



Health Care Transition Tool Kit

Introduction

NASGAG, working with Got Transition, is pleased to share this pediatric and adolescent gynecology specific package based on the Six Core Elements of Health Care Transition for use by pediatric, family medicine, Internal medicine-pediatrics and pediatric and adolescent gynecology providers to benefit all youth, including those with special needs, as they transition from pediatric to adult-centered health care. Consistent with the AAP/AAFP/ACP Clinical Report on Health Care Transition,¹ transition consists of joint planning with youth and parents/caregivers to foster development of self-care skills and active participation in decision-making. It also includes identifying adult providers and ensuring a smooth transfer to adult-centered care with current medical information.

Recognizing and responding to the diversity among youth, young adults and their families, is essential to the transition process. This diversity may include, but is not limited to, differences in culture, race, ethnicity, languages spoken, intellectual abilities, gender, sexual orientation, and age. Implementation of the Six Core Elements relies heavily on patient and provider communication. Therefore, health plans and practices should use appropriate oral and written communications, including interpretation and translation services, and health literacy supports as needed.² In addition, engaging youth and parents/caregivers from various cultural backgrounds in the development and evaluation of a transition quality improvement process is important.³

Depending on provider resources and complexity of youth's condition, one may choose to use all or only a few tools presented in this toolkit. The entirety of The Six Core Elements may not apply to all aspects of Pediatric and Adolescent Gynecology (PAG) as it is designed as a comprehensive tool for all disciplines of medicine. Below you will find a toolkit using The Six Core Elements as tailored to PAG providers. It is designed to assist with components needed to develop a transition program for adolescents into adult gynecologic care.

Within the kit:

- Health care transition committee charter for your institution
- Sample policies for youth transitioning to adult providers in a different practice
- Sample policies for youth transitioning to adult provider in same practice
- Readiness Assessment Tool for possible transition with coding tips for the "Readiness appointment"
- Youth's goals for medical care
- Medical Emergency Form
- Provider timeline checklist for items to be addressed during transition
- Sample letter to adult provider assuming care
- DSD article (NASPAG to provide)
- Paige Hertweck article (NASPAG to provide)

Sample tools for more specific customization are available in this package and on www.GotTransition.org.

¹ American Academy of Pediatrics, American Academy of Family Physicians, and American College of Physicians. Transitions Clinical Report Authoring Group. Supporting the health care transition from adolescence to adulthood in the medical home. *Pediatrics*. 2011; 128; 182.

² Additional information can be found at: <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/index.html> and at: <http://www.health.gov/communication/literacy/>

³ Additional information can be found at www.thinkculturalhealth.hhs.gov

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Health Care Transition (HCT) Committee Charter

Approved *DATE*

Quality of Safety Mission and Vision:

Mission: We provide hope, healing, and best healthcare for children and their families.

Vision: *Institution Name* will be a premier regional pediatric center and, nationally recognized as one of the best for pediatric care, innovative research, medical education and advocacy.

Purpose and Functions:

The Health Care Transition Committee promotes the development and implementation of a health care transition policies and processes from pediatric to adult care at *Institution Name*.

Responsibilities Include:

- Review current state of health care transition activities across various *Institution Name* divisions and clinics on measures of Six Core Elements of Health Care Transition, including Transition Policy, Transitioning Youth Registry, Transition Preparation, Transition Planning, and Transition and Transfer of Care.
- Promote the implementation of health care transition best practices across various *Institution Name* divisions and clinics.
- Standardize key elements of health care transition activities across various *Institution Name* divisions and clinics.
- Monitor the impact of health care transition improvement activities initiatives qualitatively and quantitatively
- Educate medical, nursing, support staff and patients/families about HCT best practices and initiatives taking place across various *Institution Name* divisions and clinics.
- Develop, support, and sustain collaborative relationships with hospital and medical staff leaders and committees

Membership:

Co-Chair: *Name*
Co-Chair: *Name*

Members:

Committee Member Names

Reporting to:

The Health Care Transition Committee will report to (*Committee responsible for clinical improvement*).

Meeting Dates:

Quorum:

A quorum will be those Committee members in attendance in person or via telephonic or electronic conferencing and voting, but not fewer than two (2) members.

