Enhancing Concurrent Capability Toolkit
Transitions in Care
Quick Reference Sheet

Planning transitions in care

The transition plan

A transition plan is a plain language document that the care team and the person receiving treatment co-create to guide the next steps in recovery. This plan is needed no matter what level or type of service they are participating in. The person can take this plan with them when they move to different settings.

The plan helps the receiving provider or support worker:

- Understand the next steps the person will be taking in their recovery.
- Know how they have succeeded in the past.
- Identify and manage risks to the person while care is being transferred.

A patient-centred transition plan should list:

- The name and contact information of the sending provider coordinating services.
- The name and contact information of the receiving service or provider.
- How to access urgent services, including 24-hour crisis and emergency services.
- The person's goals for recovery.
- Steps the person should take for self-care, or if they need help or are in crisis.
- Personal demographics.

Consider individual needs

Effectively developing a transition plan is more than just filling out a piece of paper. It requires careful thought and collaboration with the person and their family, as well as other team members, agencies, programs, and services.

Planning questions

The following list of questions is a starting place for consideration when working with someone who will be transitioning their care:

- Where will you live?
- Will you work/volunteer?
- Who will help you?
- How will they get to appointments?
- What type of transportation do you have?
- What will you do in case of an emergency?
- Do you need language services to help
- What cultural practices will you participate in?
- What is the best way to reach you for follow-up connections? Phone number, text, email?

Some transitions take time; usually longer stays in one setting require more time for a transition to a new setting or level of care. Ensure you start planning for transitions with enough time to make them successful.

Is a transition plan the same as a discharge plan?

No. A hospital discharge plan is different in several ways:

- Follows the physician orders on the health record.
- It is often medically focused and used for clinical assessment needs.
- It is not always shared with the person receiving treatment.

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Alberta Health Services