Critical Components of Transitional Care

Based on a review of the published evidence, workgroup discussions, and case study mapping, we found eight components and associated strategies that are required for smooth hospital care transitions.

- **Assess** patient and caregiver needs, goals, and literacy.
- **Provide information in accessible language** and formats.
- **Teach skills** necessary for post-discharge care and for identifying worsening symptoms.
- **Assess** the needs, preferences, capabilities for care, and desired outcomes of patients and their family caregivers.
- **Identify and involve** caregivers early.
- **Engage in respectful and reciprocal communication** with shared decision-making.
- **Acknowledge** patient and caregiver emotional reactions.
- **Foster coping skills** and implement well-being support strategies.

- **Anticipate and prevent** the most common clinical reasons for potential poor outcomes.
- **Ensure optimal medication management.**

- **Exchange information** with all providers and referral sources in a timely manner.
- **Ensure appropriate post-discharge follow up** and access to community resources.

- **Clearly define** team members’ roles; ensure each fulfills responsibilities in a **timely** manner.
- **Provide performance improvement** support for transitional care programs.

**What is Project ACHIEVE?**

Project ACHIEVE aims to 1) **Rigorously evaluate care transition strategies**, and 2) **Understand what matters most to patients and caregivers** during care transitions. These results are one component of this 5-year, $15 million study funded by the Patient Centered Outcomes Research Institute (PCORI).

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