Key Indicators and Deliverables:

- Gather and review data on current state of health care transition activities at *Institution Name*

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- Develop pilot health care transition initiatives in select *Institution Name*, Divisions and clinics on measures of Six Core Elements of Health Care Transition
- Establish criteria and process for identifying transitioning youth / Transition registry
- Develop partnerships with adult care providers in the community



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Ambulatory Health Care Transition Policy

(Transitioning Youth to Adult Health Care Providers)

Institution Name is committed to helping our patients make a smooth transition from pediatric to adult health care. This process involves working with youth, and their families beginning at approximately 12 to 14 years of age to prepare for the change from a pediatric model of care where parents make most decisions to an adult model of care where youth take full responsibility for decision-making. This means that our healthcare providers will spend time during the visit with the teen without the parent present in order to assist them in setting health priorities and supporting them in becoming more independent with their own health care. Throughout the transition process, our healthcare team will collaborate with patients and their families to meet their immediate health care needs, assist them in assuming responsibility for self-care, as well as educate them regarding their diagnoses, medications, and specific medical needs.

At age 18, youth legally become adults. We respect that many of our young adult patients choose to continue to involve their families in health care decisions. Only with the young adult's consent will we be able to discuss any personal health information with family members. If the youth has a condition that prevents him/her from making health care decisions, we encourage parents/caregivers to consider options for supported decision-making. (i.e. guardianship). We recommend that the guardianship process begin at least six months before a child's 18th birthday. Resources can be provided to aid with this process.

We will collaborate with youth and families regarding the age for transferring to an adult provider and recommend that this transfer occur by age ***Age Transition Required***. We will assist with this transfer process, including helping to identify an adult provider, sending medical records, and communicating with the adult provider about the unique needs of our patients. (Consider including other specific information such as a transfer summary letter, a transition readiness assessment, the transition goals accomplished and yet to be achieved, a medical summary, an emergency care plan, and any relevant legal documents. The availability of a pediatric consultation to the new adult provider during the transition may also be important to the new provider as well.)



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Ambulatory Health Care Transition Policy

(Transition to an Adult Model of Healthcare without Changing Providers)

Institution Name is committed to helping our patients become better prepared for an adult model of health care at age 18 to continue on with our practice as young adults. This process involves working with youth, and their families beginning at approximately ages 12 to 14 to prepare for the change from a pediatric model of care where parents make most decisions to an adult model of care where youth take full responsibility for decision-making. This means that we will spend time during the visit with the teen without the parent present in order to assist them in setting health priorities and supporting them in becoming more independent with their own health care. Throughout the transition process, we will collaborate with patients and their families to meet their immediate health care needs, assist them in assuming responsibility for self-care, as well as educate them regarding their diagnoses, medications, and specific medical needs.

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(Consider gathering specific information such as a transition readiness assessment, the transition goals accomplished and yet to be achieved, a medical summary, an emergency care plan, and any relevant legal documents. The above and a transfer summary letter may be helpful for any transition to adult subspecialists.)



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Sample Transition Readiness Assessment for Youth

Please fill out this form to help us see what you already know about your health and how to use health care and the areas that you need to learn more about. If you need help completing this form, please ask your parent/caregiver.

Date:

Name:

Date of Birth:

Transition Importance and Confidence

On a scale of 0 to 10, please circle the number that best describes how you feel right now.

How important is it to you to prepare for/change to an adult doctor before age 22?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
---------	---	---	---	---	---	---	---	---	---	-----------

How confident do you feel about your ability to prepare for/change to an adult doctor?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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My Health	<i>Please check the box that applies to you right now.</i>	<i>Yes, I know this</i>	<i>I need to learn</i>	<i>Someone needs to do this... Who?</i>
I know my medical needs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my sexual health needs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can explain my medical needs to others.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my symptoms including ones that I quickly need to see a doctor for.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do in case I have a medical emergency.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my own medicines, what they are for, and when I need to take them.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my allergies to medicines and medicines I should not take.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how health care privacy changes at age 18 when legally an adult.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can explain to others how my customs and beliefs affect my health care decisions and medical treatment.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using Health Care				
I know or I can find my doctor's phone number.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make my own doctor appointments.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a visit, I think about questions to ask.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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I know to show up 15 minutes before the visit to check in.

My Health

Please check the box that applies to you right now.

**Yes, I
know this**

**I need to
learn**

**Someone needs to do
this... Who?**

I know where to go to get medical care when the doctor's office is closed.

I have a file at home for my medical information.

