Six Core Elements of Health Care Transition™ 3.0
An Implementation Guide

Integrating Young Adults into Adult Health Care
Core Element 5 – Initial Visits

got transition®

I. Purpose, Objectives, and Considerations

Purpose

Initial visits is the fifth element in the Six Core Elements of Health Care Transition™ (HCT). Following review of the transfer package, the initial appointment should address any concerns that the young adult may have in transferring to a new adult clinician and the distinctions between pediatric and adult care. Specifically, it is important to discuss confidentiality, access to information, and shared decision-making and to learn how to best communicate with the young adult between visits. Over the next few visits, the clinician should work with the young adult to assess and strengthen self-care skills. *See sample initial visit lists and self-care assessments in Section III.*

Objectives

Prepare for initial visit by reviewing transfer package with appropriate team members.

Address any concerns young adult has about transferring to adult care and take into account any cultural preferences.

Clarify an adult approach to care (shared decision-making, privacy and consent, access to information), adherence to care, preferred methods of communication, and health literacy needs.

Conduct self-care skills assessment if not recently completed and discuss their needs for self-care and how to use health care services.

Offer education and resources on needed skills identified through the self-care skills assessment.

Review young adult's health priorities as part of their plan of care.

Update and share with young adult their medical summary and emergency care plan.

Considerations

CONTENT

What information does your practice offer to young adults about an adult approach to care?

Below are some questions and ideas to think about.

- *What should be included in an information sheet or discussion to remind young adults about changes in health care at age 18 and what an adult approach to care means for their involvement in their health and health care (for example, reviewing the changes in privacy and consent)?*
- *What does your practice offer to assist young adults and parents/caregivers to consider if there is a need for supported decision-making and how to begin the legal process, if needed? For more information about resources, see the National Resource Center for Supported Decision-Making and The Arc.*
- *Does your practice have information for parents/caregivers to remind them that in an adult approach to care they no longer have legal access to their young adult's electronic medical records on the practice's portal, unless there is legal documentation allowing access?*

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What information might be considered in assessing self-care skills?
Below are some questions and ideas to think about.

- *Consider the patient population in your practice/system. What HCT skills and knowledge about health care services do they need to learn?*
- *Review existing self-care skills assessments. Decide if you can use an existing self-care skills assessment, if you need to customize one, or if a new self-care skills assessment will need to be developed.*
- *Got Transition's self-care skills assessment contains two motivational interviewing questions. Consider adding them to your selected self-care skills assessment:*
  - *How important is it to you to manage your own health care?*
  - *How confident do you feel about your ability to manage your own health care?*
- *Have the young adult continue to complete the self-care skills assessment several times during the first few years they are in your practice as part of routine preventive or chronic care.*
- *Use the self-care skills assessment both as a discussion tool and to plan for HCT skills-building education.*
- *It is important to note that self-care skills assessments do not predict HCT success.*

PROCESS
What is the process to obtain and review the transfer package from the referring pediatric clinician?

What is the process to welcome a new young adult into your practice/system?
Below are some questions and ideas to think about.

- *Who will explain how an adult approach to care is different than a pediatric approach to care, highlighting the changes in consent and confidentiality?*
- *Will your practice have young adults over age 18 sign a HIPAA form (written at an appropriate reading level) if they wish to allow others to be present in their visit or see their health records?*
- *How will the clinicians in the adult practice decide and agree on the key topics they should discuss with all young adults during their first 1-3 visits (See Got Transition's Sample Content for Initial Visits in Section III.). For example:*
  - *Who will go over the practice information with the young adult and discuss with the young adult the best way the practice can remind them of their upcoming appointment and the importance of staying connected to the practice and care?*
  - *Who will discuss how the young adult can communicate with their clinician/practice about urgent health questions, medication renewals and making and cancelling appointments?*
- *Create a written document to describe the clinic approach to implement the process outlined above.*
- *Educate all team members/staff about the process.*

What is the process to implement self-care skills assessments?
Below are some questions and ideas to think about.

