

TITLE

CARE TRANSITIONS

SCOPE

Provincial Addiction & Mental Health: Ambulatory Services;
Residential Addiction Treatment and Detoxification Settings

DOCUMENT

AMH-13

APPROVAL AUTHORITY

Chief Program Officer, Provincial Addiction & Mental Health
and Correctional Health Services

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To facilitate **patient** safety, continuity, and appropriateness of services for patients during **care transitions** in Addiction & Mental Health (AMH) **ambulatory services** (including community programs), and residential addiction treatment and detoxification settings (excluding the Protection of Children Abusing Drugs program).

PRINCIPLES

This policy will be followed with a commitment to the following principles:

- Patient Autonomy:** **Health care providers** should respect the informed, voluntary wishes of capable patients. When patients lack capacity, health care providers should do their utmost to respect the patient's preferences, wishes and values as much as possible and in consultation with their **alternate decision-maker** (ADM).
- Patient-Centred Care:** Health care providers should strive to keep the patient's needs and perspectives at the heart of the health care encounter, contributing to systems and processes that try to prioritize the needs of the patient.
- Collaboration:** Stakeholders, including patients, their ADM, and those the patient identifies as supports (herein referred to as **family**), should, to the extent reasonable and

possible, be empowered to participate in the decision-making process and have their needs and preferences given due regard.

- Patient Safety: Health care providers aim to minimize **risks** to patients' physical and psychological well-being. Patients, families, staff, and the public should not be exposed to harm where it is reasonably avoidable. This obligation is not limited to specific clinics and programs but is a duty of the whole system and often requires collaboration.
- Transparency: Health care providers and health systems should promote openness regarding care transitions criteria and decision-making.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

- 1.1 AMH health care providers focus services using a **recovery-oriented approach**, recognizing patients may seek services at various times over their lifetime. One of the health care provider's roles is to assist with smooth transitions between service types, to ensure the patient remains as the focal point and that the service provision meets the patient's needs.
- 1.2 Care transitions reflect the patient experience of a change in health care providers on the care transition plan, location, service area and/or sectors (e.g., admission, handover, transfer, **conclusion of care**, discharge, and follow-up post-discharge).
- 1.3 A standardized approach to care transitions supports quality patient care, patient safety and a seamless patient-centred experience through the AMH continuum of services.
- 1.4 Care transitions acknowledge and affirm that relationships develop over time between patients and/or their ADM, families, and health care providers, including the patient's **primary care provider**.
- 1.5 Recognizing that care transitions are often a period of increased vulnerability for patients (e.g., pending discharge or conclusion of care, change in treatment setting or handover), health care providers shall refer to the Alberta Health Services (AHS) *Care Transitions* Procedure (AMH) to provide quality patient care.
- 1.6 Patients at risk of suicide are identified and assessed in accordance with the AHS *Suicide Risk Management* Policy and Procedure (AMH).

2. Care Transitions

- 2.1 Health care providers shall directly plan for care transitions with their patients and/or ADM, and families, as appropriate, as per the AHS *Care Transitions Procedure* (AMH).
- 2.2 When care transitions occur between AMH service areas, both the sending and receiving health care provider shall share accountability for collaborating with the patient and/or ADM, and family, as appropriate, for the purposes of planning and implementing patient-centred care transitions. Health care providers, in accordance with the patient's preferences, shall:
- a) discuss at service commencement what can be expected from services, including the conclusion of care;
 - b) ensure the reason(s) for care transition is purposeful and the rationale is transparent;
 - c) provide information to support the patient's and/or their ADM's understanding of the reason(s) for care transition and, as much as possible, actively engage the patient in planning and preparation; and
 - d) make efforts to resolve differences in opinion on the proposed care transition plan (including diagnosis or treatment) prior to the conclusion of care.
 - (i) At any time, the health care provider may refer the **complainant** to contact the Patient Relations department directly to address their concern (1-855-550-2555), per the AHS *Patient Concerns Resolution Process Policy Suite*.
- 2.3 The sending and receiving health care providers shall communicate information relevant to the care of the patient during care transitions using the programs' standardized documentation and communication strategies, as appropriate.
- 2.4 The patient and/or ADM, shall be made aware of what information will be shared and with whom, in accordance with applicable legislation.
- 2.5 A health care provider at both the sending and receiving programs shall be identified to the patient and/or ADM as the point of contact and responsible for coordinating the care transition.
- 2.6 Health care providers receiving patients from AMH inpatient units shall be familiar with the AHS *Safe and Supportive Transfers and Discharges Procedure* (AMH). For those patients transitioning from an inpatient setting, health care providers shall strive to align services with the patients' needs.

- 2.7 Health care providers receiving patients from Residential Addiction Treatment and Detoxification programs shall be familiar with the AHS *Patient Referral, Admission, Assessment, Treatment and Discharge Planning Procedure* (AMH) and strive to align services to the patients' needs.

3. Conclusion of Care

- 3.1 Assessment of patient safety concerns shall be completed prior to the conclusion of care and shall include a view of patient status per the AHS *Care Transitions Procedure* (AMH).
- a) Health care providers shall make reasonable efforts to balance safety concerns for the patient with respect for the patient's autonomy, particularly when making decisions about concluding care.
- 3.2 Equal care and consideration should be given when coordinating and transitioning care to home environments and other non-AHS environments.

4. Documentation

- 4.1 Health care providers are required to document to ensure communication is accurate, timely and clear.

DEFINITIONS

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, specific decision-maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the *Mental Health Act* (Alberta), or an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta). This also includes what was previously known as the substitute decision-maker.

Ambulatory services means, for the purpose of this document, outpatient or community clinical services. Treatment in ambulatory services does not include admission to a hospital, detoxification or residential treatment facility bed, or public education services.

Care transitions means, for the purpose of this document, a change in Alberta Health Services Addiction & Mental Health Services care team membership, location, service area, and/or sectors (e.g., admission, handover, transfer, and discharge).

Complainant means a person who brings forward a concern. This may be a patient or someone acting on behalf of, or in the interest of, a patient, who is either living or deceased.

Conclusion of care means, for the purpose of this document, no further transition to Alberta Health Services Addiction & Mental Health Services, although care may continue with other providers within and beyond Alberta Health Services.

Family(-ies) means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers, and other persons acting on behalf of or in conjunction with Alberta Health Services.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients, and outpatients.

Primary care provider means, for the purpose of this document, a Family Physician or Nurse Practitioner who provides initial care, treatment, and follow-up of various conditions as well as referrals to the rest of the health system when needed.

Recovery-oriented approach means an approach to empower people experiencing substance use and mental health issues to use their strengths and skills to live the life they choose. Empowering a person often includes a harm reduction approach, where their choices are supported and they are treated with dignity and respect.

Risk means, for the purpose of this document, the likelihood of the patient experiencing harm as a result of the patient's mental state, condition or behaviour and the interplay of social and environmental factors.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Care Transitions* Procedure (Addiction & Mental Health) (#AMH-13-01)
 - *Patient Concerns Resolution Process* Policy Suite (#PRR-02)
 - *Patient Referral, Admission, Assessment, Treatment and Discharge Planning* Procedure (Addiction & Mental Health) (#AMH-08-01)
 - *Safe and Supportive Transfers and Discharges* Procedure (Addiction & Mental Health) (#AMH-03-03)
 - *Suicide Risk Management* Policy (Addiction & Mental Health) (#AMH-11)
 - *Suicide Risk Management* Procedure (Addiction & Mental Health) #AMH-11-01)

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