Comparing *Care Transitions* (2014) Best Practice Guideline (BPG) to the current *Transitions in Care and Services*, Second Edition BPG (2023)

This document summarizes how the good practice statements and recommendations in the *Transitions in Care and Services*, Second Edition Best Practice Guideline (BPG) from 2023 compare to the recommendations in the *Care Transitions,* First Edition BPG, published in 2014.

The First Edition BPG categorized types of evidence by "levels of evidence" (LOE). A breakdown of what each LOE means can be found in **Table 1**. **Tables 2**, **3** and **4** summarize how the practice, education, and organization and policy recommendations from the First Edition BPG compare to those in the Second Edition BPG. It is important to note that additional areas were addressed in the Second Edition BPG that were not addressed in the First Edition BPG. These include: implementing a formal interprofessional, cross-sectoral approach to support persons during transitions; providing navigation support to persons with complex care needs; and, offering peer support to persons with mental health needs.

Table 1: Levels of Evidence

LEVEL	SOURCE OF EVIDENCE
Ia	Evidence obtained from meta-analysis[G] or systematic reviews of randomized controlled trials[G], and/or synthesis of multiple studies primarily of quantitative research.
Ib	Evidence obtained from at least one randomized controlled trial.
IIa	Evidence obtained from at least one well-designed controlled study[G] without randomization.
IIb	Evidence obtained from at least one other type of well-designed quasi-experimental study[G], without randomization.
III	Synthesis of multiple studies primarily of qualitative research[G].
IV	Evidence obtained from well-designed non-experimental observational studies, such as analytical studies[G] or descriptive studies[G], and/or qualitative studies.
V	Evidence obtained from expert opinion or committee reports, and/or clinical experiences of respected authorities.

Adapted from the Scottish Intercollegiate Guidelines Network (Scottish Intercollegiate Guidelines Network [SIGN], 2011) and Pati (2011).

Table 2: Practice Recommendations

Practice Recommendations from *Care Transitions* (2014)	Relevant Information in *Transitions in Care and Services* (2023)
Recommendation 1.1: Assess the client's current and evolving care requirements on admission, regularly throughout an episode of care, in response to a change in health status or care needs, at shift change and prior to discharge. LOE: Ia	• **Good Practice Statement 2.0**
Recommendation 1.2: Obtain a "best possible medication history" during care transitions by using a structured and systematic process to collect client medication information that includes dose, frequency and route. LOE: IIb	• **Good Practice Statement 4.0** • **Appendix I:** Best Possible Medication History Interview Guide
Recommendation 1.3: Assess the client for physical and psychological readiness for a care transition. LOE: III	• **Good Practice Statement 2.0**
Recommendation 1.4: Assess the client, their family and caregivers for factors known to affect the ability to learn self-care strategies before, during and after a transition. LOE: III	• **Good Practice Statement 2.0** (see implementation tips)
Recommendation 1.5: Assess the learning and information needs of the client, their family and caregivers to self-manage care before, during and after a transition. LOE: III	• **Good Practice Statement 2.0** (see implementation tips)
Recommendation 2.1: Collaborate with the client, their family and caregivers and the interprofessional team to develop a transition plan that supports the unique needs of the client while promoting safety and continuity of care. LOE: Ia	• **Good Practice Statements 1.0 and 3.0**
Recommendation 2.2: Use effective communication to share client information among members of the interprofessional team during care transition planning. LOE: III	• **Good Practice Statement 3.0** (see discussion) • **Recommendation 3.1** (see implementation tips)

Recommendation 3.1: Educate the client, their family and caregivers about the care transition during routine care, tailoring the information to their needs and stage of care. LOE: III	• **Good Practice Statement 5.0** (see discussion)
Recommendation 3.2: Use standardized documentation tools and communication strategies for clear and timely exchange of client information at care transitions. LOE: IIb	• **Good Practice Statement 2.0** • **Recommendation 3.1** (see implementation tips) • **Appendix G**: Patient Oriented Discharge Summary • **Appendix H**: My Transitional Care Plan©
Recommendation 3.3: Obtain accurate and complete client medication information on care transition. LOE: IV	• **Good Practice Statements 1.0 and 4.0** • **Appendix I:** Best Possible Medication History Interview Guide
Recommendation 3.4: Coach the client on self-management strategies to promote belief in their ability to look after themselves on care transition. LOE: IIb	• **Good Practice Statement 5.0** (see discussion)
Recommendation 4.1: Evaluate the effectiveness of transition planning on the client, their family and caregivers before, during and after a transition. LOE: IV	• **Good Practice Statement 1.0** (see implementation tips) • This edition of the BPG also provides quality improvement details in the evaluation and monitoring chart (**Best Practice Guideline Evaluation** section).
Recommendation 4.2: Evaluate the effectiveness of transition planning on the continuity of care. LOE: Ia	• **Good Practice Statement 3.0** describes how transition plans promote continuity of care. • The **Best Practice Guideline Evaluation** section lists an associated indicator that maps to Good Practice Statement 3.0.
Recommendation 4.3: Evaluate the effectiveness of communication and information exchange between the client, their family and caregivers and the health-care team during care transitions. LOE: IV	• The BPG provides quality improvement details and indicators in the evaluation and monitoring chart (**Best Practice Guideline Evaluation** section).

Table 3: Education Recommendations

Education Recommendations from *Care Transitions* (2014)	Relevant Information in *Transitions in Care and Services* (2023)
Recommendation 5.1: Health-care professionals engage in continuing education to enhance the specific knowledge and skills required for effective coordination of care transitions. LOE: Ia- IV	• **Good Practice Statement** 3.0 (see implementation tips)
Recommendation 5.2: Educational institutions and programs incorporate the guideline Care Transitions, into basic and interprofessional curricula so all health-care professionals are provided with the evidence-based knowledge and skills needed for assessing and managing client care transitions. LOE: IV	• **Appendix D:** Education Statements

Table 4: Organization and Policy Recommendations

Organization and Policy Recommendations from *Care Transitions* (2014)	Relevant Information in *Transitions in Care and* Services (2023)
Recommendation 6.1: Establish care transitions as a strategic priority to enhance the quality of client care and safety. LOE: III	• **Recommendation 3.1** (see implementation tips)
Recommendation 6.2: Provide sufficient human, material and fiscal resources and adopt organization wide structures necessary to support the interprofessional team with client care transitions. LOE: III	• This content is not specifically addressed in this BPG, however, the BPG provides implementation resources, such as a description of the *Leading Change Toolkit* (**Appendix M**)
Recommendation 6.3: Develop organization-wide standardized policies and structured processes for medication reconciliation on care transition. LOE: III	• **Good practice statement 4.0** (see implementation tips)
Recommendation 6.4: Establish organization-wide systems for communicating client information during care transitions to meet all privacy, security and legislated regulatory requirements. LOE: IV	• **Recommendation 3.1** (see implementation tips)

Recommendation 6.5: Include care transitions when measuring organization performance to support quality improvement initiatives for client outcomes and interprofessional team functioning. LOE: III	• This edition of the BPG provides quality improvement details in the evaluation and monitoring chart (**Best Practice Guideline Evaluation** section).