- *If an available self-care skills assessment has been customized or your practice/system has developed its own, check that the reading level is appropriate and do a test with 3-4 young adults in your practice (who will be receiving the self-care skills assessment) of different ages and educational levels to see if they have any difficulty understanding the questions or specific words. If so, make needed changes to the self-care skills assessment and test again.*

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- *Once the self-care skills assessments(s) are ready for use, identify and test the practice's process for conducting it. Below are some questions and ideas to think about.*
  - *Identify eligible young adults needing a self-care skills assessment and decide:*
    - *How often will it be offered? Every year? Every other year?*
    - *Will it be sent to the young adult before the visit via mail, email, or the EMR portal, and will the completed form be brought to the clinic visit?*
    - *Will it be completed in the clinic at the time of the visit? Will it be completed in a paper form? If yes, determine who will incorporate the completed self-care skills assessment into the medical record.*
    - *Who will administer the self-care skills assessment in the clinic? Will it be completed in the waiting room or while waiting for the clinician in the clinic room?*
    - *Who fills out the self-care skills assessment when there is a legal supported decision-making agreement in place?*
  - *Will it be completed via a tablet during the visit, and if so, will the results be incorporated into the EMR? Who will assist the young adult to prioritize needed skills-building education?*
  - *Who will incorporate the needed skills into an HCT plan of care (see below)?*
  - *Who will offer the identified needed education?*
  - *What materials or online resources are available in the practice for education around the needed skills for the young adult?*
  - *Determine how education will be incorporated into follow-up appointments and documented in the medical record.*
- *Create a written document to describe the practice's process that each eligible patient will follow to complete the self-care skills assessment.*
- *Educate all team members/staff about the process.*

What is the process to update and implement a plan of care?

Below are some questions and ideas to think about.
- *Does the practice have a process to create and update a plan of care with HCT goals and prioritized action steps?*
- *As part of the plan of care, how will the young adult's health priorities be elicited and linked with self-care skill needs identified in the self-care assessment?*
- *Who will generate the HCT plan of care goals with the young adult, utilizing the needed skills identified in the self-care skills assessment?*
- *Create a written document to describe the clinic approach to implement the process outlined above.*
- *Educate all team members/staff about the process.*

What is the process to update a medical summary and emergency care plan?

Below are some questions and ideas to think about.
- *Who is responsible for updating the medical summary and emergency care plan?*
- *How will the practice share the updated medical summary and emergency care plan with the young adult (i.e., discuss at the visit or send it to the young adult before an annual visit to review during the visit).*
- *Create a written document to describe the clinic approach to implement the process outlined above.*
- *Educate all team members/staff about the process.*

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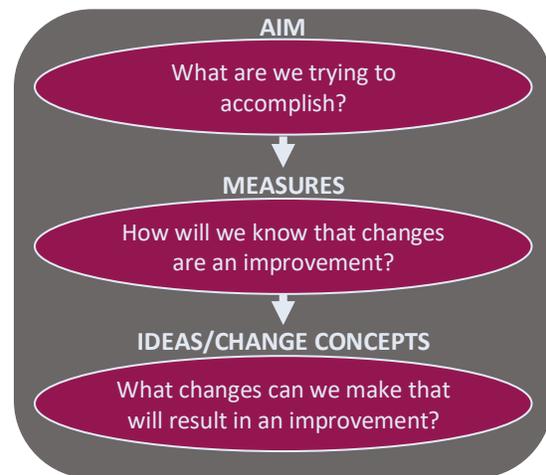# II. Quality Improvement Considerations, Tools, and Measurement

Quality Improvement Considerations

What should be thought about when forming a team? (See *Successful Teams* in the [QI Primer](#))
- Include a representative from all areas of your practice
- Include a young adult whenever possible
- Depending on what you are aiming to improve, consider any ad hoc members you might need (e.g., information services, lab, pharmacy, supply distribution, etc.)
- Schedule meetings or huddles

What is the Model for Improvement?

