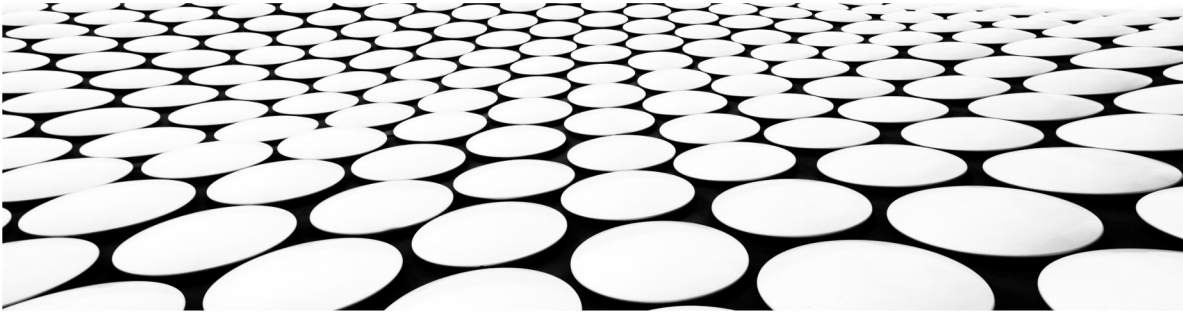

PEDIATRIC TO **A**DULT **T**RANSITION IN **H**EALTHCARE: **PATH**

EMPOWERING SCHOOL NURSES TO TAKE THE FIRST STEPS IN HCT PLANNING



Lorena Gaskill RN.MN
January 12, 2023
NEUSHA

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DOCTOR OF NURSING PROJECT

- Approved as QI by University of Pennsylvania IRB.
- Financial disclosures: none

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PROGRAM OBJECTIVES

- 1) Define Health Care Transition (HCT).
- 2) Identify factors that affect an adolescent's health care.
- 3) List 3 transition planning resources available.
- 4) Describe how to initiate HCT in your role as school nurse.

3

WHAT IS HEALTH CARE TRANSITION?

- Definition From Got Transition: “the process of moving from a child/family-centered model of health care to an adult/patient-centered model of health care, with or without transferring to a new clinician. It involves planning, transfer, and integration into adult-centered health care” (GotTransition.org) ¹

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THE CHALLENGE

80% OF ADOLESCENTS REPORT LITTLE OR NO HTP DISCUSSIONS²

ADOLESCENTS WITH SPECIAL HEALTHCARE NEEDS STRUGGLE TO MAKE ADULT CARE CONNECTIONS³

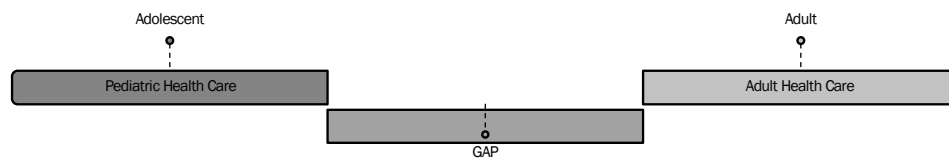
THERE ARE NO CONSISTENT POLICIES GUIDING TRANSITION TO ADULT HEALTHCARE

ADULT PROVIDER ARE RELUCTANT TO TAKE ON PEDIATRIC ONSET CONDITIONS ^{2,3}

ORGANIZATIONAL EXISTING POLICIES CAN INTERFERE WITH TRANSITION ACTIVITIES ⁴

POOR INTER PROFESSIONAL COMMUNICATION ⁴

CONFUSION ON ALL LEVELS







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ADOLESCENT SPECIFIC TASKS AND ASSOCIATED RISKS ⁵

- Physical- child to adult physical characteristics
- Emotional- egocentric to emotional intelligence
- Cognitive- concrete to abstract
- Social- move from family to peers
- What could go wrong?

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VOICES OF TRANSITION

- Noel- 
- Erica- 
- Ethan- 
- Haley 
- You?



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THE SOLUTION

ADAPTING/ADOPTING CONSISTENT POLICIES AND TRANSITION PROCEDURES

EARLY START

BUILDING TRUST

INCLUDE EVERYONE

FOLLOW UP AFTER TRANSITION

IMPROVE ON PROCESS



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THE SCHOOL NURSE IS UNIQUELY SITUATED TO BEGIN THE PROCESS

- Scope of practice
- Accessibility
- Knowledge
- Trusted
- Consistent relationship



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TRANSITION PLANNING RESOURCES



- Got Transition/ 6 Core Elements ¹
- Professional Organization Position Statements
- Research
- School Nursing SOP

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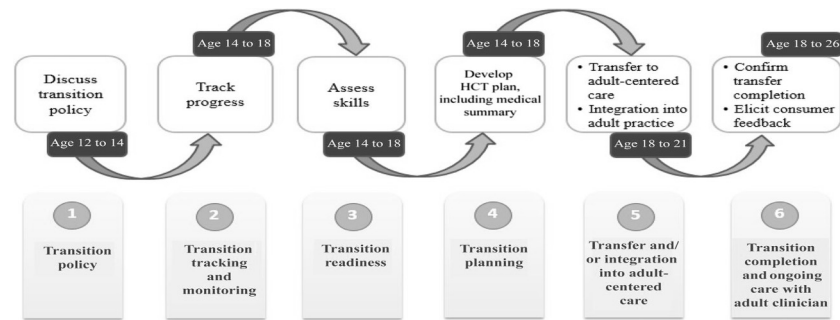


Figure Legend:

Timeline for introducing the Six Core Elements into pediatric practices.

