

## iPHIS Bulletin #13

# Transferring Client Responsibility

*Revised: March 2020*

## Transferring of iPHIS Clients from One Public Health Unit to Another

This iPHIS Bulletin clarifies the policy direction for transferring client responsibility in the integrated Public Health Information System (iPHIS). It provides public health units (PHUs) with a standardized process of transferring clients from one PHU to another. This process supports seamless and harmonized case management activities across PHUs and ensures statistical counts of cases are consistent. The process of transferring client responsibility is the same for the Outbreak (OM), STD and TB Modules.

A standardized process for transfer client management meets the following goals:

- Ensures continuity of care
- Ensures consistent case counting for provincial and PHU epidemiological reporting
- Provides accurate PHU workload management reports

### Exclusions

- This bulletin does **not** apply to the CD/Rabies Module. The PHU in which the incident occurred is responsible for entry into iPHIS. Refer to *iPHIS Bulletin #7: Reporting Rabies Post-exposure Prophylaxis* and/or the *Rabies Post-Exposure Prophylaxis User Guide* for more information on transferring client responsibility for the CD/Rabies Module.
- Refer to *iPHIS Bulletin #23: Federal Client Entry* for guidance on how to update PHU-related fields for First Nations persons living on-reserve, Canadian Forces living on base, federal penitentiary inmates and others defined as federal clients.

### iPHIS Health Unit Field Definitions

**HU (Demographics Module, *Demographic Details* screen):** The PHU where the client currently resides.

## RESPONSIBLE HEALTH UNIT

**Health Unit Responsible (OM, Case Details screen):** The PHU currently performing case/contact investigation and management.

**HU (STD and TB Modules, Encounter and Episode Details screens, respectively):** The PHU currently performing case/contact investigation and management.

A PHU may use the **Health Unit Responsible (OM)** and **HU (STD & TB Modules)** fields to determine *how many cases of disease they have managed over time*. As well, users may select the **History** button to determine the history of PHUs assigned to the case/encounter/episode (C/E/E). The PHU currently performing case/contact investigation and management is the PHU most recently assigned to the C/E/E.

## DIAGNOSING HEALTH UNIT

**Diagnosing HU:** The PHU where the client was residing when first detected as a confirmed/probable/suspect disease case/encounter/episode. A user would only update this field if the PHU became aware of an earlier record of the same occurrence of the C/E/E in another PHU. If the client moved during an investigation, a user would not change this field.

A PHU uses the **Diagnosing HU** field to track *how many cases of disease occurred first among their jurisdiction's population*. Public Health Ontario (PHO) excludes cases with "MOHLTC" selected for this field from provincial case counts.

## HOW TO DETERMINE WHERE THE CLIENT RESIDES

A PHU will determine where a client first resided based on their address. To determine a client's address, three criteria should be considered in the following order:

1. The client address on the lab slip.
2. If the address on the lab slip differs from the address where the client resides most of the time, then use the address where the client resides most of the time.
3. If there is no address on the lab slip, then use the address where the client resides most of the time.

It is important for the user to record the **Health Unit Responsible/HU** and the **Diagnosing HU** at the same time. These fields are frequently the same, particularly when the C/E/E is new.

However, the **Diagnosing HU** field and the **Health Unit Responsible/HU** fields are not meant to capture the location of disease acquisition. The exposures section of iPHIS captures this information.

## Process of Transferring iPHIS Client Responsibility

*A user transfers client responsibility in iPHIS when the PHU performing case/contact investigation and management has changed.*

### UPDATING DEMOGRAPHICS MODULE

When a client has moved, the current or previous PHU responsible for performing case/contact investigation and management is responsible for updating the Demographics Module. The following steps outline how to complete this process.

1. Update the **HU** field on the *Client Information* screen.
2. Update the client's address on the *Address/Telecommunications* screen.
3. Enter the **Effective To** date for the previous address; this date will be the same as the **Effective From** date entered for the current address. If the date the client moved is unknown, the user will enter the date the PHU was first made aware of the client's change of address (i.e., the earlier of two dates recorded on the lab slip – the "Service Date" or the "Specimen Collection Date").
4. Update the client's telephone information if available.

