Development of a standardized Education Plan Checklist and Clinical Pathway for the transition of patients from pediatric to adult health care

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INTRODUCTION/PROBLEM

As advances in technology and medical research continue to grow, so does the population of youth living with chronic diseases. Annually, approximately 50,000 adolescents with chronic medical conditions in Canada will transfer from pediatric to adult care. To achieve the goal of transition (fostering responsible self-care), it is expected that health care providers will assist youth in preparing them with the tools and knowledge they need to be successful. Adult health providers and transitioning patients note a lack of adolescent’s knowledge about their disease.

PROJECT/METHODS

• The purpose of this clinical project was to develop standardized but customizable Transition Education Plan Checklists for 3 identified age groups while working with the “Good 2 Go” (G2G) transition team at SickKids. The development of a Clinical Pathway for providers was also part of this project, so as to help guide programs through the transition process.
• Shadowing providers in the adolescent medicine program and researching about adolescent medicine and transition were crucial to understanding the transition and learning needs of patients.
• A review was conducted of current “education checklists” in other programs with a goal of adapting them to this centre.
• Discussions with various paediatric and adult providers were completed to identify necessary areas of patient education in the transition process.
• Review of current transition tools and discussions with the G2G transition team were conducted in order to develop a Clinical pathway for health care providers at SickKids.

RESULTS

• Three separate Transition Education Plan Checklists were completed (ages 12-14; 14-16; 16-18).
• Reviews and revisions of the checklist were completed by the G2G health care team, along with members of the adult and paediatric community.
• The clinical pathway was also completed and reviewed by the G2G team. Posters of the clinical pathway will be put up into SickKids ambulatory clinics and education of the staff will be conducted.
• The Education Plan Checklist will be reviewed by Sick Kids forms committee and plans will be made to implement the form on the hospital electronic documentation system.
• The Checklist will be piloted in one area and quality improvement outcomes will be assessed via questionnaires with the adult provider.

CONCLUSIONS

The addition of the Transition Education Plan Checklist into transition preparation in adjunct to current G2G tools, will aid adolescents to be well prepared and more knowledgeable about their disease. This will provide them with the self-care management skills that they require for optimal transition to the adult-health care facility.

By educating the staff on the Clinical Pathway and Transition Education Checklist, consistency and enhanced practice will occur throughout the ambulatory clinics on how patients are transitioned to adult care.

NEXT STEPS

• Further development of the usability of the tools should be evaluated in a pilot program
• Once piloted and changes made, building checklists into the hospitals documentation system should be completed so as to avoid “shadow charting”
• Complete Quality Improvement analysis should occur once checklists are implemented in order to measure outcomes.
• Outcome measures can include, simple questionnaire from adult provider on youths knowledge; compliance with adult appointments and other specific health related outcomes

REFERENCES

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