The Model for Improvement (see *Model for Improvement* in the [QI Primer](#)) is an approach to process improvement, developed by Associates in Process Improvement, which helps teams accelerate the adoption of proven and effective changes. The figure here illustrates the three questions that make up the Model for Improvement. This is a simple but robust model widely used for improvement in many industries, including health care.

AIM
What are we trying to accomplish?

MEASURES
How will we know that changes are an improvement?

IDEAS/CHANGE CONCEPTS
What changes can we make that will result in an improvement?

Adapted from Langley GL, et al. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance, 2nd ed. San Francisco: Jossey-Bass Publishers, 2009.

As you continue to work through this document and the Six Core Elements, you will find that the QI tools and other items below have been customized to each Element for each kind of practice. However, you will find the basic team considerations described above remain the same for most if not all of your QI work.

Quality Improvement Tools

The most important QI tools to guide a team's improvement work include ***Tools 1-5*** listed below. Using these tools in the following order will increase your chances of success, but teams can make modifications as needed. For more information and examples, see *Tools for Improvement* in the [QI Primer](#).

- ***Tool 1: An aim statement*** is a fundamental element of this model and answers the question of what you are trying to accomplish.
- ***Tool 2: Key driver diagrams*** allow teams to visualize the relationship between the project aim and contributing factors, helping them determine key actions necessary to meet this aim.
- ***Tool 3: Process flow maps*** can help you visualize the steps in your change process.
- ***Tool 4: The simplified failure mode and effects analysis*** form helps teams recognize what problems might arise in each step of the process and think of possible solutions.
- ***Tool 5: Plan-Do-Study-Act (PDSA) cycles*** allow teams to trial and learn from their process changes. Using Tools 1-4 before initiating a PDSA cycle helps teams assess root causes before jumping to solutions.

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Tool 1: Aim Statement

The aim statement is a written statement that describes the improvement effort and includes the rationale for doing the work, the target population, the time period of the work, and measurable numeric goals. For more information and examples, see *Model for Improvement* in the *QI Primer*.

> *Example Aim Statement*
>
> Transferring from a pediatric practice to an adult practice is stressful for patients and families. We aim to ease that transfer by having a successful initial visit. By [insert date], 90% of patients will rate their initial visit as satisfactory and 90% of new patients will have a completed self-care skills assessment.

