

TRANSITIONS OF YOUTH TO ADULT CARE SYMPOSIUM

March 12, 2015

EXECUTIVE SUMMARY:

Background:

Increasing numbers of youth with special health care needs are transferred from pediatric health care to adult oriented health care settings each year. As a result the importance of facilitating effective transition from a pediatric setting to adult care has become evident.

Youth to adult care transitions was identified as a priority by both the Stollery Family Centred Care Council and Senior Leadership in 2013. A working group was formed in November to explore current practices across Stollery outpatient clinics, the challenges faced by both pediatric and adult care providers, and to engage young adults and parents in these discussions.

A Transitions of Youth to Adult Care Project Steering Committee was established in the fall of 2014 to provide leadership and oversight to the exploration and implementation of an effective transitions program.

Transitions Project Objective:

To develop and implement a transition program, consistent with Canadian Pediatric Society recommendations, that addresses the needs of adolescents and young adults in Northern Alberta.

Symposium Purpose:

A Symposium was held on March 12 2015 to explore three Canadian transition programs and discuss a strategy for building and implementing an effective approach in transitioning youth with chronic health conditions to adult care in Northern Alberta.

Participants:

98 participants from pediatric programs (57%), adult programs (30%) and young adults/parents (13%) attended the face to face full day symposium event. An additional 58 participants attended via Telehealth at six sites. A total of 156 people took part in the day.

Agenda:

The day consisted of 5 feature presentations:

- Three transition specialists highlighted their transition programs: Dr. Miriam Kaufman, Toronto Sick Kids; Mary Paone, BC Health; Deborah Thul, Alberta Children's Hospital.
- Dr. David Nicholas presented recent research in transitions of youth with development disorders.

- Lacey Haddon, a young adult, and Simone Chalifoux, a parent, shared their transition experiences.

Overall Results:

All participants (both at Lister Hall and at the Telehealth sites) provided individual input and / or group input on the strengths, limitations, and aspects of the models / presentations that could be adopted for developing and implementing a transition program for Stollery and Adult partners. They were also asked if there was one model that best suits the needs of the transition project; if yes, what program, and if no what are the most important components for developing a transitions program.

Participants in both the small groups and individually did not identify one model. They identified strengths, limitations, and components of each of the models that could be adapted to form a model.

The following highlighted recommendations ensued from the symposium for consideration in moving forward:

- Funding for dedicated staff to develop and implement a transition initiative.
- Clear scope for the initiative: regional, provincial, national.
- Need to collaborate with pediatric and adult care providers across the healthcare spectrum, young adults and parents throughout development and implementation of initiative.
- Transition age: recognizing the transition process commences as early as 12 years of age and continuing to early 20s; adaptable to need of the patient.
- Defining the program philosophy, components, policies, pathways and practices.
- Supporting the development of relationships between youth, specialists, and family physicians early in the transition process.
- Adopting the many well developed professional provider resources and resources for youth and parents from the other Canadian transition programs.
- Ability to access required technology and technical support for online resources, apps, electronic medical records.
- Research is required to build on current knowledge and determine effectiveness of transition processes and tools.
- Consider piloting the transition approach with a limited number of clinics while building capacity to bring other clinic areas onboard.

Conclusion:

Following the steering committee's approval of the recommendations above, a learning collaborative model will be used to develop and implement the transition program. The learning collaborative approach is designed to provide the opportunity for clinical teams to learn together, work together and share experiences to move toward improvement.