Referral Process for Existing Patients to Other Complex Care Clinics

1. Family/patient informs current complex care team they are moving to a region supported by another tertiary site
2. Team assesses appropriateness of transfer, considering the following:
    - Age of child (if >17 years, consider transition to adult care instead)
    - Eligibility for CCKO vs other care coordination programs
    - Wait times
    - Active medical/social issues
3. Team sends current care plan and referral to receiving site

    CHEO Referral Form (EpicCare Link)
    SickKids Referral Form (only via EPIC or EpicCare Link)
    McMaster Referral Form (Fax)
    London Referral Form (Fax)
4. Referrals are made to providers at the receiving site (referral to subspecialists and primary care providers is the responsibility of the current complex care team or specialist, NOT the receiving complex care team)
5. Receiving site formally triages referral and informs referring site of time frame for when the patient will be seen
6. Referring site contacts receiving site to organize handover

Note: Referring site may consider continuing to follow the patient until receiving site has the capacity to take them, if appropriate. Transferred patients will be accepted and seen based on medical need.

7. Family is informed of the transition plan
8. Receiving site copies referring site on initial consult note, signaling the transfer of care is complete

Site Contacts

Children's Hospital of Eastern Ontario: Administrative Assistant: 613-737-7600 x3838

The Hospital for Sick Children: Program Coordinator: 416-813-6617

McMaster Children's Hospital: System Navigator: 905-521-2100 x76169, pedscomplexcare@hhsc.ca

Children's Hospital at London Health Sciences Centre: System Navigator: 519-685-8500 x52461

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