

An introduction to...





Imperial College Healthcare
NHS Trust

Somerset

Got Transition (North America) Trapeze (Sydney)

Melbourne







Got Transition® is the federally funded national resource center on health care transition (HCT). Its aim is to improve transition from pediatric to adult health care through the use of evidence-driven strategies for health care professionals, youth, young adults, and their families.



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Got Transition aims to help youth and young adults move from pediatric to adult health care.

Six Core Elements™ (For Clinicians)

Youth & Young Adults

Parents & Caregivers (FAQs & Resources)

Resources & Research (By Category)

Click here to learn more about Got Transition's Consulting Services





6 Core Elements

- Defines the basic components of a structured transition process
- Includes customisable sample tools for each core element.
- Three packages depending on type of practice facilitating the health care transition

Complete package

Comprehensive (complicated!)





The Six Core Elements

Transition policy

Transition tracking

Readiness assessment Transition planning

Transfer of care

Followup

The Six Core Elements are the basic components of the health care transition process. They are designed to be used for pediatric, family medicine, med-peds, and internal medicine practices, but they can also be used in pediatric and adult specialty practices. They were designed by Got Transition™, an initiative of the National Alliance to Advance Adolescent Health. The Got Transition™ website provides a wealth of resources and training on health care transitions. Here is a description of each, with sample documents you might consider for your practice.

© Got Transition™/Center for Health Care Transition Improvement, 01/2014. Got Transition™ is a program of The National Alliance to Advance Adolescent Health supported by U39MC25729 HRSA/MCHB. www.GotTransition.org

- 1. The Practice's Policy on Transitions
- 2. Transition Tracking
- 3. Transition Readiness Assessment
- 4. Transition planning
- 5. Transfer of care
- 6. Follow-up

TRANSITIONS RESOURCE MENU

<u>From Pediatric to Adult Health Care: A Guide for Providers</u>

Six Core Elements of Effective Transitions

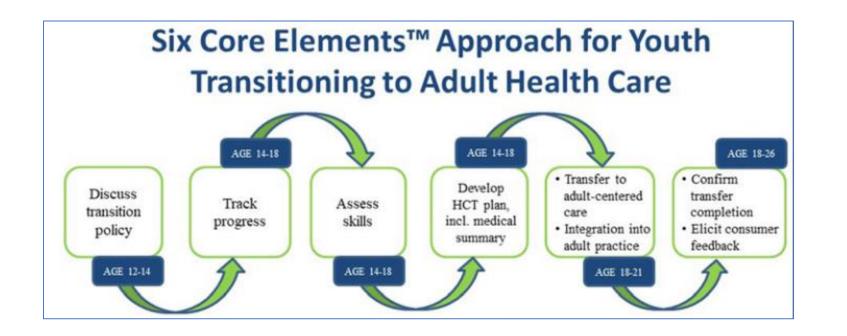
A Team Approach

References, Resources, and Credit



NEXT: A TEAM APPROAC















Tracking and Monitoring



Transition Readiness



Transition Planning



Transfer of Care



Transfer Completion

Transition and Care Policy/Guide

Creating a written transition and care policy/guide is the first element in the Six Core Elements of Health Care Transition™ (HCT). The transition and care policy/guide is intended to be shared with youth and parents/caregivers early in adolescence and periodically repeated. Developed by your practice or health system, with input from youth and parents/caregivers and staff, the policy/guide formalizes the practice/system approach to HCT. It represents a consensus among the practice staff and youth and parents/caregivers about the HCT approach involved. It can also represent structure for evaluation. It should be at the appropriate reading level, offered in languages common among your clinic population, and concise (no more than one page).