I have a copy of my current plan of care.

I know how to fill out medical forms.

I know how to get referrals to other providers.

I know where my pharmacy is and how to refill my medicines.

I know where to get blood work or x-rays if my doctor orders them.

I have a plan so I can keep my health insurance after 18 or older.

My family and I have discussed my ability to make my own health care decisions at age 18.



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Youth's Goals for their Healthcare

Have patient make a list of:

Prioritized Goals	Issues or Concerns	Actions	Person Responsible	Target Date	Date Complete
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This document should be shared with and carried by youth and families/caregivers.

Date Completed:		Date Revised:	
Form completed by:			
Contact Information			
Name:		Preferred Name:	
DOB:		Preferred Language:	
Parent (Caregiver):		Relationship:	
Address:			
Cell #:	Home #:	Best Time to Reach:	
E-Mail:		Best Way to Reach: Text Phone Email	
Health Insurance/Plan:		Group and ID #:	
Emergency Care Plan			
Emergency Contact:		Relationship:	Phone:
Preferred Emergency Care Location:			
Allergies and Procedures to be Avoided			
Allergies		Reactions	
To be avoided		Why?	
<input type="checkbox"/> Medical Procedures:			
<input type="checkbox"/> Medications:			
Diagnoses and Current Problems			
Problem		Details and Recommendations	
<input type="checkbox"/> Primary Diagnosis			
<input type="checkbox"/> Secondary Diagnosis			
<input type="checkbox"/> Behavioral			
<input type="checkbox"/> Communication			



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Medications					
Medications	Dose	Frequency	Medications	Dose	Frequency
Health Care Providers					
Provider	Primary and Specialty	Clinic or Hospital	Phone	Fax	
Prior Surgeries, Procedures, and Hospitalizations					
Date					
Date					
Date					
Date					
Date					
Baseline					
Baseline Vital Signs:	Ht	Wt	RR	HR	BP ☐
Baseline Neurological Status:					
Most Recent Labs and Radiology					
Test	Date	Result			
Ultrasound					
MRI/CT					
Equipment, Appliances, and Assistive Technology					
<input type="checkbox"/> Gastrostomy	<input type="checkbox"/> Adaptive Seating	<input type="checkbox"/> Wheelchair			
<input type="checkbox"/> Tracheostomy	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Orthotics			
		<input type="checkbox"/> Crutches			
		<input type="checkbox"/> Walker			
<input type="checkbox"/> Other					

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Provider Timeline For Transitioning Patients

Ages 12-14

- Youth are able to describe medical condition
- Youth are able to name medications
- Youth are able to answer questions during a healthcare visit
- Youth are able to advocate for self

Ages 15-17

- Youth are able to make appointments
- Youth are able to get prescriptions filled
- Youth are able to talk about age appropriate information during visits with regards to physical, emotional, sexual development
- Youth are able to think and talk about transition to adult provider
- Youth are able to keep a health record
- Youth are able to spend majority of visit alone with provider

Prior to 18

- Explore and understand healthcare coverage after 18
- Make decisions about power of attorney or guardianship options

Age 18+

- Transfer care to adult provider
- Transfer medications to local pharmacy if moving or going off to college
- If going to college learn about healthcare services on campus
- Obtain immunizations prior to leaving home

For provider prepared transfer package including:

- Transfer letter, including effective of date of transfer of care to adult provider
- Final transition readiness assessment
- Plan of care, including transition goals and pending actions
- Updated medical summary and emergency care plan
- Guardianship or health proxy documents, if needed
- Condition fact sheet, if needed
- Additional provider records, if needed



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Sample Letter to Adult Provider Assuming Care

Dear Adult Provider,

Name is an age year-old patient of our pediatric practice who will be transferring to your care on date of this year. His or her primary chronic condition is condition, and his or her secondary conditions are conditions. Name's related medications and specialists are outlined in the enclosed transfer package that includes his or her medical summary and emergency care plan, plan of care, and transition readiness assessment. Name acts as his or her own guardian, and is insured under insurance plan until age age.

I have had name as a patient since age and am very familiar with his or her health condition, medical history, and specialists. I would be happy to provide any consultation assistance to you during the initial phases of name's transition to adult health care. Please do not hesitate to contact me by phone or email if you have further questions.

Thank you very much for your willingness to assume the care of this young man or woman.

Sincerely,