Tool 2: Key Driver Diagram

Key driver diagrams (KDDs) require teams to identify their theories or "key drivers" which lead to outcomes. They help teams see relationships and organize work, especially in complex systems. They are frequently used for analysis, organization, and communication to direct improvement work. For more information and examples, see *Tools for Improvement* in the *QI Primer*.
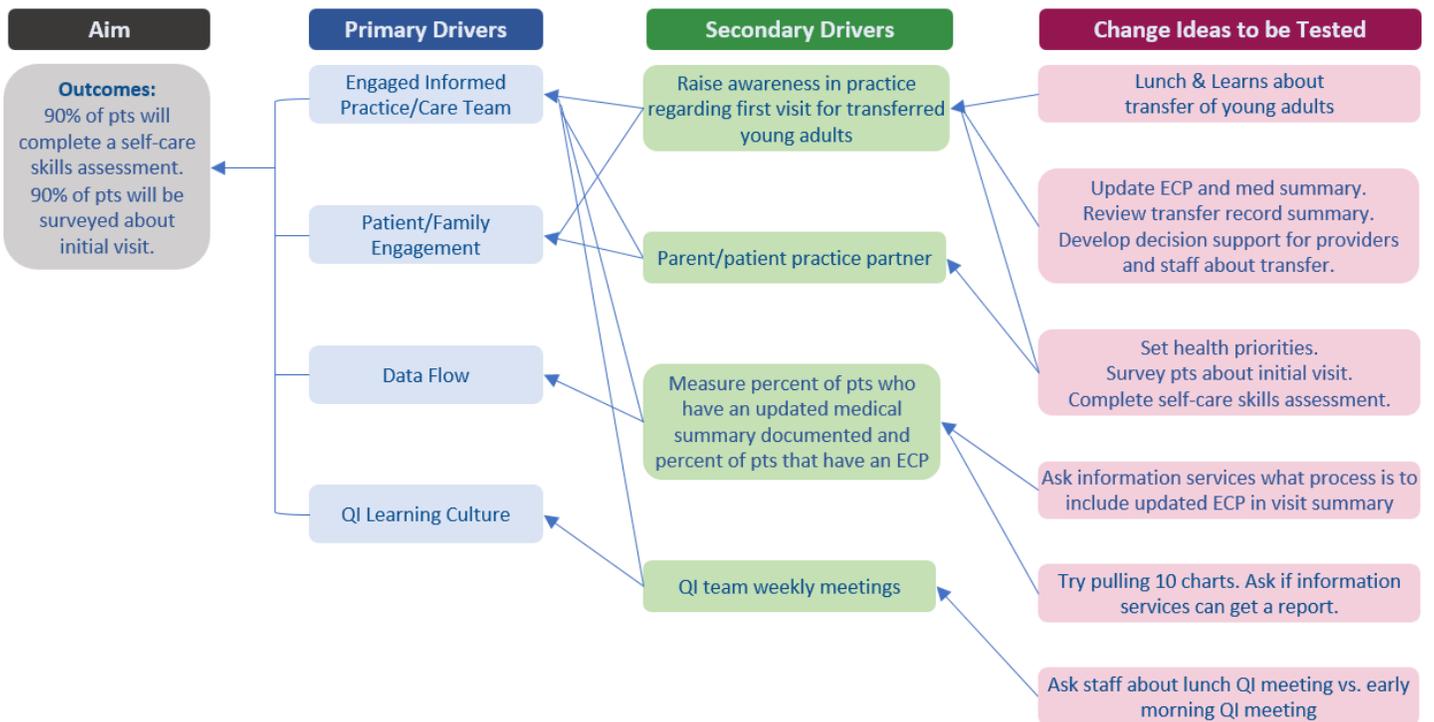
Adapted from ST3P UP, a collaborative sponsored by Patient Centered Outcomes Research Institute® (PCORI) Award MCSC-1608-35861 Titled A Comparative Effectiveness of Peer Mentoring Versus Structured Education Based Transition Programming For The Management Of Care Transitions In Emerging Adults With Sickle Cell Disease.

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Tool 3: Process Flow Map

A flow map is a visual display of the separate steps in a process placed in sequential order. It is extremely helpful in documenting different views of the same process. It can show the sequence of actions, materials/inputs entering and leaving the process, decision points, and people involved. Flow maps can be used to document steps in the process of either how things are or how things could be. Posting the flow map gives staff an opportunity to clarify the steps in the process and can uncover conflicting understandings. For more information and examples, see *Tools for Improvement* in the *QI Primer*.
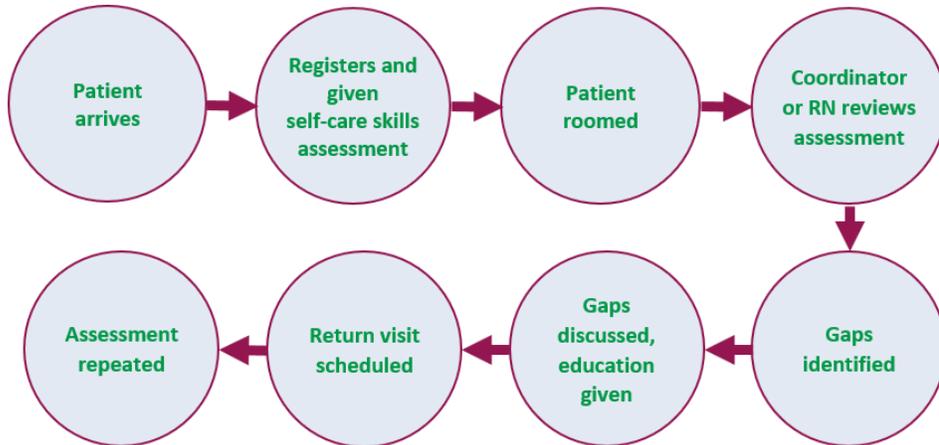
Tool 4: Simplified Failure Mode and Effects Analysis (sFMEA)