### UPDATING THE HEALTH UNIT RESPONSIBLE/HU AND TRANSFERRING CLIENT RESPONSIBILITY

The current PHU performing case/contact investigation and management is responsible for updating the **Health Unit Responsible/HU field**. They must also inform the PHU previously identified in the **Health Unit Responsible/HU field** of the transfer of client responsibility using the **Referrals** function in iPHIS. The following steps outline how to complete this process.

1. Check all modules of iPHIS for any open C/E/Es; if no open C/E/Es are found, then create a new C/E/E, as per existing procedure.
2. Do not change the **Diagnosing HU** unless an earlier record of the same occurrence of the C/E/E is discovered for another PHU.
3. Update the **Health Unit Responsible/HU** field to reflect the PHU currently performing case/contact investigation and management.
4. Create one iPHIS referral per open C/E/E of disease and send it to the respective program area intake box (i.e., **OCDOMINTAKE**, **OSTDINTAKE** or **OTBINTAKE**) of the PHU previously identified in the **Health Unit Responsible/HU** field. Users are not required to create a referral if all previous C/E/Es are closed.
5. Select "TRANSFERRED" from the **Referral Type** drop-down field.

6. Enter the case/encounter/episode ID in the **File #** field. Link the client to the referral and record the client ID in the **Subject** field. Do not include any nominal or potentially identifying information in the **Subject** field.

**Note:** Do not refer multiple C/E/Es for a client using a single referral. Users must create a referral for each C/E/E to be transferred.

## List of Scenarios Where the Permanent Address is Known

#	Scenario Description (where permanent address is known)	Diagnosing HU	Health Unit Responsible (OM) or HU (STD/TB)	Additional Actions	Notes/Comments
1	A client moves from HU A to HU B and all existing cases/encounters/ episodes (C/E/Es) are closed.  HU B receives a lab slip for a new C/E/E.	HU B for the new C/E/E	HU B	After confirming there are no open C/E/Es, HU B updates the <b>HU</b> field (in the Demographics Module) to HU B and creates a new C/E/E, as per existing procedure.	There is no need to create a referral to inform the previous PHU of the change in PHU of residence, as all previous C/E/Es are closed. There is no impact on case management for the previous PHU.
2	HU B receives a lab slip on a closed C/E/E who used to live in HU A and now lives in HU B. Potential for additional case management to occur.	HU A	Update to HU B	HU B will re-open the C/E/E and enter the lab results. They will also update the <b>HU</b> (in the Demographics Module) and add the new address information. The HU B user will then close the C/E/E, as per existing procedure.	There is no need to create a referral to inform the previous PHU of the change in PHU of residence, since all previous C/E/Es are closed. There is no impact on case management for the previous PHU.
3	Client with open C/E/Es moves from HU A to HU B and HU B receives a notification of a new disease.	HU B for the new C/E/E	HU B for the new C/E/E and for any open C/E/Es	HU B updates the <b>HU</b> field in the Demographics Module to HU B and adds the new address information.  HU B checks all modules of iPHIS for any open C/E/Es. <b>Health Unit Responsible/HU</b> field is updated to HU B for all existing open C/E/Es. HU B must create a new C/E/E for the new disease.  HU B should notify HU A of the change of residence.	Refer to appropriate user guide for instructions as to when to create vs. update a C/E/E.

#	Scenario Description (where permanent address is known)	Diagnosing HU	Health Unit Responsible (OM) or HU (STD/TB)	Additional Actions	Notes/Comments
4	Client with open C/E/Es moves from HU A to HU B and HU B receives lab work for an open disease record in iPHIS.	HU A	Update to HU B	<p>An existing C/E/E must be updated by HU B. The reported date and episode encounter date will not change.</p> <p>The PHUs must ensure proper transfer of a C/E/E via an iPHIS referral.</p>	Refer to user guides for instructions as to when to create versus update a C/E/E.

### List of Scenarios Where the Permanent Address May Vary

#	Scenario Description (where permanent address may vary)	Diagnosing HU	Health Unit Responsible (OM) or HU (STD/TB)	Additional Actions	Notes/Comments
5	<b>Student</b> with a permanent home address in HU A is residing at HU B for school attendance. The student has a lab test when home (in HU A) and the test result is sent to HU A containing the client's home address OR the address of the health care provider's office.	Where the client was living most of the time at the time of diagnosis	PHU currently conducting case management. May require discussion between PHUs (see Notes/Comments column for an example).		An example of when the assignment of <b>Health Unit Responsible/HU</b> may be discussed between PHUs would be if the student returned to school by the time HU A received lab notification. In this instance, HU A might ask HU B to conduct the follow-up.
6	Based on scenario #6, the <b>student</b> returns to school (in HU B) and requires further follow up.	Where the client was living most of the time at the time of diagnosis	PHU currently conducting case management. May require discussion between PHUs (see		An example of when the assignment of <b>Health Unit Responsible/HU</b> may be discussed between PHUs would be if HU A had begun follow-up and already had a relationship with the student. They might

