## Shared Transfer of Care Method



	CONSULT	GATHER	ORGANISE
PREPARE	<ul> <li>Receive referral</li> <li>Verbal communication with referrer to clarify any questions</li> </ul>	<ul> <li>Any other information available</li> <li>Who else has been involved?</li> <li>Have previous assessments been completed, and can you obtain a copy?</li> </ul>	<ul> <li>Make sense of the information</li> <li>Discover the story</li> </ul>
	CONNECT	GOALS	AGREEMENT
ENGAGE	<ul> <li>Connect with the person</li> <li>Discover the person's story</li> <li>Identify important relationships</li> <li>Clarify information received</li> <li>Build upon assessment (if required)</li> </ul>	<ul> <li>Listen to the person's goals and concerns</li> <li>Identify the person's strengths and the strengths of the people around them</li> <li>What goals are achievable for the person</li> </ul>	<ul> <li>With all the gathered information, provide the person with the treatment/ care options</li> <li>Through shared decision- making, create an agreed plan</li> <li>Provide time for the person to consider the plan and ask further questions</li> </ul>
	PLAN	SHARE/CONSULT	FOLLOW-UP
TRANSFER	<ul> <li>Generate the plan: complete referrals, gather information</li> <li>Document the plan: include contact details of services</li> <li>Check in with the person to ensure the plan meets the agreed goals and concerns</li> <li>Allow time for the person to ask questions</li> </ul>	<ul> <li>Email/fax referral to appropriate provider or platform (i.e. My Aged Care Gateway) and general practitioner</li> <li>Follow up referral with phone call to clarify any questions</li> <li>Give written plan to person, and ensure they understand</li> </ul>	<ul> <li>Ensure plan contains contact details for person and providers to call back if issues arise</li> <li>Contact provider to check on progress</li> <li>Contact person within 48 hours to check progress (if organisational policies allow)</li> </ul>