Simplified Failure Mode and Effects Analysis (sFMEA) is a proactive method for evaluating a process to identify where and how it might fail and to assess the relative impact of different failures, in order to identify the parts of the process that are most in need of change and help generate ideas to prevent those possible failures. This is a good companion to the flow map – a flow map lets you see the process as it is, and the sFMEA helps you look more closely to identify breakdowns. The example below has a few solutions filled in, to illustrate how teams might start completing an sFMEA. For more information and examples, see *Tools for Improvement* in the *QI Primer*.
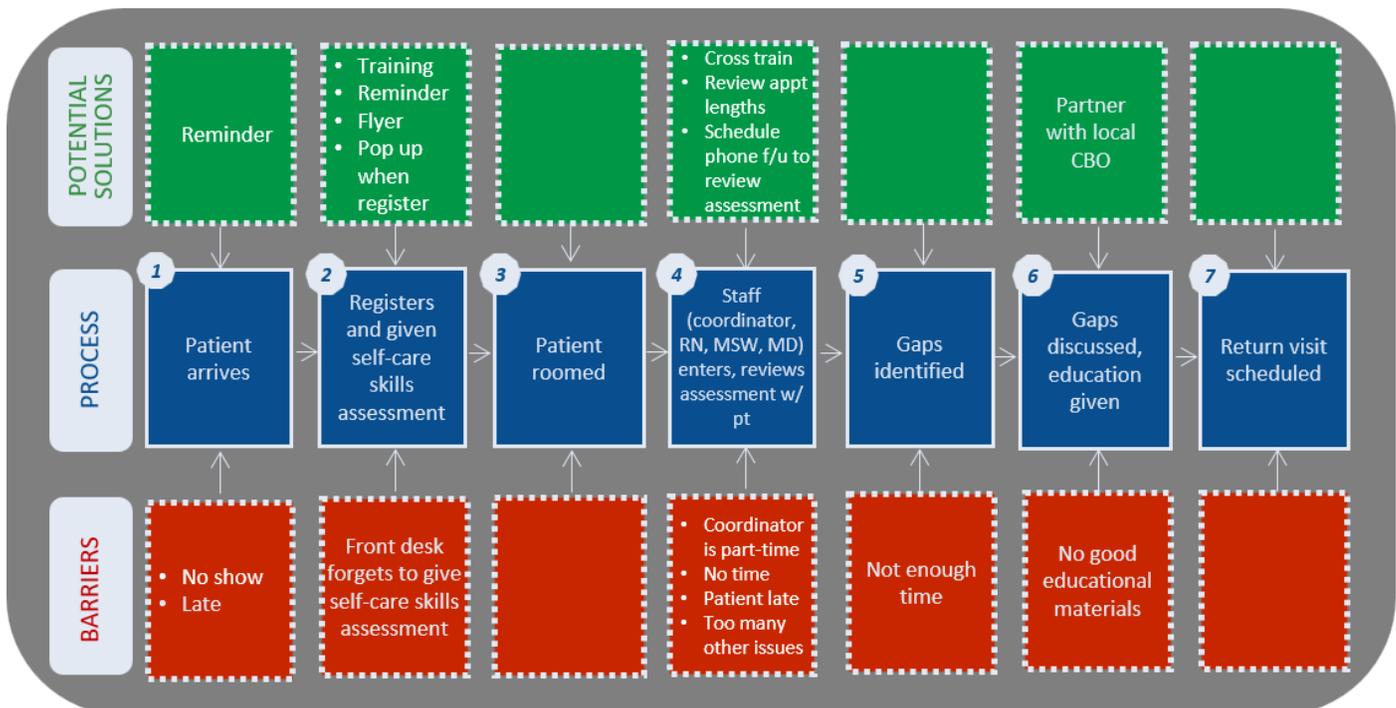
Adapted from the copyrighted Simplified Failure Mode Effects Analysis Worksheet (sFMEA) from Cincinnati Children's Hospital Medical Center. This version of the sFMEA has been modified and has been reprinted with permission.
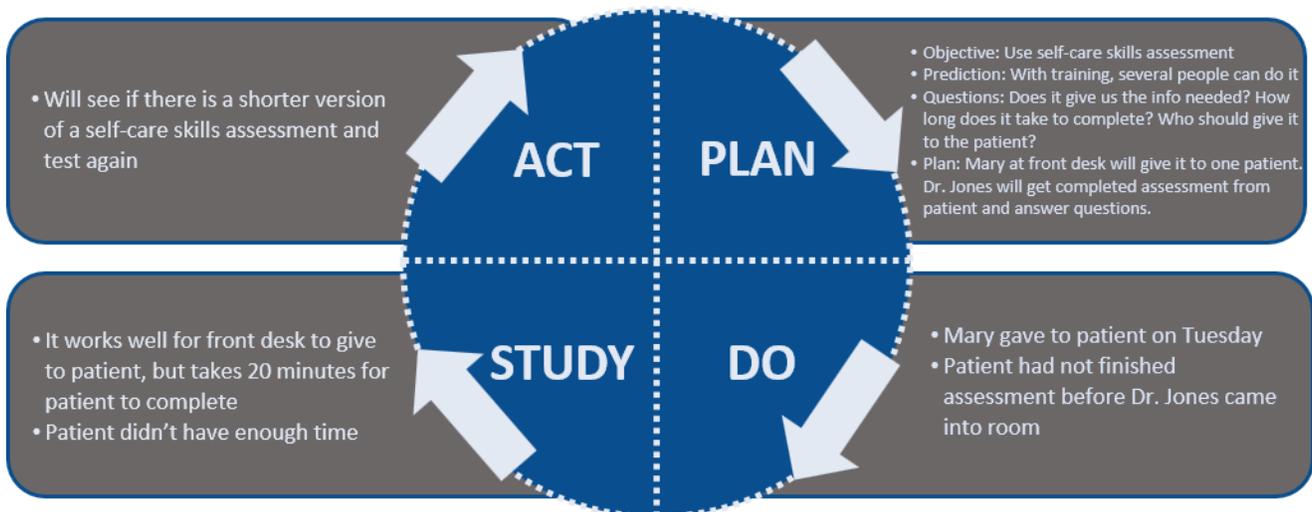
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Tool 5: PDSA Cycles

