Components of Effective Care Transitions

› Information transfer, patient and caregiver preparation, self-management support, and empowerment to assert preferences. (Coleman et al., 2002)

› Assistance with medication self-management, a patient-centered record owned and maintained by the patient to facilitate information transfer, timely follow up with primary or specialty care, and a list of red flags indicating worsening condition and instructions on how to respond. (Coleman et al., 2006)

Components of Effective Care Transitions

› Screening for discharge planning needs; assessing the patient’s needs, preferences, expected prognosis, financial resources; assessing the families capabilities of caring for the patient, and choosing the appropriate placement based on assessment data. (Potthoff et al., 1997)

› Communication, preparation of the patient and caregiver for what to expect, reconciliation of patients medications, follow up plan, discussion with patient and family regarding warning symptoms and signs to monitor that may indicate worsening of patient’s condition. (Coleman, 2003)