

Transitions of Care



■ ■ ■ **Technical Series on Safer Primary Care**



**World Health
Organization**

Transitions of Care: Technical Series on Safer Primary Care
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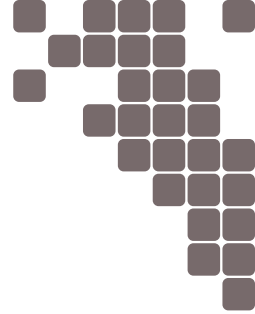
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Preface

Safer Primary Care

Health services throughout the world strive to provide care to people when they are unwell and assist them to stay well. Primary care services are increasingly at the heart of integrated people-centred health care in many countries. They provide an entry point into the health system, ongoing care coordination and a person-focused approach for people and their families. Accessible and safe primary care is essential to achieving universal health coverage and to supporting the United Nations Sustainable Development Goals, which prioritize healthy lives and promote well-being for all.

Health services work hard to provide safe and high quality care, but sometimes people are inadvertently harmed. Unsafe health care has been recognized as a global challenge and much has been done to understand the causes, consequences and potential solutions to this problem. However, the majority of this work up to now has focused on hospital care and there is, as a result, far less understanding about what can be done to improve safety in primary care.

Provision of safe primary care is a priority. Understanding the magnitude and nature of harm in primary care is important because most health care is now offered in this setting. Every day, millions of people across the world use primary care services. Therefore, the potential and necessity to reduce harm is very considerable. Good primary care may lead to fewer avoidable hospitalizations, but unsafe primary care can cause avoidable illness and injury, leading to unnecessary hospitalizations, and in some cases, disability and even death.

Implementing system changes and practices are crucial to improve safety at all levels of health care. Recognizing the paucity of accessible information on primary care, World Health Organization (WHO) set up a Safer Primary Care Expert Working Group. The Working Group reviewed the literature, prioritized areas in need of further research and compiled a set of nine monographs which cover selected priority technical topics. WHO is publishing this technical series to make the work of these distinguished experts available to everyone with an interest in *Safer Primary Care*.

The aim of this technical series is to provide a compendium of information on key issues that can impact safety in the provision of primary health care. It does not propose a “one-size-fits-all” approach, as primary care is organized in different ways across countries and also often in different ways within a given country. There can be a mix of larger primary care or group services with shared resources and small services with few staff and resources. Some countries have primary care services operating within strong national support systems, while in other countries it consists mainly of independent private practices that are not linked



or well-coordinated. The approach to improving safety in primary care, therefore, needs to consider applicability in each country and care setting.

This technical series covers the following topics:

Patients

- Patient engagement

Health workforce

- Education and training
- Human factors

Care processes

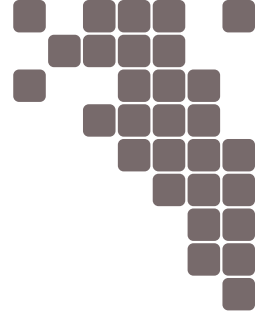
- Administrative errors
- Diagnostic errors
- Medication errors
- Multimorbidity
- Transitions of care

Tools and technology

- Electronic tools

WHO is committed to tackling the challenges of patient safety in primary care, and is looking at practical ways to address them. It is our hope that this technical series of monographs will make a valuable and timely contribution to the planning and delivery of safer primary care services in all WHO Member States.





1 Introduction

1.1 Scope

People are vulnerable when they move between different parts of the health care system. Care transitions threaten patient safety as they can increase the possibility of losing critical clinical information and require an increased degree of coordination. Primary care has a central role to play in improving transitions of care, which requires a multifaceted approach.

This monograph first defines transitions of care before examining approaches to improve safety during transitions. It describes how effective transitions of care require attention to both clinical and non-clinical issues, such as the patient's cognitive and functional status, housing, transport and support from families, carers and social services. Key areas for improvement include an increased focus on the needs of patients and their families and carers, improved communication with patients and between health care providers across settings, the need for recognition of care transition as an integral component of care coordination.

1.2 Approach

To compile information for this monograph, World Health Organization (WHO) sought the advice of experts in the field recommended by the Safer Primary Care Expert Working Group and reviewed relevant research and the published literature.

International experts in delivering safe primary care provided feedback, shared examples of strategies that have worked well around the world and gave practical suggestions about potential priorities for the WHO Member States to improve the safety of primary care services.

1.3 Defining transitions of care

In medical circles, the term “clinical handover” is used to describe the transfer of care from one health care professional to another. However, the concept of clinical handover is limited in its capacity to capture the broad range of issues involved with the transfer of a patient and their care responsibilities from one part of the health care system to another. It is very focused on the role of the health care professional and does not acknowledge the role of the patient and their needs.

Transitions of care refers to the various points where a patient moves to, or returns from, a particular physical location or makes contact with a health care professional for the purposes of receiving health care. This includes transitions between home, hospital, residential care settings and consultations with different health care providers in out-patient facilities.



The term “transitions of care” is broader than clinical handover because it encompasses the clinical aspects of care transfer and other factors, such as the views, experiences and needs of the patient.

There is no globally accepted definition of transitions of care. The American Geriatrics Society defines transitions of care as:

“a set of actions designed to ensure the coordination and continuity of health care as patients transfer between different locations or different levels of care within the same location. Representative locations include (but are not limited to) hospitals, sub-acute and post-acute nursing facilities, the patient’s home, primary and specialty care offices, and long-term care facilities.

Transitional care is based on a comprehensive plan of care and the availability of health care practitioners who are well-trained in chronic care and have current information about the patient’s goals, preferences, and clinical status. It includes logistical arrangements, education of the patient and family, and coordination among the health professionals involved in the transition. Transitional care, which encompasses both the sending and the receiving aspects of the transfer, is essential for persons with complex care needs” (1).



2 Transitions of care

Transitions of care are an integral part of a patient's journey throughout a health care system. Managing transitions effectively from the primary care into hospital care and from hospital into primary care are essential. Transitions between hospitals and primary care settings are recognized as high-risk scenarios for patient safety (2). The impacts of problems identified at the primary care interface(s) in the literature include (3):

- increase in mortality
- increase in morbidity (temporary or permanent injury or disability)
- increase in adverse events
- delays in receiving appropriate treatment and community support
- additional primary care or emergency department visits
- additional or duplicated tests or tests lost to follow-up
- preventable readmissions to hospital
- emotional and physical pain and suffering for service users, carers and families
- patient and provider dissatisfaction with care coordination

Similar issues can likely arise during transitions between primary care and other parts of the health care system.

Transitions from one care setting to the next are often accompanied by changes in health status. Patients transferred between health care sectors may have a new diagnosis, a new treatment or a change in functional status that affects their ability to manage their own conditions outside of the health care setting. Older people with complex health issues are most likely to undergo multiple transitions of care and are at the highest risk for adverse events and safety incidents (4).

The patient's journey through the health care system can involve a number of interfaces between primary, community and hospital care. The constant in these

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