PDSA cycles are a structured test of a process change. These are meant to be done rapidly, for example one patient, one afternoon, with one doctor. To accelerate learning and improvement, small tests with reflection allow for change ideas to be adapted, adopted, or abandoned easily within busy healthcare settings. Learning to do rapid cycle testing is key to keeping the momentum going; it is not necessary to schedule a full separate meeting, just a quick huddle allows teams to plan the next cycle. For more detailed explanation and a blank form, see *Model for Improvement* in the [QI Primer](). This effort includes:

- **Plan** the test: who, what, where, when;
- **Do** try the change and observe what happens;
- **Study** reflect on what was learned from the test; and
- **Act** decide next steps based on the reflection.

Examples of Ideas to Test

- Ask 2 patients to help with the process
- Flow map the ideal process
- Create a list of adult clinicians interested in participating

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ACT
- Will see if there is a shorter version of a self-care skills assessment and test again

PLAN
- Objective: Use self-care skills assessment
- Prediction: With training, several people can do it
- Questions: Does it give us the info needed? How long does it take to complete? Who should give it to the patient?
- Plan: Mary at front desk will give it to one patient. Dr. Jones will get completed assessment from patient and answer questions.

STUDY
- It works well for front desk to give to patient, but takes 20 minutes for patient to complete
- Patient didn't have enough time

DO
- Mary gave to patient on Tuesday
- Patient had not finished assessment before Dr. Jones came into room

Adapted from AHEC QI 101, a Quality Improvement course sponsored by Charlotte Area Health Education Center.

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Quality Improvement Measurement

This step will sometimes be informal, while other situations will require a more formal process. Tracking your progress can be as simple as using a check sheet for a short period of time or a more formal use of a run chart which displays improvement over time. Specifically, the Current Assessment of HCT Activities or the HCT Process Measurement Tool in the Six Core Elements package can be used by teams to track progress of specific core elements or the overall HCT process. For more information and examples, see *Measuring for Improvement* in the *QI Primer*.

Example Data Collection Check Sheet

☐ Assess the need for clarification of self-care skills assessment.
☐ Track for 1 week the number of patients who have questions about the assessment.
☐ Track the areas of assessment with greatest number of questions.
☐ Track the number of patients who are given the self-care skills assessment.

	Mon	Tues	Wed	Thurs	Fri
# pts w/ questions	|||	|||	||||	||	||||
# pts w/ self-care skills assessment	||	||	|||			||

Data display is important for teams to assess the impact of the changes they are making. In QI, run charts are most often used. Run charts are a dynamic display of data over time. They require no statistical calculations and should be easily understood. Use a clear title. Data points are plotted around a median line. When possible, adding annotations to the chart to explain when certain changes were introduced can make the chart more informative and robust.

Percent of Patients for Whom Transfer Package Was Received by New Provider
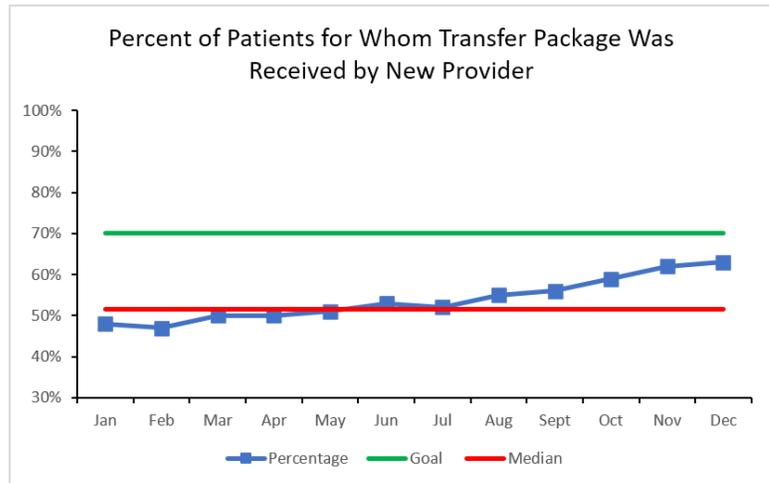
Sustain & Spread

For strategies on how to sustain and spread your work, please see Steps 6 and 7 in *How to Implement the Six Core Elements of Health Care Transition*.

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III. Sample Tools for Initial Visits

Sample Tools from the Six Core Elements of HCT™
- Sample self-care skills assessment from Got Transition's "Integrating Young Adults into Adult Health Care" *(click here)*
- Sample content for initial visits from Got Transition's "Integrating Young Adults into Adult Health Care" *(click here)*

Sample Initial Visits Tools for Young Adults with Specific Conditions
- Sample content for initial visits with young adults with sickle cell disease from PRISMA Health *(click here)*
- Sample content for initial visits with young adults with sickle cell disease from the University of Miami *(click here)*

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IV. Additional Resources

- Turning 18: What It Means for Your Health (*click here*)
- System Differences Between Pediatric and Adult Health Care *(click here)*
- Add your health information into your smartphone (*click here*)

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For more information about our work and available publications, contact our office at info@GotTransition.org.

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