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**Gap analysis: Transitions in Care and Services, (2nd edition), 2023**

**Work Sheet**

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This guideline can be downloaded for free at:

<https://rnao.ca/bpg/guidelines/transitions-in-care>

RNAO Leading Change Toolkit 3rd Edition

<https://rnao.ca/leading-change-toolkit>

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**Interpretation of Evidence and Recommendation Statements**

RNAO BPGs are developed using the Grading of Recommendations Assessment, Development and Evaluation (GRADE)G and Confidence in the Evidence from Reviews of Qualitative Research (CERQual)

**What does certainty of evidence mean?**

The certainty of evidence (i.e., the level of confidence we have that an estimate of effect is true) for quantitative research is determined using GRADE methods. GRADE categorizes the overall certainty of evidence as high, moderate, low or very low (

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| --- | --- |
| **HIGH** | We are very confident that the true effect lies close to that of the estimate of the effect. |
| **MODERATE** | We are moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different. |
| **LOW** | Our confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect. |
| **VERY**  **LOW** | We have very little confidence in the effect estimate: the true effect is likely to be substantially different from it’s estimate. |

**What does confidence of evidence mean?**

The confidence in evidence for qualitative research (i.e., the extent to which the review finding is a reasonable representation of the phenomenon of interest) is determined using GRADE-CERQual methods

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| **HIGH** | It is highly likely that the finding is a reasonable representation of the phenomenon of interest. |
| **MODERATE** | It is likely that the finding is a reasonable representation of the phenomenon of interest |
| **LOW** | It is possible that the review finding is a reasonable representation of the phenomenon of interest. |
| **VERY**  **LOW** | It is not clear whether the review finding is a reasonable representation of the phenomenon of interest |

**Good practice statement:** Refers to a practice already accepted as beneficial or practical advice. The recommended practice is believed to be so beneficial, that conducting a systematic review is unreasonable. These recommendations are not based on a systematic review and do not receive a rating of the quality of evidence or strength of the recommendation.

**Recommendation:** A course of action(s) that directly answers a recommendation question. It is based on a systematic review of the literature and is made in consideration of its: (a) benefits and harms; (b) values and preferences; and (c) health equity. All recommendations are given a strength through panel consensus.

**Adopted recommendation:** This entails using an existing, trustworthy recommendation without changes to the original recommendation. The expert panel agrees with the judgments made by the original guideline developer.

**Outcomes:** A dependent variable, or the clinical and/or functional status of a patient or population, that is used to assess if an intervention is successful.

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| Date Completed: | |  | | |
|  | | | | |
| Team Members participating in the Gap Analysis: | | | | |
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Completion of this gap analysis allows for the annual comparison of your current practice to evidence-based practices as regulated by the MOHLTC per Fixing Long-Term Care Act, 2021 at <https://www.ontario.ca/laws/statute/21f39> &

[O. Reg. 246/22: GENERAL (ontario.ca)](https://www.ontario.ca/laws/regulation/r22246)