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Practice or provider	#1 Transition and/or care policy	#2 Tracking and monitoring	#3 Transition readiness and/or orientation to adult practice	#4 Transition planning and/or integration into adult approach to care or practice	#5 Transfer of care and/or initial visit	#6 Transition completion or ongoing care
Pediatric^a	Create and discuss with youth and/or family	Track progress of youth and/or family transition preparation and transfer	Conduct transition readiness assessments	Develop transition plan, including needed readiness assessment skills and medical summary, prepare youth for adult approach to care, and communicate with new clinician	Transfer of care with information and communication including residual pediatric clinician's responsibility	Obtain feedback on the transition process and confirm young adult has been seen by the new clinician
Adult^a	Create and discuss with young adult and guardian, if needed	Track progress of young adult's integration into adult care	Share and discuss welcome and FAQs with young adult and guardian, if needed	Communicate with previous clinician, ensure receipt of transfer package	Review transfer package, address young adult's needs and concerns at initial visit, update self-care assessment and medical summary	Confirm transfer completion with previous clinician, provide ongoing care with self-care skill building and link to needed specialists

Figure Legend:

Summary of Six Core Elements approach for pediatric and adult practices.

^aProviders that care for youth and/or young adults throughout the life span can use both the pediatric and adult sets of core elements without the transfer process components.

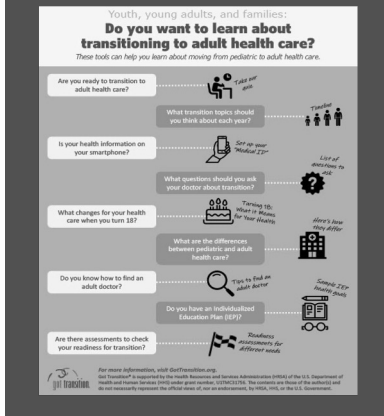
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TOOLS

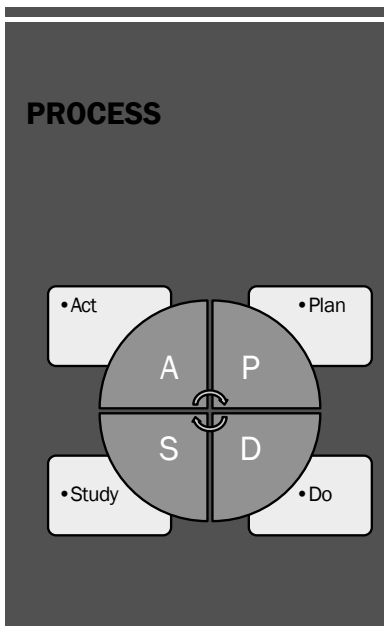


- Available to adapt
- Readiness tools for students and parents
- 6 Core Element tools for tracking progress
- 6 Core Element tools for follow up/completion

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PROCESS



- Adapt to your site
- Identify Stakeholders (parents, administration, students)
- Develop policy to provide support and sustainability
- Prepare students and families
- Readiness tools/ assessments
- Ongoing preparation and assessments
- Communication with pediatric medical home

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IDENTIFY BARRIERS AND FACILITATORS TO SUCCESS IN YOUR SETTING



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SCHOOL HEALTH MODIFICATIONS TO 6 CORE ELEMENTS

Clinical Setting

- Discuss transition policy
- Tracking and monitoring
- Assess transition readiness
- Develop HCT plan
- Transfer
- Confirm transfer

School Setting

- Discuss transition policy with school leadership
- Grade level tracking /Flow sheet
- Assess transition readiness
- Create HCT plan documents/resources
- Graduate/Transfer
- Confirm/ longitudinal studies?

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SUSTAINABILITY



- Build the process into the electronic student health record.
- Build into the culture of the school (Parent-Community – Associations, Orientation program, Health Class curriculum).
- Measurement of outcomes.
- Make PDSA changes to process.
- Brag about results.

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NEXT STEPS

- With your help:
- Go back and test the waters
- Use available resources
- Start small
- Get feedback and support
- Make a difference to your adolescents that will impact the rest of their lives
- Join in a follow up survey to share your experiences



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RESOURCES

- Got Transition:
- <https://www.gottransition.org/>

- American College of Physicians:
- <https://www.acponline.org/clinical-information/high-value-care/resources-for-clinicians/pediatric-to-adult-care-transitions-initiative>

- CDC
- <https://www.cdc.gov/mmwr/volumes/69/wr/mm6934a2.htm>

- Health Literacy Universal Precautions Toolkit, 2nd Edition
- <https://www.ahrq.gov/health-literacy/improve/precautions/toolkit.html>

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