Sample Tools



Sample Transition and Care Policy/Guide [En Español]

THE SIX CORE ELEMENTS OF HEALTH CARE TRANSITION™ 3.0

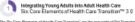
Sample Transition and Care Policy/Guide

[Adult Practice Name] welcomes you to our practice. We want you to have high quality care that meets your unique needs, including any special health care needs

We put you in the center of your own health care. The doctor is your partner in meeting your health goals. We will keep all details about your care private. By law, you are an adult at age 18. We will only discuss your health information with others if you agree. Some young adults choose to involve their parents/caregivers or others in their health care choices. To allow your doctor to share information with them, consent is required. We have these forms at our practice. For young adults who have a condition that limits them from making health care choices, the office will share with parents/caregivers options for how to support decision-making. For young adults who are not able to consent, we will need a legal document that describes the person's decision-making needs.

We ask that new young adults joining our practice send a medical record from their past doctor(s) before the first visit with us. Having your information before you come for the first time helps us be sure we don't miss any details. This will make the experience better for you. We make every effort to work with your past doctor(s) so the move goes well for you. We will help you find community resources and specialty care, if needed.

Your health matters to us, and we look forward to having you join us. If you have any questions, please feel free to contact us.















CARE CLINICIAN

For use by Pediatric, Family Medicine, and Med-Peds Clinicians

Click into any of the Six Core Elements to read and download more!



got transition.

Transition and Care Policy/Guide





Transition Readiness



Transition Planning



Transfer of Care



Transfer Completion

Tracking and Monitoring

Establishing a mechanism to track receipt of the Six Core Elements of Health Care
Transition™ (HCT) is the second element in the Six Core Elements. An individual flow sheet
within the electronic medical record (EMR) can be used to track when individual transitionaged youth receive each core element. Information from the individual flow sheet can be
used to populate a registry and help monitor the extent to which transition-aged youth in the
practice/system are receiving recommended HCT services.

Sample Tools



Sample Individual Transition Flow Sheet [En Español]



Sample Transition Registry [En Español]









TRANSITIONING YOUTH TO AN ADULT HEALTH CARE CLINICIAN

For use by Pediatric, Family Medicine, and Med-Peds Clinicians

Click into any of the Six Core Elements to read and download more!



Transition and Care Policy/Guide



Tracking and Monitoring





Transition Planning



Transfer of Care



Transfer Completion

Transition Readiness

Assessing youths' health care transition (HCT) readiness skills is the third element in the Six Core Elements of Health Care Transition™. Use of a standardized transition readiness assessment (TRA) is helpful in engaging youth and parents/caregivers to set health priorities, addressing self-care skill needs to prepare them for an adult approach to care at age 18, and preparing them to independently use health care services. Clinicians can use the results of the TRA to jointly develop a plan of care with youth and parents/caregivers. Clinicians should begin conducting TRAs at age 14 to 16 and continue throughout the HCT period until the youth has transferred. The final TRA should be included in the transfer package and sent to the receiving adult clinician. The TRA should be at the appropriate reading level, offered in languages common among your clinic population, and concise (no more than one page).

Sample Tools



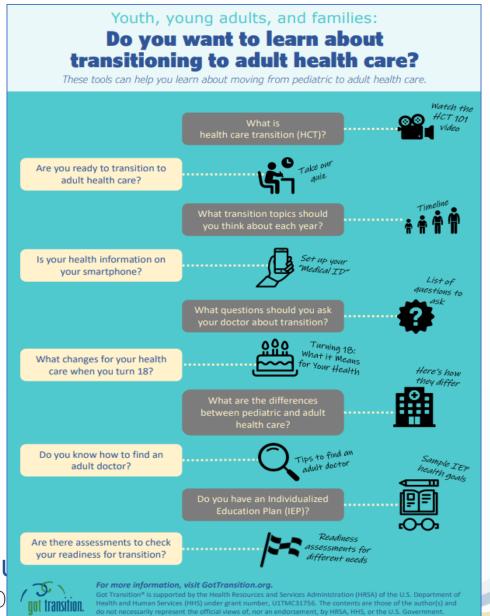
Sample Transition Readiness Assessment for Youth [En Español]



Sample Transition Readiness Assessment for Parents/Caregivers [En Español]







- Explanation
- Quiz
- Personal record
- Questions to ask
- At 18
- Differences paeds vs adult services
- Transition Plans





Youth & Young Adults:
Are You Ready to Transition to
Adult Care?

