and required depending on the type of transition. SBAR, M-page, checklists, discharge teaching materials and follow-up instructions are all examples of documentation tools and communication strategies used for effective information transfer.

All members of the healthcare team ***including clients and families,*** have a role to play in ensuring information relevant to the care of the client is communicated effectively. Clients and families need information to prepare for and participate in their care transitions. This may include care plans, goals, signs or symptoms of declining health status and contact information for follow-up. Asking clients and families if they have the information they need, do they understand it, and is there anything else they would like to add are all ways to include clients and families in the transfer of care.

Including clients and family in the transfer of care process reduces the need to repeat information. It gives clients and families the information they need to make decisions and support their own care and improve patient safety.

For more information on Transitions in Care ROP refer to the HPEI *Transitions in Care* fact sheet located on the staff resource center. http://www.healthpei.ca/src/index.php3?number=1055230&lang=E