

Inter-Organizational Transfer of Accountability: Discharge Information Checklist

The checklist outlines key information that should be provided at the time of transfer to the next level of care (to hospital or community) in order to support patient safety and continuity of care.

Patient Information	Key Contacts
<input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> OHIP	<input type="checkbox"/> Family physician <input type="checkbox"/> Substitute decision maker/Power of Attorney <input type="checkbox"/> Name and phone number of most responsible key contact of the referring organization
Relevant Investigations (as applicable)	Status Reports (as applicable)
<input type="checkbox"/> Lab test results <input type="checkbox"/> CT scan report <input type="checkbox"/> MRI scan report <input type="checkbox"/> ECG <input type="checkbox"/> Echochardiogram reports <input type="checkbox"/> Holter monitor <input type="checkbox"/> Carotid dopplers or angiogram <input type="checkbox"/> INR (5 day Coumadin dose history) <input type="checkbox"/> Videopharyngeal swallowing report <input type="checkbox"/> Fiberoptic Endoscopic Evaluation of Swallowing (FEES) <input type="checkbox"/> Videofluoroscopic Swallowing Assessment (VFSS) <input type="checkbox"/> Chest X-ray report <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Patient care plan and/or PODS if available <input type="checkbox"/> Current medication administration record (MAR) <input type="checkbox"/> Last medications and time administered before transfer <input type="checkbox"/> IV Therapy <input type="checkbox"/> Current infection control status <input type="checkbox"/> Current wound management <input type="checkbox"/> G-tube feeds (type, tube size, schedule and change date) <input type="checkbox"/> Ostomy <input type="checkbox"/> Current O ₂ rate and flow <input type="checkbox"/> Current voiding status <input type="checkbox"/> Current diet orders <input type="checkbox"/> Current functional status including transfers and use of assistive devices <input type="checkbox"/> Safety precautions (e.g., weight-bearing orders, activity levels, swallowing restrictions) <input type="checkbox"/> Current cognitive status including level of participation <input type="checkbox"/> Rehab goals <input type="checkbox"/> Advance care directives <input type="checkbox"/> Notification to Ministry of Transportation
Treatment Reports	Follow Up or Treatment Appointments
<input type="checkbox"/> Most responsible diagnosis and other diagnoses <input type="checkbox"/> Consultation notes <input type="checkbox"/> Medical discharge summary <input type="checkbox"/> Summary of any significant treatments/complications during acute care admission <input type="checkbox"/> Last assessment and progress note for each relevant discipline (OT, PT, SLP, SW and RD)	<input type="checkbox"/> Medical appointment <ul style="list-style-type: none"> <input type="checkbox"/> Booked (specify type/date/time/location) <input type="checkbox"/> Referred and requiring follow-up (specify type) <input type="checkbox"/> Preparation required <input type="checkbox"/> Community referrals <ul style="list-style-type: none"> <input type="checkbox"/> Referred and requiring follow-up (specify organizations) <input type="checkbox"/> Recommended but not referred (specify organizations)