TAKE THE QUIZ



Parents & Caregivers: Is Your Child Ready to Transition to Adult Care?

TAKE THE QUIZ

Almost a transition expert...



You and your child have begun this journey toward their transition to an adult provider. You have also started to help them become a self-advocate for their own health. But you both still have a ways to go!

Check out these tools and resources as you continue to help your child take charge of their health:

- 1. Help your child fill out their personal "Medical ID" on their smartphone.
- Find out what insurance plans could be a good fit for your child by using the <u>Health Care Marketplace</u> or visit <u>the Catalyst Center</u>.
- 3. Learn the <u>differences between your child's doctor office and the Emergency</u>
 Department.
- 4. Read Turning 18: What it Means for Your Health.

Go to <u>GotTransition.org</u> for more health care transition-related resources and information!







THE SIX CORE ELEMENTS OF HEALTH CARE TRANSITION™ 3.0

DID YOUR PAST DOCTOR OR OTHER HEALTH CARE PROVIDER...

Transitioning Youth to an Adult Health Care Clinician Six Core Elements of Health Care Transition* 3.0

Sample Health Care Transition Feedback Survey for Youth/Young Adults

This is a survey about what it was like for you to move from pediatric to adult health care. Your answers will help us improve our health care transition process. Your name will not be linked to your answers.

Explain the transition process in a way that you could understand? Give you guidance about the age you would need to move to a new adult doctor or other health care provider? Give you a chance to speak with them alone during visits? Explain the changes that happen in health care starting at age 18 (e.g., changes in privacy, consent, access to health records, or making decisions)? Help you gain skills to manage your own health and health care (e.g., understanding current health needs, knowing what to do in a medical emergency, taking medicines)? Help you make a plan to meet your transition and health goals? Create and share your medical summary with you? Explain how to reach the office online or by phone for medical information, test results, medical records, or appointment information? Advise you to keep your emergency contact and medical information with you at all times (e.g., in your phone or wallet)? Help you find a new adult doctor or other health care provider to move to? Talk to you about the need to have health insurance as you become an adult? Overall, how ready did you feel to move to an adult doctor or other health care provider? Very Somewhat Not at all	rieuse check the answer that <u>best j</u> us at this time.		
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☐ Very ☐ Somewhat ☐ Not at all Do you have any ideas for your past doctor or other health care provider about making the move to adult health	Talk to you about the need to have health insurance as you become an adult?		
		adult health	







Trapeze

- Dedicated transition network and support
- Referred into service
- Self referral







Young people who have chronic conditions and disabilities need to transition from children's healthcare to adult health services. The ACI Transition Care Service is here to support you.

What we do

There are differences between children's and adult health services and some young people aged between 14 and 25 years need extra support.

- · We offer a confidential and free service that is part of NSW Health.
- Transition care coordinators and support workers help young people, families, carers and clinicians during transition.

You will be given the details of your care coordinator and support worker.

Tell them if you want to be contacted via phone, text or email so they know the best way to reach you.

We help by

- Working with your healthcare team to find suitable adult health services
- · Creating a transition plan that contains important information
- · Supporting you to get referrals and make appointments
- · Going with you to your first appointments, if needed
- Sharing resources with you
- · Providing updates to your healthcare team about your transition





Access your medical records (test results, clinic letters)

Make and attend your appointments

Cancel and reschedule appointments

Tell your healthcare team what matters to you

We can help build

your confidence and skills so you can ... Get referrals to specialists

Prepare for appointments

Contact services for appointment details

What we can't do

While we would like to help with everything, there are some things we can't do, such as:

- · make appointments on your behalf, however, we can help you learn how to do this
- · complete paperwork and provide supporting documents for NDIS or Centrelink.

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Contact us

We'll contact you after your adult health appointments. You can also call us if you need help.