#	Scenario Description (where permanent address may vary)	Diagnosing HU	Health Unit Responsible (OM) or HU (STD/TB)	Additional Actions	Notes/Comments
			Notes/Comments column for an example).		continue to follow-up with the student, rather than transferring case management to HU B.
7	A <b>student</b> has a lab test conducted when at home (in HU A) and the test result is sent to the HU A with the client's school address on the lab slip (i.e., HU B).	HU B (address on the lab slip)	PHU currently conducting case management. May require discussion between PHUs.		Review examples provided in the Notes/Comments above for scenarios #5 and #6.
8	<b>Visitors</b> to Ontario from other provinces/countries	MOHLTC	PHU conducting case management (i.e., the PHU in which the visitor or client is staying).	Enter the current address as the client's home address (i.e., outside of Ontario). Enter a second address for where the client was staying during their visit to Ontario (e.g., hotel or friend/family home). Specify the Ontario address as the "Address at time of case" in the <b>Comments</b> field.  If PHO receives any C/E/E details (e.g., positive lab results), this information will be forwarded to the relevant health jurisdiction on the health jurisdiction's behalf.	Refer to scenario #10 if the client moves back to their province or country with an open C/E/E; however, note the <b>Diagnosing HU</b> would not change.
9	A resident of HU A is diagnosed outside of Ontario and returns to HU A for follow-up	HU A	HU A		

#	Scenario Description (where permanent address may vary)	Diagnosing HU	Health Unit Responsible (OM) or HU (STD/TB)	Additional Actions	Notes/Comments
10	A resident of HU A is diagnosed in HU A and then moves out of province	HU A	MOHLTC (iPHIS drop-down value)	All referrals to PHO ("MOHLTC" in iPHIS) should be completed electronically.	<p>For chronic diseases (e.g., Hepatitis B, HIV, Hepatitis C) where the client moves out of the province or country, update the <b>Health Unit Responsible/HU</b> field to "MOHLTC" and transfer the C/E/E to PHO.</p> <p>For TB, the <b>HU</b> remains the PHU that most recently managed the case, even when the client leaves Ontario. Instead, change the <b>Episode Status</b> field to "CLOSED – REFERRED TO MOHLTC".</p>
11	<b>Cottager (Ontario resident):</b> A client with a permanent home address in HU A is staying at a cottage in HU B. The client has a lab test near the cottage and the lab report is sent to HU B in error. HU B refers to the report to HU A.	HU A, unless the client spends most of his/her time at the cottage, in which case there will be some interpretation over "where the client was living most of the time at the time of diagnosis"	PHU currently conducting case management. May require discussion between PHUs.	For non-urgent diseases, follow existing procedure for sending the misdirected lab slip to the appropriate PHU. For urgent diseases, call the appropriate PHU and follow internal processes for forwarding the lab slip.	Section 29 (1) of the <a href="#">Health Protection and Promotion Act</a> specifies that "the operator of a laboratory shall report to the Medical Officer of Health of the PHU in which the person from whom the specimen was taken resides each case of a positive laboratory finding in respect of a disease of public health significance."
12	<b>Cottager (Ontario resident):</b> A client has a permanent home address in HU A and is visiting a cottage in HU B. The client has a lab test while staying at the cottage and the lab	HU B (address on the lab slip)	PHU currently conducting case management. May	If the client returns to their home address and further follow-up is required, a change in the <b>Health Unit Responsible/HU</b> field may be necessary.	



