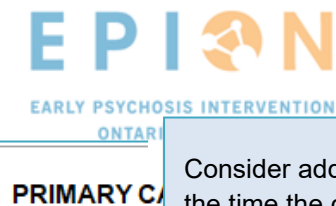


EPION Primary Care Communication Tool:

Based on the results of PEAK’s primary care survey of communication and resources with primary care, this letter was developed by the PEAK Working Group in Spring 2018 to help facilitate concise and regular communication with primary care teams. It is hoped this completed document would be no more than 2 pages and be provided to primary care clinicians at regular 6-month intervals throughout care, prior to discharge from EPI program and at discharge - or when clinically notable changes occur.

Comments and suggestions on using the tool are provided below:

Affix Client Label Here



Consider adding comments about the time the client was last seen, on length of time in program, current status and/or expectation for time within program (if applicable)

Date

Dear Dr./Ms./Mr. Recipient Name,

Re: Client First & Last Name, Client DOB Date of admission to program: Date

Further to our letter dated [date], the client’s current status and updates in care [Statement on status of shared client]

Comments should note both current and changes in each category since last update (include any specific data)

SUMMARY:

Categories	Comments
MEDICATION (INCL. SIDE EFFECTS, ADHERENCE)	Consider: All current medications prescribed, any med changes since last update, comments on adherence and side effects
SYMPTOMS AND DIAGNOSIS OF MENTAL ILLNESS (INCL. CAPACITY, DIAGNOSIS, CTO...)	Consider: current and changes in Sx, diagnosis, capacity, CTO status., insight into illness...
PHYSICAL WELLBEING (E.G. METABOLIC MONITORING, DIABETES, BLOOD WORK...)	Consider: Metabolic monitoring, bloodwork results, diet activity, diabetes, weight, cardiometabolic risk management tool...
ENGAGEMENT IN CARE IN EPI PROGRAM (E.G. PARTICIPATION IN	Consider: How the client has engaged in care <u>within the EPI program</u> . Has he/she attended appts, participated in

GROUPS AND THERAPIES, ATTENDANCE)	groups, followed treatment recommendations...
OUTSIDE SERVICE ACCESS (E.G. OTHER PROGRAM INVOLVEMENT, HEALTHCARE PROVIDERS, ER VISITS, ADMISSIONS ...)	Consider: How client has become involved in care <u>outside</u> of EPI program. E.g. Inpatient admissions, ER visits, links with other community agencies such as vocational, parole, academic supports...
CLIENT GOALS AND PROGRESS	Consider: Clients goals and their progress in achieving them (school, social, symptom management), use of OCAN data...
FAMILY AND SOCIAL INVOLVEMENT	Consider: How family is engaged in care with care team as well as how client is engaged with family, clients social involvement would include interactions with peers, partners and other communities
OTHER PSYCHOSOCIAL ISSUES (E.G. HOUSING, LEGAL ISSUES...)	Consider: Other notable issues such as housing, legal involvement, finances, barriers to care, independent living skills...
SUBSTANCE USE	Consider: Any current substance use (including smoking) and changes in substance use, as well as treatment plans
SAFETY CONCERNS (INCL. SAFETY TO SELF, OTHERS)	Consider: Current suicidal or homicidal ideation, responsive behaviours, consider include any screens (e.g. CSSRS) as well as safety planning
TREATMENT PLAN(S)	Consider: Outlining planned interventions and treatments going forward with client

[Transitional statement]

[Recommendations for primary care]

We hope you find this update helpful to you. Please do not hesitate to contact me at [phone #] for any update or clinical concerns on this client.

Sincerely,

[Name, Title, Signature]

Consider adding comments on any preparation for transition (e.g. time remaining in program), invitation to care conferencing and other relevant information/concerns to support transition. If this letter is being used for discharge, use this portion to outline transfer of accountability

Consider adding specific recommendations for follow up by primary care providers (e.g. abnormal blood work, physical health concerns...)