**Considerations for Hospitals Receiving Patients**

Patients, care partners and their families should feel safe and confident in the care they will be receiving at the new organization. Hospital teams who are receiving patients transferred due to high volumes during the pandemic have a responsibility to ensure this.

Below is a checklist of considerations for receiving organizations and care teams:

**Prior to Transfer**

* Identify a hospital key contact for the patient/SDM and family and provide this contact name and phone number to the sending hospital so that they can share with patient/family.
* When possible, identify a team member who can reach out to the patient in advance of the transfer to share information about the hospital, gather information and answer any questions. Script is provided below.
* Ask the patient how they would like their family, next of kin or substitute decision maker involved in their care. If the patient has an exception for essential care partner access, this should be honoured at the receiving organization.
* Create a plan for when the patient’s family will be given an update upon the patient’s arrival.
* To support a seamless arrival, where possible the patient should be brought directly to their new ward
* Find out if the patient has any additional needs that the health care team should plan for in advance and be ready to support? For example:
	+ Interpretation or language needs
	+ Assistive devices or accessibility requirements that need to be accommodated
	+ Cultural safety considerations

**After the Patient Arrives on the New Unit**

* Upon arrival, provide the patient/family with information about their MRP and full care team
* Use your personal belongings documentation process to confirm all items arrived with the patient and can be accounted for.
* If outreach before the patient was transferred, ask the patient how they would like their family, next of kin or substitute decision maker involved in their care. If the patient has an exception for essential care partner access, this should be honoured at the receiving organization.
* The receiving hospital should provide patients and family caregivers with information on resources to ease their transition in their preferred language (i.e., access to interpreter services, visitor policies, details on connecting with social supports remotely).
* The clinical team should explore if the patient’s existing culturally specific service providers can continue to support the patient through remote means and be in touch with them to notify them of the transfer if the patient permits. If this is not possible, the clinical team should explore if equivalent culturally specific social services and providers can be accessed locally. Every effort to put this in place should occur.
* Hospitals should explore waiving in-patient telephone fees so patients can maintain remote contact with their social support network without incurring financial costs. Hospitals may wish to explore waiving parking fees and providing passes for public transit to visiting family caregivers with low incomes.