#	Scenario Description (where permanent address may vary)	Diagnosing HU	Health Unit Responsible (OM) or HU (STD/TB)	Additional Actions	Notes/Comments
	report, which contains the client's cottage address is sent to HU B.			require discussion between PHUs.	
13	<b>Provincial detention centres, correctional facility or jail:</b> A client with a permanent address in HU A has been placed in facility in HU B for an extended period of time. The client has a lab test in HU B and the lab report is sent HU B. The address on the lab slip is the facility in HU B.	HU B (address on the lab slip)	HU B		
14	<b>Provincial detention centres, correctional facility or jail:</b> A client normally resides in a facility in HU A, but has been transferred to a facility temporarily in HU B. The client is expected to return to the facility in HU A shortly, following a court date. The client is screened for an infectious disease upon entry to the facility in HU B. The lab report is sent to HU B.	Where the client was living most of the time at the time of diagnosis.	PHU currently conducting case management. May require discussion between PHUs (e.g., length of stay in temporary facility in HU B).		
15	<b>Transient Populations</b> (e.g., students, homeless person)	Where the client was living most of the time at the time of diagnosis	PHU currently conducting case management.		

#	Scenario Description (where permanent address may vary)	Diagnosing HU	Health Unit Responsible (OM) or HU (STD/TB)	Additional Actions	Notes/Comments
	temporarily staying at a shelter, migrant workers, inmates)				
16	<b>Client with no fixed address:</b> A client with no fixed address is tested at a healthcare facility in HU A. The lab report is sent to HU A, indicating no fixed address for the client, but references the contact details for the physician who practices in HU A.	HU A	HU A	In the <b>Addr/Tel</b> tab of the Demographics Module, select “NO FIXED ADDRESS” in the <b>Address Type</b> field.	
17	<b>Visit to a Public Clinic:</b> A client visits a clinic in HU A and does not provide an address. Clinical practice may not require that patients provide a home address. In such instances, the address on the lab slip is the clinic address. The lab report is sent to HU A.	HU A (PHU that the clinic address is located)	HU A	If the client’s address is determined, transfer the case to the appropriate PHU for further case management. Also update the address information and <b>HU</b> in the Demographics Module.	
18	HU A receives lab results with <b>unclear demographic information.</b>	HU A (where the physician practices) until the client’s address is determined	HU A (where the physician practices) until the client’s address is determined.	HU A contacts the health care provider’s office to request the client’s demographic information. Then, HU A sends a referral to the appropriate PHU ( <b>Health Unit Responsible/HU</b> ) AND sends the information to the appropriate PHU for entry into iPHIS.	

## Intake Mailboxes

Each PHU has three general intake mailboxes, one for each program area. The names of these intake boxes are:

- ODOMINTAKE
- OSTDINTAKE
- OTBINTAKE

When a user does not know the correct recipient for a referral, they may forward the referral to a general intake mailbox for the program area. Be specific when creating the subject line for referrals sent to a general intake mailbox (e.g., include the **Client ID**). Since these accounts are assigned the General security role, do not include any nominal or potentially identifying information in the subject line of the referral (i.e., details that could be used alone or in combination to identify a person).

Users with the **Referral\_Admin** role receive the referrals sent to a general intake mailbox. These users are able to:

- View details of all referrals sent and received by the PHU
- Redirect a referral to another user
- Query referrals specific to user or client
- Create, delete and reply to referrals specific to the user

However, a user assigned the **Referral\_Admin** role is unable to see client information unless they have access to this information through other assigned user roles.

Contact the **Public Health Solutions Service Desk** at 1-866-272-2794 or 416-327-3512 or email [PublicHealthSolutions@ontario.ca](mailto:PublicHealthSolutions@ontario.ca) for additional information or questions about this Bulletin.

# Document History

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**Table 1. History of Revisions**

Revision Date	Document Section	Description of Revisions
March 2020	Entire bulletin	<p>Updated bulletin to meet PHO visual identity, accessibility, and style standards, along with language and formatting updates to enhance clarity and consistency.</p> <p>Clarified that the guidance in this bulletin does not apply to CD/RPEP clients and added reference to iPHIS Bulletin #23.</p> <p>Under Diagnosing Health Unit section, clarified how PHO counts cases for provincial reporting.</p> <p>Removed low-resolution iPHIS screen shots.</p> <p>Updated contact information and added references to where PHO now provides support.</p> <p>Shifted ordering of rows in the table “List of scenarios where the address may vary” so that the transient population and no fixed address scenarios are adjacent.</p> <p>Under the cottager scenario (11), updated to the current language from the <i>HPPA</i>.</p> <p>Removed references to transferring client responsibility via fax and mail (e.g., replaced with “as per current procedure”, “forwarding”, iPHIS referral).</p>

## Citation

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## iPHIS Bulletins

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