| **RNAO Best Practice Guideline Recommendations for Transitions in Care and Services** | Met | Partially Met | Unmet | Notes  (Examples of what to include: is this a priority to our home, information on current practice, possible overlap with other programs or partners) |
| --- | --- | --- | --- | --- |
| **GOOD PRACTICE STATEMENT 1.0:**  It is good practice that health and social service providers collaborate with persons and their support network before, during and after a transition in care in order to ensure a safe and effective transition. (pg.30)  *\*This good practice statement is an overarching statement that is foundational to implementing all other recommendations and good practice statements* | | | | |
| To achieve the best outcomes during a transition in care, it is imperative for health and social service providers to use an informed, shared decision-making process (38,51,52).  Shared decision-making;   * is a collaborative process that involves a person and their health or social service provider working together to reach a mutual decision about their current or future care (53). * it also involves determining and integrating a person’s wishes and preferences (53). |  |  |  |  |
| **GOOD PRACTICE STATEMENT 2.0:**  It is good practice that health and social service providers assess with persons and their support network their care needs and readiness for a transition. (pg37) | | | | |
| Assessing readiness for a transition is a central component of transition planning (62). Readiness assessments are based on clinical criteria, such as: medical stability; functional ability to manage self-care; and having the knowledge, skills, confidence and supports necessary to manage the transition and cope with common challenges that may arise (62).  ***\*Assessments are to focus on what interventions best suit the person’s goals of care.***  CAUTION: The expert panel highlighted that while assessments are critical to prepare for a transition in care, health and social service providers should avoid repeating assessments unnecessarily (pg. 36) |  |  |  |  |
| **GOOD PRACTICE STATEMENT 3.0:** It is good practice that members of the interprofessional team collaborate to develop a transition plan that supports the unique needs of persons and their support network. (pg.49) | | | | |
| Transition plans are necessary to promote continuity of care and ensure that the necessary services, supports and resources have been arranged for the person encountering the transition (71). |  |  |  |  |
| **RECOMMENDATION 3.1:** The expert panel suggests that health and social service organizations collaborate to implement a formal interprofessional cross-sectoral approach to support persons encountering transitions in care. (pg.54)  **Strength of recommendation: Conditional**  **Certainty of the evidence of effects: Very Low** | | | | |
| For the purposes of this BPG, an interprofessional cross-sectoral approach refers to a collaborative approach where two or more health or social service providers from different disciplines and in different sectors work together in a formal way to ensure that persons and their support network experience a safe transition in care. |  |  |  |  |
| **GOOD PRACTICE STATEMENT 4.0:** In order to ensure medication safety, it is good practice for health providers to conduct the following in collaboration with the person encountering a transition and their support network:   * obtain a best possible medication history; and * perform medication reconciliation at all transition points (pg.61) | | | | |
| During transitions, medications are frequently stopped, adjusted or newly prescribed. Communication and care processes can break down at various points during a transition in care, resulting in unintended medication errors or discrepancies (88) |  |  |  |  |
| **RNAO Best Practice Guideline Recommendations for**  **Transitions in Care and Services** | Met | Partially Met | Unmet | Notes  (Examples of what to include: is this a priority to our home, information on current practice, possible overlap with other programs or partners) |
| **GOOD PRACTICE STATEMENT 5.0:**  It is good practice for health and social service providers to provide persons and their support network with information and support to manage their needs during and after transitions in care. (pg.65) | | | | |
| Health and social service providers need to provide persons and their support network with information that is clear and timely, involve and support them when making care decisions, and advocate and help them access the health care they require (93). |  |  |  |  |
| **Recommendation 5.1:** The expert panel suggests that navigation support be provided by health or social service providers for persons with complex care needs encountering a transition in care. This support includes regular follow-up by the provider(s) to assess and respond to the person’s current and evolving health and social care needs. (pg.68)  **Strength of recommendation: Conditional**  **Certainty of evidence of effects: Very Low** | | | | |
| Navigation support refers to individualized and coordinated support provided by health or social service providers to help persons and their support network overcome challenges related to navigating the health and social care system during transitions in care.  This can include providing persons with the information and resources they need to achieve their goals of care, connecting persons with other health and social service providers, helping reduce barriers that prevent persons from accessing timely care, providing social and emotional support, and improving access to culturally safe care  Feedback should be collected from persons and their support network with respect to how well supported they feel when receiving navigation support. This will give the person and their support network an opportunity to voice any concerns. |  |  |  |  |
| **Recommendation 5.2:** The expert panel suggests that peer workers with lived experience offer support to persons with mental health needs who are encountering a transition in care. (pg.76)  **Strength of recommendation: Conditional**  **Certainty of evidence of effects: Very Low** | | | | |
| Peer workers with lived experience (hereafter referred to as “peer workers”) are non-regulated providers who have lived through experiences similar to those of their peers (e.g., a mental health challenge or illness) and are trained to support others in their journey by providing a consistent presence along with emotional and practical support (14).  Peer workers are to meet specific qualifications and possess the appropriate skills and abilities in order to provide peer support. This includes the need to have appropriate representation to address intersectionality |  |  |  |  |