

BC Transcription Services - Medical Transfer Summary #102

<p><u>Patient Identification</u></p> <p><u>Enter Encounter # to populate:</u></p> <p>Patient Name Provincial Health Number Medical Record Number Patient location of visit Date of birth Gender Date of Service/ Discharge</p>	<p><u>Using BC Transcription Services</u> Dial 1-855-666-3240 or x4799 (internal)</p> <p>Then enter: Unique ID (MSP# or assigned) + # key Facility Code 58 + # key (BC Children's) Work Type 102 + # (Medical Transfer Summary) Patient 7 digit visit # + # key</p> <p>Voice prompt – verify Patient Name</p> <p>Press 2 to begin Dictation using MTS outline below End with "Please send copies of report to..." Press 5 to end dictation and log off</p>	<p><u>Please send copies to</u></p> <p><input type="checkbox"/> Family Physician First and Last Names Phone _____ Fax _____</p> <p><input type="checkbox"/> All Adult Specialist(s) List all known First and Last Names Specialty Phone _____ Fax _____</p> <p><input type="checkbox"/> Patient – Copy to ehealth viewer First and Last Names</p> <p><input type="checkbox"/> Author First and Last Names</p>
Topic	Content	
Transfer of Specialty Care	<i>Timing when Specialist(s) will take over care (suggested within 6 months). This document requests transfer of care. Please send confirmation of acceptance of transfer of care and date of first appointment. Please send copy of letter after first visit.</i>	
Condition Specific Information	<ul style="list-style-type: none"> • Condition specific information developed as per clinic/condition specifications <ul style="list-style-type: none"> ○ Date of diagnosis, initial and most recent tests ○ Co-morbidities ○ Advance directives 	
Major Events	<ul style="list-style-type: none"> • Date, event, outcome and plan 	
Medications	<ul style="list-style-type: none"> • Name, dose, rationale, plan • Previous medications • Rationale for changing medication protocols • Indications and contraindications for medications • Specific drug interactions and alerts 	
Results	<ul style="list-style-type: none"> • Relevant reports (including genetics, respirology and any appropriate related consults) 	
**Alerts	<ul style="list-style-type: none"> • Allergies, clinical warnings, other risks in ongoing care • Red Flag condition specific and unresolved transition related issues 	
Immunizations	<ul style="list-style-type: none"> • Flag any condition-specific immunizations protocols and alerts • Rationale for non-completion of recommended schedule • What future immunizations are required 	
**Psychosocial/ Special Considerations	<ul style="list-style-type: none"> • Psychosocial information pertaining to success of primary/specialist care, eg.) cognitive level, communication strategies/barriers, family dynamics and compliance 	
**Overview/Plan	<ul style="list-style-type: none"> • Flag restrictions: activity/ work • Youth strengths/concerns for discharge/transfer 	
Anticipatory Guidance and Recommendations for Future Care	<ul style="list-style-type: none"> • Condition-specific and potential complications/ late effects • Monitoring of medications and suggested tests and lab work • Specialty-specific directions from Transition Care Management Plans or Clinical Guidelines 	