When you've met with your adult health services and feel comfortable, we will discharge you from our service. But you can still contact us until you turn 25.



The contact details for ACI transition care coordinators are on our webpage.

Young people, carers or clinicians can refer to our service.



All we require is a referral form with the young person's

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search





YOU ARE NOT ALONE! LEARN ABOUT THE EXPERIENCES OF YOUNG PEOPLE JUST LIKE YOU

CLICK HERE FOR MORE

CHECK OUT OUR BLOG AND FOLLOW US ON SOCIAL MEDIA FOR THE LATEST ARTICLES

READ OUR BLOG



SUBSCRIBE





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This factsheet is for young people who are getting ready to leave the children's hospital

In health care we use the word "transition" to describe the process of planning, preparing and moving from a children's health care service to an adult health care service.

Transition should be a gradual process and starting early will give you the time to prepare for your move.

Preparing for your move will:

- . Give you a chance to think about what health care is needed for the future
- · Help you develop the skills to manage your condition on your own
- · Give you time to talk with your health care team about moving on
- · Make sure you feel ready to make the move
- Strengthen your links with your GP and community
- · Help you choose which adult services best suit your needs
- · Reduce the stress and anxiety of leaving the children's hospital
- · Give you time to adjust to becoming more
- · Give your family/carers time to step back and trust you to be in charge

When you were younger you relied on your family/carers to look after you, but as you get older you will have the opportunity to start doing this for yourself and learn more about your condition and discuss any health issues with your team on your own.

By beginning the transition process early you will develop the knowledge and skills necessary to manage your own health care as an adult.

For more information talk to your doctor and health care team.













How to prepare for your transition

Before you leave the children's hospital you might find some of the tips useful in preparing for your move to the adult world

TIPS	WHY?	
Start seeing your doctor and health professionals on your own	More privacy In the adult world clinicians may want to see you on your own	
Take 5 minutes to think about what you want before you go into your appointment	Helps you get what you want in the time that you have	
Use your phone calendar to help organise your time	 So you don't forget important things eg appointments, monitorin your health, and taking medicine 	
Learn more about your health condition and how it affects you	This will help others understand you better It will help you become more independent It will free you to live your own life	
Know what treatments you are on and how they interact with alcohol and drugs	So you know how to look after yourself To prevent you from getting into trouble Staying in control of your life	
Know what gives you allergies or bad reactions	So you prevent or don't repeat past bad reactions	
Put the name and phone number of your health team and emergency services in your phone contacts	So you can contact them when you need to Helps you stay organised and on top of things	
Download apps that can be useful for you	Easy access to support services Helps you stay organised and on top of things	
Start making your own appointments and organise any tests	Keeps you in control of your own life	
Find a supportive and trusting GP	Your GP is your most important health professional Your GP is the first person you contact when you are unwell Your GP is your care coordinator and refers you to health service	
Get to know your local pharmacy and when you need to get new medications	To keep you well	
Use your device to store your health information	Your adult health team may ask for it It will help your adult team understand you better	
Start talking with your health team in the children's hospital about transition	So you know what will happen when you leave	
Know how to get to your appointment	So you can be relaxed and in control on the day	
	Someone else can have the appointment if you can't make it.	





Know how to cancel or reschedule an appointment





. You can reschedule the appointment to a time that's good for you.

















conditions.

Ideas For Parents/Carers to Support Young People with Chronic Conditions



As your child grows up and becomes their own person, your role as parent/carer will change.

The way you adjust to these changes will influence how your young person experiences their transition.

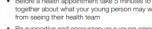
Encouraging your young person to take more control of their health, to the best of their ability, will help them in the future. This may at first feel a bit uncomfortable as you have been the one making decisions and organising their health care. Adolescence is a time of letting go balanced with stepping in when needed.

Having to say goodbye to your paediatric team at the children's hospital and/or your local paediatrician can sometimes lead to worry for parents/carers. Planning and preparing for this transition can reduce anxiety and stress.

