# PTL - EUZ - Home Support Request Workflow

## 🤹️ Actions to Follow:

* Hit "Send" under Plan Summary
* Go to "Plan Summary" and select the Referral ID Link
  + Review the details of the referral:
    - Does it include any patient identifiable information?
    - Does the math on the home support hours make sense?
    - Is there an existing agency? (we need to send **T\*\*\*\*emplate A**)
    - Is there a preferred agency? (we need to send **Template B**)
* Go to \_Prod folder to obtain documentation
* Initiate outreach to Home Support Agencies (email)
  + \*\*Template A \*\*= Existing Agency
  + \*\*Template B \*\*= Preferred Agencies
  + \*\*Template C \*\*= All Agencies Servicing Area
* Update portal to reflect when initial outreach was made
  + - date + time + initials
* Provide 2-hour window (business hours) for Existing / Preferred agency to confirm if they can accept Referral
  + If they cannot we then email \*\*Template C \*\*- all agencies servicing Zone
* \*\*NOTE: \*\*Specific to sending **T\*\*\*\*emplate C**:
  + If no response from agencies within a 2-hour window (business hours) - begin calling all agencies - random order
    - If agencies provide any reason for why they are unable to fulfill the request - make a note of it
* When an agency has been secured/confirmed:
  + email **Template D** (unblinded patient details) to secured agency;
    - Manual Addition to this: "Who is helping coordinate Support"
      * If Clinician - do not add their name
      * If Family/Friend - Include name and Contact Information
  + email **Template E** (agency secured notification) replying all to initial outreach;
  + email **Template F** (Patient Care Information Package) to Social Worker to print for patient / family.
* PTL to monitor inbox for any changes to discharge date and liaise between parties related to discharge
* On expected date of discharge - PTL follow-up to confirm patient has left hospital
  + Once Confirmed:
    - email \*\*Template G \*\*(Discharge Notification) to Secured Agency
    - email \*\*Template \*\*L (Discharge Notification) to
      * Referring Clinician
      * CSP Coordinator
      * CSP Urban Referrals ([cspurban.referrals@nlhealthservices.ca](mailto:cspurban.referrals@nlhealthservices.ca))

## ✏️ Notes

* This reference guide is for patients who are discharged to the Eastern Urban Zone (EUZ)

## 🔗 Relevant links