Here are some ideas to help you along the way:

- · Recognise that your young person has their own thoughts and ideas about their health
- · Start teaching your young person about their condition and how to manage it
- . Give your young person the names and contact details of their GP and health care team
- · Encourage your young person to see their doctor and health professionals on their own

- · Make sure your young person has their medical appointments in their calendar
- . Before a health appointment take 5 minutes to talk together about what your young person may want
- . Be supportive and encourage your young person
- · When the doctor asks a question let your young person speak first
- . Be patient and accept that your young person may make mistakes
- and like
- . Encourage your young person to get their own Medicare Card
- Place trust in your young person and their ability to make choices for themselves
- · Talk with your young person about how they can drugs and alcohol. Adolescents with chronic



- to become more confident in taking control of their
- . Help your young person find a good GP they trust

- . Be sure to give your young person emergency contact numbers so they stay safe and well
- get information about topics like sex, pregnancy, conditions need a lot of information to stay safe.









Stages of Transition



These stages of transition are a general guide and will depend on the individual young person and their development.

Early Stage 12-14 years

- Starting transition early ensures a smoother leap between paediatric and adult care
- Feel free to ask questions about your condition, medications and treatment

Middle stage 14-16 years

- Preparing ahead before you transition will ensure peace of mind for you
- · Learn more about your condition and how
- Quiz yourself on the Young Person Checklist to find out where you're at with your transition
- Talk with your family/carers about becoming more independent
- Find out more about living with a chronic condition

- . Apply for your own Medicare card









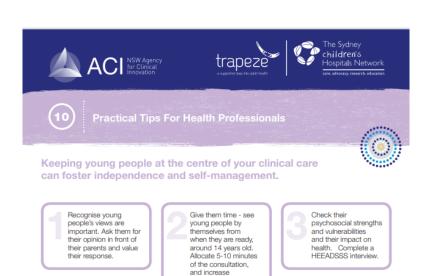












with subsequent appointments.

Discuss how

the balance of

circumstances.

Give praise and

constructive feedback;

imbue optimism and

enhance the positives

challenging conditions.

while recognising

independence versus

changes with time and

family/carer support

Encourage good

self-management -

talk through how to

recognise when they are

unwell and what to do

about it, including how

to manage stress, low

Respect their privacy.

to enhance trust. Young people can

provide informed

as 14 years old.

GET THE

Talk about confidentiality

consent from as young

mood and anxiety.

Normalise young

people's exploration

altered sleep patterns,

developmental stage

of limits/risk taking,

and changeable

moods. This

is an expected

and will change.

Talk about safety

measures, healthy sleep and eating habits and regular exercise.

Talk about puberty

chronic condition.

and its impact on their

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www.trapeze.org.au







A great children's hospital, leading the way

Health Professionals Patients and Families Departments and Services Research Q

Transition Support Service

RCH > Operations > Transition > Contact us

In this section

Transition

Transition brochures

Transition resources

For young people and parents

For health professionals

Contact Transition

Contact us

RCH Transition Support Service 2nd Floor Clinical East Offices The Royal Children's Hospital 50 Flemington Road Parkville, Victoria, 3052

How to contact the RCH Transition Support Service

- . Clinicians at The Royal Children's Hospital (RCH) may refer using EMR
- External clinicians may refer patients who are receiving medical care at the RCH by email on transition.support@rch.org.au
- · Adolescents receiving medical care at the RCH and their parents may self-refer by email to transition.support@rch.org.au

Who we are

The RCH Transition Support Service is staffed by:

- Evelyn Culnane, Transition Manager (Monday-Friday)
- Jamie McCarthy, Transition Support Coordinator (Wednesday-Friday)
- Rebecca Peters, Transition Support Worker (Tuesday/Wednesday)
- Sharon Keeble, Transition Support Worker (Tuesday/Thursday)
- Pamela Linden, Transition Innovation Officer (Mon Thurs 8.35 10.35am)
- Hayley Loftus, Transition Research Study Coordinator (Monday, Tuesday and alternate Fridays)





